

Dear Patient:

Reliance eHealth Collaborative is a faster and more secure way for health care providers such as doctors, hospitals, labs, and x-ray facilities to share patient health information. Reliance is not a complete record of your health history. It is a way for health care providers to quickly get the medical information they need to provide you with better care.

Reliance is Good for You and Your Doctor:

- Reliance is a **secure** way for your doctors to get the most up-to-date medical information about you. Only those caring for you will be allowed to see your test results and other medical information. In a medical emergency, information that could help save your life will be available to emergency doctors at participating hospitals.
- Reliance **improves care** by sending results to your doctor quickly and securely. Reliance can also help your doctors refer you to a specialist so that you can get an appointment faster.
- Reliance **saves you time and money**. If a specialist needs you to have tests done before your visit, your doctor can send you for the tests *before* you go to the specialist(s). Because your doctor will have this information before you come in for your appointment, you won't have to repeat tests or carry medical records with you to appointments.
- Reliance **protects privacy** by having security safeguards and standards in place to protect your information. Your doctors can send information to other doctors without using phone calls, mailing or faxing, and only the correct, authorized health care staff will see your information. Reliance can also track who has looked at your information – making your health information more secure.

Opt-Out Option:

Patients who do not want their medical information to be accessible to authorized health care providers through Reliance may choose to “opt-out”. If you choose to opt-out, health care providers will not be able to look for your records in Reliance, except in a medical emergency by a provider in an Emergency Department.

If you want to opt-out of Reliance, you must complete the attached Opt-Out Request form. For your protection, your identity must be verified in one of three ways: have this form signed by a Notary Public or by a licensed Health Care Provider, licensed Health Care Provider's designee, or present a valid government-issued photo identification to staff at the Reliance office.

By completing the form, you are only preventing health care providers from searching for your information through Reliance. Your medical records will still be available to your health care providers from sources outside of Reliance.

If you have any questions, please contact Reliance by phone: (855) 290-5443, email support@RelianceHIE.org, or visit the website at www.RelianceHIE.org.

Opt-Out Request Form for the Reliance eHealth Collaborative

Please initial that you have read and understand each of the following statements.

I understand that by submitting this *Opt-out Request Form* my protected health information will not be accessible to participating health care providers through Reliance, except in a medical emergency by providers in an Emergency Department (ED).

Initial _____

I hereby authorize Reliance to block participating health care providers from searching for my medical information through Reliance, except in the event of a medical emergency by providers in an ED.

Initial _____

I understand that this request does not prevent authorized health care providers from disclosing my medical information directly to each other by other permitted methods, such as secure email, fax or mail.

Initial _____

I understand that I may choose to participate in Reliance again at any time by completing an *Opt-Out Cancellation form*.

Initial _____

First Name: _____ Middle Name: _____ Last Name: _____

Previous/Maiden Last Name: _____ Date of Birth: _____ (Ex: 01/01/1990) Gender: Female Male

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____

Email Address: _____ Last Four (4) Digits of Social Security Number: _____ (Ex. xxx-xx-1234)

**Patient Signature
or Legal Rep:**

Date Signed: _____

(If under 18 years of age, signature of parent or legal guardian)

For your protection, we must verify your identity in order for Reliance to process the *Opt-Out Request*. Your identity may be verified one of three ways: 1) have this form signed by a Notary Public; 2) signed by a licensed Health Care Provider or their designee; or 3) present a valid government-issued photo identification to staff at the Reliance office.

This form must be submitted to Reliance with original signatures in black or blue ink.

Section to be completed by a Notary Public or Licensed Health Care Provider or their Designee:

I witnessed the above named individual or their legal representative sign this document and the individual is personally known to me and/or provided me with valid picture identification on this day ____ of _____, 20____.

Day Month Year

Notary or Provider
Print Name: _____ Phone Number: _____

Notary or Provider
Signature: _____ Date Signed: _____

Must be an original signature in black or blue ink.