

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.

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: _____ Social Security Number: _____ *Last four digits* of your Social Security Number: XXX-XX-

Hospital(s) where care received: _____

Patient Signature: X _____ Date Signed: _____
(Or 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
CCHIESupport@coastalliance.org