

Instructions for Completing: Cancellation of Opt-Out Request

Dear Patient:

You previously submitted a request to opt-out of the Atrium Health CareConnect. We have since received a request from you letting us know you would like to begin participating again (Opt-In) in the Atrium Health CareConnect Health Information Exchange.

By submitting a *Request for Cancellation of Opt-Out* form, your test results and medical information will be accessible to authorized health care providers through Atrium Health CareConnect. This includes any test or other medical information that was generated while you were opted out. In order to begin participating in Atrium Health System CareConnect, please complete the attached *Request for Cancellation of Opt-Out* form.

Atrium Health CareConnect can benefit you and your doctor

The Atrium Health Information Exchange (Atrium Health CareConnect) provides a secure and fast exchange of test results and other medical information to participating hospitals, labs, x-ray facilities and doctors who participate. Atrium Health CareConnect is not a complete record of your health history. It is simply a way for health care providers that participate in this exchange to access the medical information they need to provide you with better care.

- Atrium Health CareConnect is a **secure** way for your doctor to get the most up-to-date medical information about you. For example, information that could help save your life in a medical emergency will be available to emergency room (ER) doctors at participating hospitals. Only health care providers with a valid reason will be allowed to see your test results and other medical information.
- Atrium Health CareConnect **improves care** by sending results to your doctor quickly and securely. Atrium Health CareConnect also serves as a second storage area, so your results and records are safe in case of an emergency, such as a fire or flood.
- Atrium Health CareConnect **protects privacy** by having safeguards in place to protect your information.

If you have any questions, please contact Atrium Health CareConnect:

- Call Atrium Health CareConnect: 888-724-0459
- Visit the Atrium Health CareConnect website: www.atriumhealthcareconnect.org

Thank you for choosing to participate in Atrium Health CareConnect!



Request for Cancellation of Opt-Out Atrium Health CareConnect

By signing and submitting this form you are indicating that you have read and understand the following conditions to which you are requesting to reinstate participation within the Atrium Health CareConnect and the ability for healthcare providers to view your personal health records electronically.

- I had previously chosen not to participate in Atrium Health CareConnect and completed a Request for Opt-Out Form.
- I understand that by submitting this form, my personal health information will now be viewable by providers within the Atrium Health CareConnect, including emergency room physicians.
- I understand the information generated while I was opted out will be included in the information that will be viewable in the Atrium Health CareConnect.
- I hereby authorize Atrium Health CareConnect to cancel my request for Opt-Out of the Atrium Health CareConnect.
- I am requesting to opt-in for myself or for those minor children (up to 18 years of age) of whom I am the parent or legal guardian.
- For your protection, Atrium Health CareConnect requires you verify your request by completing the form and **signing it in blue or black ink.**

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

Previous 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: X Date Signed: _____

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

This form must be returned to Atrium Health CareConnect with original signatures in one of the following ways:

Fax To: 704-446-2267
Email To: careconnectinfo@atriumhealth.org
Mail To: Atrium Health CareConnect
P.O. Box 32861
Charlotte, NC 28232

