

Illinois Health Information Exchange Authority's: ILHIE Connect Opt-In Form



The Illinois Health Information Exchange Authority's ILHIE Connect ("ILHIE Connect") service is a statewide, secure electronic network that uses modern technology so that your doctors, specialists, hospitals, clinics, laboratories, pharmacies and health insurance plans ("ILHIE Connect Users") can share a summary of your electronic health information for authorized purposes like assisting with your treatment, payment and health care operations. To learn more about ILHIE Connect, visit www.hie.illinois.gov. Please read the "Notice to Patients Regarding the Illinois Health Information Exchange and ILHIE Connect" then, **if you decide you want to opt in to ILHIE Connect for the health care information held by the health care provider identified below, complete and sign this form.**

I Choose to Opt-In to ILHIE Connect.

By signing below, I confirm that I want to opt in to ILHIE Connect for health care information held by the health care provider identified below. I previously did not participate in ILHIE Connect, either because (1) I submitted an "ILHIE Connect Opt-Out Form" to this health care provider or (2) this provider removed me from ILHIE Connect participation because I have "specially protected health information" (defined below) which this provider cannot share through ILHIE Connect without my consent. By choosing to opt in, I understand that my health information held by the health care provider identified below that is accessible through ILHIE Connect (including any specially protected health information) will be available through ILHIE Connect to other ILHIE Connect Users for authorized purposes. I understand that I must sign an opt-in form like this for each of my health care providers who have removed me from participation in ILHIE Connect if I want to make all my health information available through ILHIE Connect.

Specially protected health information that requires my consent to share means:

- certain alcohol and substance abuse treatment information,
- child abuse and neglect reports and records,
- sexual assault evidence and information,
- veteran's homes resident records, and
- any other health information that requires my consent in order to be disclosed under Federal or State law.

Please note that, if your provider has specially protected health information about you in his or her possession, you will have to give your consent to share the specially protected health information through ILHIE Connect, unless your health care provider is able to restrict the health care information that he or she provides through ILHIE Connect. Your health care provider will give you a consent form to share any specially protected health information.

Please Note: Agreeing to participate in ILHIE Connect does not mean that you have elected to participate in any other health information exchanges.

By signing below and giving my consent, I understand that all specially protected health information that the health care provider identified below may hold can be shared through ILHIE Connect, unless my health care provider is able to restrict the health care information that he or she provides through ILHIE Connect.

Complete all of the following information:

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

Previous Last Name: _____ Birth Date: (Ex. 01/01/1990) _____

Address: _____

Phone Number 1: _____ Phone Number 2: _____

Email Address _____ Last Four (4) Digits of Social Security Number (if available): _____

Health Care Provider Information:

Provider name: _____

Provider address and phone number: _____

Patient Signature: _____ Date: _____

If the patient is 12 years of age or over, the patient must sign the form. If the patient is 11 years of age or under, the patient's parent or legal guardian must sign the form. A guardian or personal representative with authority to make health care decisions on behalf of the patient may sign the form. (Check, if applicable: _____ Parent _____ Legal Guardian.)

Give this completed form to your health care provider. Questions? Contact ILHIE.Privacy@Illinois.gov