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 Wellington Estates participates. I understand that by making this decision I am authorizing my health information to be shared by Wellington Estates through this HIE.

2. I understand that the information shared by Wellington Estates 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 Wellington Estates 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 Wellington Estates to take effect.

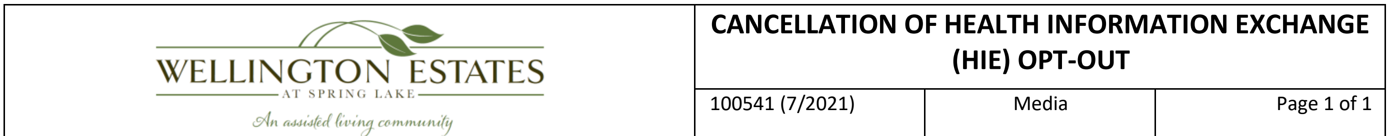
____ ______________

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 Wellington Estates registration staff, or by mail to Wellington Estates Information Management Department, 2018 State Route 35, Spring Lake, NJ 07762.



	CANCELLATION OF HEALTH INFORMATION EXCHANGE (HIE) OPT-OUT		
	100541 (7/2021)	Media	Page 1 of 1

For Facility Use Only:
Date Received:____________________Date Completed: __________________ Initials: ____________________