



Please send your completed form to the Allegheny Health Network Department of Data Integrity.
Mail to: Health Information/Medical Records
 Attn: Data Integrity
 1301 Carlisle Street
 Natrona Heights, PA 15065
Fax to: 724.226.7494
Email to: dataintegrity@ahn.org

Opt Out of Information Sharing with Health Information Exchange and other Covered Entities

Patient Name: _____

Date of Birth: _____

Allegheny Health Network (AHN) shares your electronic health information with your healthcare professionals outside of our network, including non-AHN providers using our electronic medical record platform to support their treatment activities. This information sharing happens through participation in a Health Information Exchange (HIE) and other automated processes. Sharing your health information with your treating providers is essential to coordinating and providing quality medical care, particularly during emergencies.

If you decide to opt out of information sharing, you acknowledge the following:

- **Your opt out relates only to the information shared through participation in the HIE and other automated processes, and not to other uses or disclosures made in accordance with our Notice of Privacy Practices.**
- You understand that your refusal to share information may present certain risks to your care. You should discuss your decision to opt out with your primary care provider (PCP) to fully understand the risks of your refusal.
- You must complete and return this form to your provider’s office or AHN’s Department of Data Integrity using the contact information provided above. If you are physically unable to sign, you may opt out orally if witnessed by two (2) staff members. Your opt out will become effective within two (2) business days after it is received. Once your opt out is effective, AHN will no longer make your electronic health information available to the HIE or your healthcare professionals outside of AHN through automated processes.
- Any of your electronic health information that was disclosed before you opt out cannot be taken back.
- To revoke your opt out and resume information sharing, you must complete a new *Consent to Share Information with Health Information Exchange and other Covered Entities* form.

If you are 14 years old or older, please sign and date here.

Patient

Date and Time

If the patient is under 18 years old and not emancipated, or if the patient is unable to sign this authorization, a parent or legal guardian must sign and date here.

Parent or Legal Guardian

Date and Time

Relationship to Patient



Allegheny Health Network or external provider employee acting as witness must sign and date here. For persons physically unable to sign, two (2) witness signatures are required.

Witness

Witness

Date and Time

Date and Time

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