



TITLE: For office use only
MR#: _____
Last Name: _____
Date of Birth: _____

**HEALTH INFORMATION EXCHANGE (HIE)
Opt-Out Request Form**

Floyd participates, along with other providers, in a Health Information Exchange (HIE). HIE is the secure, electronic exchange of patient health information among providers. Exchanging information electronically is a faster and more efficient way to allow your participating health care providers to view current health information about you in a timely manner to effectively coordinate your healthcare. This information is already being shared, as allowed by law, among your providers at this time by less efficient methods such as by fax or mail.

Opt-Out

After careful consideration, I have decided to opt out and not allow my providers to view my health information through the HIE in which Floyd is participating. I understand that by opting out, none of my information will be viewable through the HIE and that my health information may continue to be shared among my providers through other less efficient methods such as by fax or mail.

A request to opt out of the HIE may take 3-5 business days and will not apply to any information sent through the HIE prior to the opt out effective date. You are free to opt back in the HIE at any time by contacting Floyd Information Management at 706-509-5700.

A separate form must be completed for EACH family member requesting to Opt Out.

Print Full Name: _____ DOB: ____/____/____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____

 Signature Date: ____/____/____

____ Patient ____ Parent ____ Legal Guardian ____ (Other)

Return this form to Floyd Information Services and Technology, P O Box 233, Rome, GA 30162