Health Information Exchange

Revocation of Prior 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 through a secure, electronic means. This form is to be used by patients who wish to **revoke** a previous decision to opt-out of the Upper Peninsula Health Information Exchange (UPHIE).

Information for Patient Revocation of a Prior Opt-out Decision (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	

By singing below, you understand that by making this selection, all of my authorized providers who participate in the UPHIE will have access to my health information maintained in 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

853 West Washington Street Marquette, MI 49855 906-225-7703 www.uphie.org