

HIE Opt-Out Form

This form is to be used by patients who do not wish to participate in the Health Information Exchange (HIE)

The Wyoming Frontier Health Information Exchange (WYFI) allows you to permit your health information to be shared by participating medical groups, hospitals, labs, radiology centers, and other health care providers through secure, electronic means. The purpose of WYFI is to give each of your participating providers the benefit of having access to your health information that is maintained by the participating providers when providing healthcare to you.

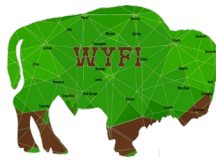
Your participation in the HIE is voluntary and subject to your right to opt-out. Your receipt of treatment or health plan coverage for treatment will not be conditioned on whether or not you choose to exercise this right.

Unless you opt-out, any authorized healthcare provider who participates in WYFI, or is a member of a health information exchange that is connected to WYFI, can electronically access and share your health information through WYFI as set forth below.

- The health information that will be shared through WYFI will include health information from both before and after today's date and may include information related to treatment you received from any provider who is connected, either directly or indirectly, to WYFI, including out-of- state providers.
- The health information that will be shared through WYFI includes information about your diagnoses, test results (like x-rays or laboratory), and medications that have been prescribed to you.
- The health information that is made available to WYFI may be used by WYFI participants for treatment purposes. WYFI may further use your health information and make it available to other health information exchanges and their participants, for treatment, payment, and health care operations activities; however, such disclosures by WYFI to another health information exchange will only be permitted in accordance with applicable law and information that is disclosed will not include mental/behavioral health records, and genetic/hereditary test results.

By signing this form, I hereby ACKNOWLEDGE and AGREE as follows:

1. I am requesting that none of my health information be shared through WYFI. This will include in emergency care situations. If I previously consented to allow my health information to be shared through the WYFI, my signing this Opt-Out form will revoke that consent and no information from WYFI participants will be included in the WYFI.
2. This Opt-Out request only applies to the sharing of health information through the WYFI, and my health care providers may have access to my health information using other methods, such as by fax, telephone, email, or mail.
3. I may choose to opt back into the WYFI at any time so that my health information may be shared through the WYFI. To opt back into the WYFI, I must submit a completed "WYFI Revocation of Opt-Out Request Form" to the address provided at the bottom of this form.



4. I understand that any information that was shared through the before the date this form is processed may remain with the providers who accessed such information.
5. It may take between **2 - 5 business days after receipt** to process this Opt-out form and to prevent the sharing of my health information through WYFI.

Patient's Name: Last*	First*	Middle Initial
Previous Name or Nicknames:	Patient's Date of Birth:*	Primary Phone Number:*() -
Email:	Sex (M/F):	Secondary Phone Number:*() -
Postal Address:*	City:*	State:* Zip:*

*required information

Signature of Patient (or Legal Representative)

Date Signed

If under 18 years, signature of Patient or Guardian

 Legal Representative Name*

 Legal Representative Relationship to Patient*

 Legal Representative Phone

*Please fill out and return form to **Wyoming Frontier Information:**

Address:

Wyoming Department of Health
 Office of Healthcare Financing
 Attention: Ruth Jo Friess
 122 W. 25th Street, 4th Floor
 Cheyenne, WY 82002
 (307) 777-5414

Contact Us:

Ruth Jo Friess, Wyoming Frontier Information ruth.jo.friess@wyo.gov
 Andrea Bailey, Wyoming Frontier Information andrea.bailey@wyo.gov