South Mountain
HEALTHCARE AND REHABILITATION CENTER

CANCELLATION OF HEALTH INFORMATION EXCHANGE (HIE) OPT-OUT

Patient Name (First, Middle, Last) ____

Home Address ____

Date of Birth_____________________________Telephone Number ___________________________________

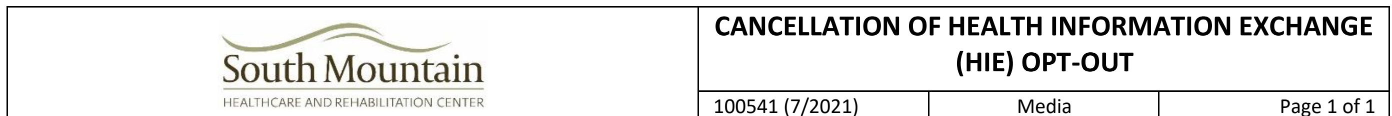
Email Address: ____

By signing below, I acknowledge and agree as follows:

1. I wish to cancel my previous decision to opt-out of the HIE in which South Mountain Healthcare and Rehabilitation Center participates. I understand that by making this decision I am authorizing my health information to be shared by South Mountain Healthcare and Rehabilitation Center through this HIE.
2. I understand that the information shared by South Mountain Healthcare and Rehabilitation Center may include information of a more sensitive nature, including but not limited to: genetic diseases or tests, substance use disorder, mental health conditions, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), and birth control and abortion (family planning).
3. I understand that if I change my mind after opting back in, I may at any time later opt back out of the HIE in which South Mountain Healthcare and Rehabilitation Center participates by completing and submitting a new *Health Information Exchange (HIE) Opt-Out Form* as indicated on the form.
4. This cancellation of opt-out request can take up to five (5) business days after receipt by South Mountain Healthcare and Rehabilitation Center to take effect.

____	________________
Signature of Resident/Patient or Resident'/Patient's Legal Representative (as applicable)	Date
____	____
Name of Resident's/Patient's Legal Representative (Print)	Relationship to Resident/Patient or Statement of Authority to act on Resident/Patient's Behalf (e.g., health care representative under healthcare power of attorney/proxy, legal guardian, etc.)

Please complete and submit this form in person to South Mountain Healthcare and Rehabilitation Center registration staff, or by mail to South Mountain Healthcare and Rehabilitation Center Information Management Department, 2385 Springfield Avenue, Vauxhall, NJ 07083



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For Facility Use Only:
Date Received:_______________________Date Completed: ____________________ Initials: _______________________