

Sample One Health Record® Patient Opt-Out Info

This form is to be used by patients who do not wish to participate in Alabama's statewide health information exchange, or if a patient wishes to rescind a previous decision to opt-out. Please read the following information carefully before submitting your opt-out form.

Request to Opt-Out/Reverse Opt-Out

You should complete this form if:

- 1) You wish to **Opt-Out and DO NOT** want your medical information shared through One Health Record®. The system will no longer allow access to any of your current or past medical information, even in a medical emergency, **OR**,
- 2) You have **previously submitted** a request to **Opt-Out** but have changed your mind and wish to **Opt-Back In** and allow the sharing of your medical information.

Once you have completed and signed this form, return it to a healthcare provider who participates in One Health Record®.

I choose to Opt-Out

I choose to Opt-Back In

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth (mm/dd/yyyy): _____ Last 4 Digits of SS#: _____

When I have selected to Opt-Out and submit this form, I understand that I am choosing for my health information to NOT be made accessible through One Health Record®, except as permitted by law, even in the event of a medical emergency.

When I have selected to Opt-Back In and submit this form, I understand that I am choosing for my health information to be available through One Health Record® to healthcare providers involved in my care and treatment.

Signature of Patient or Authorized Representative

Date

This section must be completed and signed by a healthcare provider that participates in One Health Record®.

I have witnessed the above name individual sign this document and the individual is personally known to me or provided me with valid picture identification. My organization will opt-in/opt-out the individual as required by One Health Record® participation agreement.

Witness Print Name

Witness Signature (Must be an original signature)

Date

Disclaimer: This Opt-Out Suggested Statement of Patient Rights serves as an example, not as a recommended template for your specific situation. Please consult with your own advisors, including legal counsel, for assistance in creating your own Rights and Responsibilities Statement