

Clinical Data Exchange Services Opt-Out Form

This form is to be used by patients who do not wish to participate in the CMH Clinical Data Exchange (Includes Meditech-hospital services and Allscripts- clinic services clinical data)

Community Memorial Healthcare's Clinical Data Exchange ("CMH Clinical Data Exchange") services allow 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 CMH Clinical Data Exchange is to give each of your participating providers the benefit of having access to all of your health information that is maintained by the participating providers when providing healthcare to you.

Your participation in CMH Clinical Data Exchange 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 CMH Clinical Data Exchange, or is a member of a health information exchange that is connected to a CMH Clinical Data Exchange service, can electronically access and share your health information through CMH Clinical Data Exchange as set forth below.

- The health information that will be shared through CMH Clinical Data Exchange will include health information from before CMH moved to the Providence Clinical Data Exchange and may include information related to treatment you received from any provider who is connected, either directly or indirectly, to a CMH Clinical Data Exchange service, including out-of-state providers.
- The health information that will be shared through CMH Clinical Data Exchange includes information about your diagnoses, test results (like x-rays or laboratory), and medications that have been prescribed to you. Such information may also include health information that may be considered particularly sensitive to you, including: mental health information; HIV/AIDs information and test results; genetic information and test results; STD treatment and test results, and family planning information.
- The health information that is made available for CMH Clinical Data Exchange may be used by CMH Clinical Data Exchange participants for treatment purposes. CMH Clinical Data Exchange services 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 a CMH Clinical Data Exchange service to another health information exchange will only be permitted in accordance with applicable law and information that is disclosed will not include HIV test results, 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 CMH Clinical Data Exchange services. This will include in emergency care situations. If I previously consented to allow my health information to be shared through CMH Clinical Data Exchange services, my signing this Opt-Out form will revoke that consent.
2. Even if I Opt-Out by signing this form, information related to care that I have received at any CMH health facility will remain accessible through CMH Clinical Data Exchange services for treatment purposes to participating providers who provide me with care; however, such information will not otherwise be disclosed through CMH Clinical Data Exchange and no health information from my other providers will be accessible through

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CMH Clinical Data Exchange. Data Exchange service, but the CMH Clinical Data Exchange service will not permit such health information to be viewed, except as described above related to hospital health information.

3. This Opt-Out request only applies to the sharing of health information through CMH Clinical Data Exchange, and my health care providers may have access to my health information using other methods, such as by fax, telephone, email, or mail.
4. I may choose to opt back into CMH Clinical Data Exchange at any time so that my health information may be shared through CMH Clinical Data Exchange. To opt back into CMH Clinical Data Exchange, I must submit a completed Revocation of Clinical Data Exchange Services Opt-Out Request Form to the CMH Health Information Management Department at the address provided at the bottom of this form.
5. I understand that any information that was shared through CMH Clinical Data Exchange before the date this form is processed may remain with the providers who accessed such information.
6. 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 CMH Clinical Data Exchange services

Please select one ☐ **I am the patient** ☐ **I am the legal representative of the patient**

Patient's Last Name*	First Name*	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 Parent or Guardian

Legal Representative Name* _____

Legal Representative Relationship to Patient _____

Legal Representative Phone _____

Community Memorial Healthcare Medical Records Department

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mycmh.org/patients-visitors/medical-records/