LAKE REGIONAL® HEALTH SYSTEM

Tiger Institute Health Alliance: Health Information Exchange
Cancellation of Prior OPT-OUT

Patient Name (First Middle Last):

_____

Date of Birth (mm/dd/yyyy): ____/_____/_____ Telephone Number: _____

Address: _____City:_____State:_____ZIP:_____

I hereby acknowledge, understand and agree as follows:
I WISH to cancel my prior decision to **Opt-Out of the Tiger Institute Health Alliance: Health Information Exchange (TIHA HIE),** and now I **specifically AUTHORIZE** my information maintained in the TIHA HIE to be electronically available to my providers;

- By making this selection, ALL of my authorized providers who participate in the TIHA HIE or are connected to the TIHA HIE will have access to my health information maintained in the TIHA HIE;
- By making this selection, my health information may be accessible by other HIEs with whom the TIHA HIE participate;
- This cancellation can only be changed if I specifically submit a new **Opt-Out** form;
- I have had an opportunity to have all of my questions about this "Tiger Institute Health Alliance: Health Information Exchange Cancellation of Prior Opt-Out" and any others answered; and
- My authorization will become effective when the participating HIE provider has notified TIHA to process this cancellation, which may take up to 5 business days.

X_____ _____
Signature of Patient or Patient's Legal Representative Date Signed (mm/dd/yyyy)

X_____ _____
Print Name of Legal Representative (if applicable) (Relationship to patient)

Completed and signed TIHA HIE Cancellation of Prior Opt-Out forms can be returned to Lake Regional Health System Information Management department; faxed to 573-348-8223 or mailed/hand delivered to:
Health Information Management
Lake Regional Health System
54 Hospital Drive
Osage Beach, MO 65065

Revised 5/2019