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 (HSX-SEPA) or email consent@hsxsepa.org

Submission of Opt Out Form

The HSX Opt Out Form can be completed on line. 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, Inc  
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*
Social Security Number or Last Four Digits

* 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