BJC HealthCare

REVOCATION OF CONSENT TO OPT-IN TO THE HEALTH INFORMATION EXCHANGE (HIE)

The Health Information Exchange (HIE) allows your doctors, hospitals, and other healthcare providers to share your health information electronically.

If you have previously consented to opt-in to the HIE, BJC hospitals and providers / BJC Medical Group / Washington University School of Medicine ("BJC / BJCMG / WUSM") share your health information for treatment purposes with your other healthcare providers outside of BJC / BJCMG / WUSM.

Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone: _____

This revocation form will cancel any prior written consent to share your health information outside of BJC / BJCMG / WUSM. Any information shared prior to the receipt of this revocation form will not be affected. Providers are not required to remove any of my medical records that were shared with them before the date of this revocation.

By signing this form, you acknowledge that you understand the following statements:

- This form only applies to medical records shared by BJC / BJCMG / WUSM with outside providers. I am signing this form because I do not want my BJC / BJCMG / WUSM medical records shared with outside providers.
- I understand that signing this form does not impact medical records outside BJC / BJCMG / WUSM.
- I may choose to opt back in to sharing my BJC / BJCMG / WUSM medical records at any time by signing a "HIE Notification" form.
- I am aware that other providers who originally recorded information about me may continue to have access to this information through means other than the HIE.
- Providers outside of BJC / BJCMG / WUSM will no longer have access to information about my health in my BJC / BJCMG / WUSM records. This may impact these providers' ability to see a complete picture of my health, which could limit their ability to make decisions about my care.

_____/_____/_____	_____:_____	_____	_____
DATE	TIME	SIGNATURE OF **PATIENT *OR*** **PERSON AUTHORIZED TO SIGN / RELATIONSHIP**	PRINTED NAME
_____/_____/_____	_____:_____	_____	_____
DATE	TIME	**WITNESS** SIGNATURE	PRINTED NAME

DO NOT WRITE BELOW THIS LINE