North Carolina Health Information Exchange Authority
Patient Opt Out Form

Please complete one box and the information requested below, and mail to:
NC HIEA, Attn: Opt Out Processing, 4101 Mail Service Center, Raleigh, NC 27699-4101
Please include a return address on the mailing envelope.

☐ **Opt Out: The NC HIEA may not share any of my health information.**

By completing and signing this form, I certify that I have been notified of the benefits of NC HealthConnex and of my right to opt out of having my data shared between participating health care providers through NC HealthConnex. I also understand that my personal health information may be accessed and used in certain circumstances pursuant to HIPAA and NC law, such as reporting public health threats. **I understand that the information provided to me is not legal advice and I will hold the North Carolina Health Information Exchange Authority harmless for the direct or indirect consequences of my decision to opt out.**

_______________________________________ ___________________
Signature of Patient or Parent/Legal Guardian Date

____
Print Name

☐ **Rescind Opt-Out: I request to terminate my previous decision to opt out.**
By completing and signing this form, I am allowing my health information to be accessible to my health care providers through NC HealthConnex as permitted or required by North Carolina or federal law.

_______________________________________ ___________________
Signature of Patient or Parent/Legal Guardian Date

____
Print Name

Please complete all of the following fields for the patient who is requesting the opt out or the opt out rescission. Incomplete forms will not be processed.

____
First Name of Patient Middle Name Last Name

______________________________________ ______________________________________
Street Address Mailing Address

______________________________________ ______________________________________
City State Zip City State Zip

______ /_______ /__________ _______ ______________________________________
Date of Birth Sex Email

(______)______________________ (______)______________________
Primary Phone Number Secondary Phone Number