Charles River Community Health

495 Western Avenue
Brighton, MA 02135

43 Foundry Street, Suite 110
Waltham, MA 02453

**Health Information Exchange Opt-Out Form**

1. I wish to opt-out of the Health Information Exchange in which Charles River Community Health participates. I understand that by making this decision my health information will not be shared by Charles River Community Health through these Health Information Exchanges to any Health Information Exchange participants outside of Charles River Community Health involved in my care, even in cases of a medical emergency. However, my health information can still be shared via phone, email, or fax.

2. I understand that this Health Information Exchange Opt-Out Form only prohibits Charles River Community Health from sharing my health information through the Health Information Exchanges that Charles River Community Health participates in. I understand that my non-Charles River Community Health providers may also participate in Health Information Exchanges. If I wish to opt-out of Health Information Exchanges my non-Charles River Community health providers participate in, I am responsible for contacting each of my non-Charles River Community Health providers for information on how to opt-out.

3. I understand that this opt-out will remain in effect unless I choose to opt back in. I may opt back in at any time by completing Charles River Community Health **Cancellation of Health Information Exchange Opt-Out Form** and submitting as indicated on the form.

4. This opt-out does not apply to any of your health information shared by Charles River Community Health through the Health Information Exchanges before this opt-out takes effect.

I understand that it may take up to ten business days, from date of receipt, for this request to be implemented.

**X**_____

Patient's Signature

_____

Print Name

Date: ____/____/____

**OR**

**X**_____

Signature of Person authorized to sign for patient

_____ **and** _____

Print Name Relationship to patient

Date: ____/____/____

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