Lehigh Valley Health Network
part of Jefferson Health

Request to Opt-Out of Health Information Exchanges (HIEs)

Patient name: _____

Date of birth: _____

Address: _____

E-Mail: _____

Phone Number: _____

Last 4 digits of social security number: _____

Date of Request:_____

Jefferson Health Corporation which includes Lehigh Valley Hospitals collectively and Lehigh Valley Physician Group may make your health information available electronically through a state, regional, or national Health Information Exchange (HIE) service or through *Care Everywhere*® Network to facilitate the secure exchange of your health information between and among several health care providers or other health care entities for your treatment, payment, or other healthcare operations purposes. This means we may share information we obtain or create about you with an HIE, which will be made available to outside entities (such as hospitals, doctors offices, pharmacies, or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history, or insurance information) so each entity can provide better treatment and coordination of your healthcare services.

You may choose not to have your health information shared through Health Information Exchanges. If you do not want your information shared with other health care providers through HIEs, please check the box below.

☐ **I opt out of participating in the Health Information Exchanges.**

_____

Patient or Patient Representative Signature Date Time

_____

Print patient's or Patient Representative's name

_____

Patient Representative's relationship to patient

After you have completed this form, please return it by mail or fax to:

Health Information Management Department
Lehigh Valley Health Network
PO Box 689
Allentown, PA 18105-1556
Fax: 610-402-5823
Email: HIM_release_of_information@jefferson.edu

Please note, if you wish to participate in HIEs in the future, please go to https://www.lvhn.org/medicalrecords and complete the Revocation to Opt-Out of HIEs form.