



Health Information Exchange (HIE) Opt-Out Form

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

The Tiger Institute Health Alliance Health Information Exchange (HIE), which Missouri Heart Center is a member of, is a secure electronic way of sharing health information among participating doctors' offices and other health care providers. An HIE is important because sharing health information improves care. The Tiger Institute Health Alliance Health Information Exchange helps your participating providers share information in a timely manner and more effectively coordinate your care.

After considering my option of participating in the Tiger Institute Health Alliance through Missouri Heart Center, I have decided to OPT OUT and NOT participate in the Tiger Institute Health Alliance. By choosing to **OPT OUT** of the Tiger Institute Health Alliance, I hereby acknowledge and agree as follows:

1. Opting out of the HIE may delay access to important medical information.
2. My health information will not be shared among healthcare providers through the HIE. Instead, my providers will continue to share my information via previously established methods such as phone, fax, or mail.
3. My health information will NOT be shared with other HIEs with whom Tiger Institute Health Alliance may participate.
4. Any information that is shared before I submit this HIE Opt-Out form may remain with provider(s) who accessed information before this Opt-Out went into effect; and
5. My **HIE Opt-Out** selection will remain in effect unless I change it in writing;
6. This request can take up to 3-5 **business days** to take effect.

If this form is signed by someone other than the person named above, the person signing the form hereby certifies that he/she is acting as: (Check One) ___ Parent ___ Legal Guardian ___ Other (Specify Relationship) _____ for the person named above.

Printed Name: _____ Date: _____

Signature: _____

Please forward the completed and signed HIE Opt-Out Forms to Missouri Heart Center by one of the following methods:

1. Fax to: (573) 256-3003
2. Email to: mail@moheartcenter.com