

## Instructions for **Opt Out (Non-Participation)** Request

Coastal Connect Health Information Exchange (CCHIE) provides fast and secure exchange of test results and reports among community providers. CCHIE is not a complete record of your health history. It is simply a way for health care providers to access patient medical information that they need to provide you care.

### **Please initial that you have read and understand each the following statements.**

\_\_\_\_ initial I understand that signing an Opt Out (non-participation) request means my medical information will not be accessible to health care providers, including emergency personnel, through a query of CCHIE.

\_\_\_\_ initial I hereby authorize CCHIE to block query access to my medical information in CCHIE.

\_\_\_\_ initial I understand that I may choose to participate in CCHIE again at any time by completing an Opt Out Cancellation form available at [www.coastalconnect.org](http://www.coastalconnect.org).

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
Month Day Year

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email Address: \_\_\_\_\_ *Last four digits* of your Social Security Number: XXX-XX-\_\_\_\_\_

Hospital(s) where care received: \_\_\_\_\_

**Patient Signature: X** \_\_\_\_\_ Date Signed: \_\_\_\_\_

(If under age 18 years, signature of parent or legal guardian)

You can opt out by calling 910-332-8014.

OR

Submit this form to:

Coastal Connect HIE  
5305-M Wrightsville Avenue  
Wilmington, NC 28403  
Fax (910) 332-8042