



3610

HEALTH INFORMATION EXCHANGE (HIE)
"ELECTRONIC NETWORK" REVOCATION OF OPT-OUT CONSENT

Patient Information

Patient Name (First, Middle, Last): \_\_\_\_\_ MRN: \_\_\_\_\_

Previous Names: \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

I hereby revoke my previous request submitted to Loma Linda University Health, Loma Linda University, Loma Linda University Medical Center, Loma Linda University Children's Hospital, Loma Linda University Health System, and Loma Linda University Medical Center - Murrieta (LLUH) to Opt-out of the Electronic Network program.

At this time, I request that health information related to my encounters at Loma Linda University Health entities be made available in the Electronic Network thereby allowing my participating health care providers outside LLUH to have access my health information for the purposes of continuity of care.

I understand that this request to 'Opt-In' may take up to 2 (two) days to be processed.

I understand that this request to 'Opt-In' into the Electronic Network program shall remain in effect, and shall not expire, until the time that a revocation/Opt-Out form is submitted by me to LLUH.

\_\_\_\_\_  
Patient Signature / Authorized Representative)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name

If this form is signed by someone other than the patient, the person signing the form hereby certifies that he/she is acting as the patient's (check one):

\_\_\_\_ Parent \_\_\_\_ Legal Guardian \_\_\_\_ Other (please specify) \_\_\_\_\_

For additional information please call (909) 651-4191

LLUH HIM- Fax completed form to (909) 651-4180



Loma Linda University Health
Loma Linda University
Loma Linda University Medical Center
Loma Linda University Children's Hospital
Loma Linda University Medical Center - Murrieta
Loma Linda University Health System

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White - Chart Yellow - Patient

20-3610 (5-15)

PATIENT IDENTIFICATION