



HealthShare Exchange (HSX) Patient Opt Out Form

This form is to be used by consumers that DO NOT want to participate in HealthShare Exchange of Southeastern Pennsylvania (HSX), the regional Health Information Exchange (HIE).

Health information exchange is the electronic sharing of health information between participating healthcare providers in a way that ensures the secure exchange of health information to provide care to patients.

By submitting this Opt Out Form, health information about you will NOT be accessible to healthcare providers and other authorized users through the HIE. HSX participants who search for information about you will receive a message informing them that you Opted Out.

This request does not prohibit your healthcare provider from otherwise disclosing your medical information based on other authorizations and applicable law, or by other methods.

You can choose to participate in the HIE again at any time by calling (855) 479-7372 or email consent@hsxsepa.org

Submission of Opt Out Form

The HSX Opt Out Form can be completed online. In addition, HSX will accept either the HSX Opt Out Form or the PA Patient and Provider Network OPT-Out or OPT-BACK-IN FORM via fax submission to: 215-422-4333 or through the mail to:

HealthShare Exchange of Southeastern Pennsylvania
1801 Market Street, Suite 750
Philadelphia, PA 19103
Attention: Consent Management Department



Patient Information

First Name* _____
 Middle Name _____
 Last Name* _____
 Maiden Name (If Applicable) _____
 Current Address* _____
 Current City* _____
 Current State* _____
 Current Zip Code* _____
 Current Country* _____
 Primary Phone Number* _____
 Secondary Phone Number _____
 Current Email Address _____
 Date of Birth* _____
 (mm/dd/yyyy)
 Gender* _____

* Required Information

Parent or Guardian Information (If Applicable)

First Name _____
 Last Name _____
 Primary Phone Number _____
 Current Email Address _____
 Relationship _____

By completing this Opt Out Form, I verify that I am the person named above, or I am legally authorized to complete this form for the person named above. The information provided on this form, and the preferences expressed herein, are accurate to the best of my abilities.

Notification of Opt Out

If you submit an Opt Out Form, you have the right to be notified that your Opt Out has been completed. I would like to be notified by the following method:

- Phone
- Letter
- No Notification