

**CANCELLATION OF HEALTH INFORMATION EXCHANGE (HIE) OPT-OUT**

Patient Name (First, Middle, Last) \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

By signing below, I acknowledge and agree as follows:

1. I wish to cancel my previous decision to opt-out of the HIE in which Royal Suites Healthcare and Rehabilitation participates. I understand that by making this decision I am authorizing my health information to be shared by Royal Suites Healthcare and Rehabilitation through this HIE.
2. I understand that the information shared by Royal Suites Healthcare and Rehabilitation may include information of a more sensitive nature, including but not limited to: genetic diseases or tests, substance use disorder, mental health conditions, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), and birth control and abortion (family planning).
3. I understand that if I change my mind after opting back in, I may at any time later opt back out of the HIE in which Royal Suites Healthcare and Rehabilitation participates by completing and submitting a new *Health Information Exchange (HIE) Opt-Out Form* as indicated on the form.
4. This cancellation of opt-out request can take up to five (5) business days after receipt by Royal Suites Healthcare and Rehabilitation to take effect.


\_\_\_\_\_  
Signature of Resident/Patient or Resident'/Patient's Legal Representative (as applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Resident's/Patient's Legal Representative (Print)

\_\_\_\_\_  
Relationship to Resident/Patient or Statement of Authority to act on Resident/Patient's Behalf (e.g., health care representative under healthcare power of attorney/proxy, legal guardian, etc.)

**Please complete and submit this form in person to Royal Suites Healthcare and Rehabilitation registration staff, or by mail to Royal Suites Healthcare and Rehabilitation Information Management Department, 214 West Jimmie Leeds Rd. Galloway, NJ 08205**

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**For Facility Use Only:**

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Initials: \_\_\_\_\_