



HealthShare Exchange (HSX) Patient Opt Back In Form

This form is to be used by consumers that want to participate in HealthShare Exchange of Southeastern Pennsylvania (HSX), the regional Health Information Exchange (HIE) after they had previously opted out of it.

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 Back In Form, health information about you will be accessible to healthcare providers and other authorized users through the HIE. This form supersedes any previously submitted Opt-Out Forms to HSX. Therefore, HSX participants who search for information about you will receive health care information upon request

Submission of Opt Back In Form

The HSX Opt Back In Form can be completed online. In addition, HSX will accept either the HSX Opt Back In 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

190 N. Independence Mall West, Suite 701 Philadelphia, PA 19106
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 Back In 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 Back In

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

- Phone
- Letter
- No Notification