

Health Information Exchange (HIE) Patient **Opt-Out** Form

Last 4 Digits of Social Security Number: _____

First Name

M. Initial

Last Name

____ / ____ / ____
Date of Birth (mo/da/yr)

Gender: ☐ Male ☐ Female ☐ Prefer Not to Say

Street Address 1

Street Address 2

City

State

Zip Code Country

Telephone Number

Opt-Out of Health Information Exchange

☐ I do not want my Palomar UCSD Health Authority medical information electronically shared through Health Information Exchanges.

• I am certifying that I am the patient or legally authorized to act on behalf of the patient.

Your opt-out request will be effective approximately ten business days after Palomar UCSD Health Authority receives your request.

For questions, call Palomar UCSD Health Authority Privacy Office at 760.480.7992.

Palomar UCSD Health Authority patients can e-mail the form to HIE@PalomarHealth.org or mail to:

Palomar UCSD Health Authority
Privacy Office
2185 Citracado Parkway
Escondido, CA 92029