



Health Information Exchange OPT-IN/OPT-OUT Form

A Health Information Exchange, or HIE, is a secure, electronic network that exchanges your medical record information such as but not limited to labs, radiology, and physician's notes. The exchange sends and receives medical information between MCH and other participating healthcare providers such as specialty offices and hospitals. When you participate in HIEs, this allows your healthcare providers access to your most recent information which will assist in providing effective and accurate care.

Name: (First) _____ (Middle) _____ (Last) _____

Date of Birth: ____/____/____ Previous Name (if applicable): _____

Mailing Address: _____

Physical Address (if different than above): _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

OPT-IN

By choosing to OPT-IN, I understand Mountain Community Health may exchange my medical records through HIE's including, but not limited to, CommonWell Health Alliance and Carequality. I understand that falsifying my identity or signing on behalf of an individual whom I do not have authority over is against the law and a punishable offense.

OPT-OUT

By choosing to OPT-OUT, I understand Mountain Community Health will NOT share my electronic health information through Health Information Exchanges.

Signature of Patient (if older than 12 years old)

Date

Signature of Parent or Authorized Representative

Date

Print Parent or Authorized Representative

Relationship to Patient

Once completed, please mail or fax to:

Mountain Community Health
61 Pine Street
Bristol, VT 05443
Primary Care Fax: (802) 453-6105
Dental Care Fax: (802) 453-3983