



HEALTH INFORMATION EXCHANGE OPT-OUT FORM

Health Information Exchanges (HIE) allow your Vida Care provider and care team to electronically access your medical information, enabling more effective and efficient treatment. By participating in HIEs, your protected health information is readily available for authorized use. If you and/or your legally authorized representative choose to opt-out, your information will no longer be accessible through the HIEs Vida Care participates in. Please note, this decision will not affect the care or treatment you receive.

Patient Information

Last Name	First Name	Middle Name
Previous Name or Nickname	Date of Birth	Primary Phone Number
Address	City	State and Zip Code

Acknowledgment of Opt-Out Decision: By signing this form, I acknowledge and agree the following:

- My opt-out request applies only to information shared through the HIEs. Healthcare providers may still have access to my health information via other methods such as fax, telephone or mail.
- Vida Care healthcare providers will NOT be able to search for my records through the HIEs while providing me medical care.
- This decision remains in effect until I notify Vida Care in writing that I wish to participate in the HIEs.

This opt-out request may take up to ten (10) business days to process.

Information accessed before submitting this HIE opt-out form may remain with providers who accessed it before this opt-out request went into effect.

If this form is signed by someone other than the person named above, the signer certifies that they are authorized to act on behalf of the individual as (check one):

☐ Parent ☐ Legal Guardian or ☐ Healthcare Power of Attorney.

By: _____

Printed Name: _____

Date: ____ (MM) ____ (DD) ____ (YYYY)

Please return a copy of the completed form by: -Mail: Vida Care Medical Center, Attention: Privacy Officer, 2601 Forest Ln, Garland TX 75042,