

Patient Summary Record Opt-Out Form

NCHIIN is a community computer information system that helps care providers securely share your medical records. NCHIIN provides two separate and distinct services for authorized care providers (doctors, nurses, care managers, case workers, and other healthcare facilities) to access secure information.

NCHIIN only handles data for services rendered in Humboldt County, California.

1. Health Information Exchange (HIE)

HIE is used to securely transmit the results of laboratory tests, x-rays, CT scans, MRIs, other medical procedures, medication history, and insurance eligibility to the providers directly involved in your care. HIE is a customary way of securely reporting this information to your providers. This service occurs based on your relationship with your care providers and you will not be able to “Opt-Out” of this service.

2. Patient Summary Record (PSR)

The PSR is your health information from all of your care providers and facilities involved in your care who participate in NCHIIN. A PSR is a record of your care over time which gives your care providers (including emergency room providers) access to your health information so they can give you the best possible care.

You have the right to prevent your care providers from viewing your PSR information. This right is referred to as “Opt-Out.”

To Opt-Out, you must initial the two statements below and legibly fill in the Personal Information section and sign the form. Once completed, mail the form to the NCHIIN office at 2662 Harris Street, Eureka, CA 95503 or fax it to NCHIIN at 707.443.2527. Please allow 10 business days for NCHIIN staff to implement your request.

To reverse your Opt-Out request, please complete the Opt-In form available on our website.

By my signature below,

- I understand that my care providers will NOT be able to access my health information contained in the PSR, even in the case of emergency. _____ (initial here)
- I understand that my care providers will continue to receive care information about the tests and results they have ordered for me through the HIE service. _____ (initial here)

Personal Information

Your First Name (your legal name)	
Your Middle Name	
Your Last Name	
All previous names and/or nicknames	
Your date of birth	
Your mailing address	
Your phone number(s)	

Your signature: _____ Date: _____