HealthShare MONTANA

Health Information Exchange (HIE) Opt-Out Request Form

At HealthShare Montana, we believe all patients should have a choice. Participation in the Health Information Exchange is up to you. If you feel the risks outweigh the benefits, you may choose to opt-out.

Your choice to opt-out will not affect your ability to access medical care. It may limit how fast healthcare providers' are able to access your medical information. If you would like more information about how we protect your health information, please contact HealthShare Montana at 855-655-4768 or visit us online at www.HealthShareMontana.org.

Even if you choose to opt-out of the HIE now, you may change your mind at any time and opt back in the exchange. Simply complete the opt-in form, available from your healthcare provider or on our website at www.HealthShareMontana.org.

I Choose Not to Participate (Opt-Out)

The following information is needed to ensure that the correct person is removed from the HIE.
A separate form must be completed for each person wishing to opt-out.

Patient First Name

Patient Middle Name

Patient Last Name

Previous Names or Nicknames

Mailing Address

City

State

Zip Code

Date of Birth (mmddyyyy)

Last 4 Digits of SS# (Optional)

Phone Number

The information above will only be used in case we need to contact you to verify your request and will not be shared.

Signature of Patient (or authorized representative)
If under 18 years, signature of parent or guardian
(please print the document and sign in ink)

Date Signed

Print Form

Please return this completed form to:
Privacy Officer
HealthShare Montana
2475 Village Lane, Suite 302
Billings, MT 59102

Or you may fax it to (406) 248-9373