



Health Information Exchange Patient Opt-Out Request Form

A Health Information Exchange (HIE) is a way of sharing your health information among participating doctors' offices, hospitals, laboratories, radiology centers and other health care providers securely through electronic means. This form is to be used by patients who **do not** want to participate in the Upper Peninsula Health Information Exchange (UPHIE). If you elect to opt-out, your treating providers will not be able to access your health information through the UPHIE system.

This form only needs to be completed once unless you visit another member hospital or office within the Upper Peninsula Health Information Exchange. If that is the case, please make sure to repeat the process of completing and submitting this form. If you wish to reverse your opt-out decision at a later date, please call UPHIE at 906-225-7703.

Information for Patient Opting Out (Please PRINT clearly)

Hospital/Provider Name _____

Title (Mr./Mrs./Miss/Ms./Dr.)	
Patient First Name	
Patient Middle Name	
Patient Last Name	
Suffix (Jr./Sr./III, etc.)	
Maiden Name, Aliases or Nicknames	
Mailing Address	
City, State, Zip Code	
Contact Phone Number	
Date of Birth	___ / ___ / ____ (MM/DD/YYYY)
Gender (M/F)	
Email address	

Reason for Opting Out (optional): _____

By signing below, you choose to Opt-Out. You do not want your health care providers to access your health information maintained on the Upper Peninsula Health Information Exchange (UPHIE).

Signature of Patient (or Authorized Representative)

Date of Signature

If under 18 years, signature of parent or guardian



Section below to be completed by Health Care Provider. (Please make sure all the above information has been completed by the patient.)

Name of Health Care Provider/Hospital _____

Address _____ Phone Number _____

Please FAX to UPHIE at 906-225-9255

Or mail to: Attn:Opt-Out Processing



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