



**NORTH EAST  
MEDICAL SERVICES**  
東北醫療中心

a california *health+* center

NEMS MRN : \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**HEALTH INFORMATION EXCHANGE (HIE) PATIENT OPT-OUT FORM**

**Name:** \_\_\_\_\_  
First Middle Last

**Birthdate:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Gender:**  Male  Female  Other

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

North East Medical Services participates in Health Information Exchanges (the "NEMS HIE"). A Health Information Exchange allow doctors, nurses, pharmacists, and other health care providers to securely share your health information electronically and allows providers to have the most recent information to care for you as a patient. NEMS patients are automatically enrolled in the NEMS HIE.

**Right to Opt-Out.** You have the right to opt-out if you do not want NEMS to share your health information through the NEMS HIE. This will not affect your ability to access any health care or medical services.

**Risks of Opting-Out.** The goal of the NEMS HIE is to allow your providers outside of NEMS to access the best available information about your health. If you opt-out, your health care providers outside of NEMS may have less information about you when making a diagnosis or decisions about your care.

**Opt-out.** NEMS may not share my health information through NEMS HIE.

I understand that even if I opt-out:

- my opt-out request does not prohibit NEMS from sharing my health information with other healthcare providers through other methods. My permission is not required for such sharing
- any information that was shared through the NEMS HIE will remain available to providers who have access
- NEMS may share my information with public health authorities to the extent permitted or required by HIPAA and applicable California law
- in cases of medical emergency, and your doctor requests to view your medical record to diagnose or treat your emergency medical condition, NEMS will disclose your information to your doctor through the NEMS HIE

**Cancel Opt-out.** I request to cancel my previous decision to opt-out. By completing and signing this form, I am allowing my health information to be accessible to my health care providers through the NEMS HIE, as permitted or required by NEMS or Federal / State law.



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**HEALTH INFORMATION EXCHANGE (HIE) PATIENT OPT-OUT FORM**

\_\_\_\_\_  
Signature of Patient or Legal Representative\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Legal Representative

\_\_\_\_\_  
Relationship of Legal Representative

\_\_\_\_\_  
Signature of Witness (Required if patient is unable to sign)

\_\_\_\_\_  
Date

\*By signing as a legal representative, I am certifying that I am legally authorized to act on behalf of the patient

Please send the completed form to NEMS Health Information Services at 1033 Clement St., San Francisco, CA 94118 or eroi@nems.org.\*\* You may also opt-out or cancel your opt-out (opt back in) electronically at nems.org/mychart.

\*\*If you email us, your message may not be encrypted or secure. Sending information over unencrypted email or online messages is not secure and increases the risk that your information could be intercepted, viewed, copied, or shared by an unauthorized third party.