Lehigh Valley Health Network
part of Jefferson Health

Revocation of Opt-Out in 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 operation purposes. This means information we obtain or create about you may be shared 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 previously chose not to participate in the Health Information Exchanges. By checking the box below, you are revoking that request and authorizing your participation in the HIEs.

☐ **I revoke my prior opt-out request and authorize participation in the Health Information Exchanges (HIEs).**

_____

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