

MNSHINE HEALTH INFORMATION EXCHANGE

Health Information Exchange Opt-Out Form

About the MNSHINE Health Information Exchange

The Minnesota Statewide Health Information Network and Exchange (MNSHINE) Health Information Exchange (HIE) uses a secure system that allows your health care providers to view essential health information, such as medications, allergies, test results, health problems, and treatments, to help them make better decisions about your care. Information is encrypted and kept on a secure network.

Authorized Users may look up your information through the HIE only with your consent, or in a medical emergency as allowed by Minnesota law. Your provider and MNSHINE keep records of who accessed your information. MNSHINE provides the health information exchange services formerly provided by Koble-MN.

Your choice

Participation is voluntary. You may choose to **opt out** of the HIE, or **opt back in** if you opted out before, at any time and at no cost, by completing and signing this form.

Things to know before you decide

- **Your care will not be affected.** Participation is not a condition of receiving care or health coverage. Providers and health plans may not withhold care or coverage because you opt out.
- **Your information will not be searchable.** If you opt out, health care providers will not be able to search for your health information through the MNSHINE HIE, except as required by law. This may limit the information available to your providers, which could affect treatment options and health care decisions.
- **Other ways of sharing are not affected.** Opting out does not affect the sharing of your health information between your health care providers and health insurers by other methods, such as fax, mail, or other electronic communications. A treating provider may still use an HIE to receive your lab results, radiology reports, and other information that would otherwise be sent by fax, mail, or other electronic means.
- **Information required by law.** Opting out does not prevent a health care provider from disclosing your health information when required by law (for example, immunization records of minors and required public health reporting). Information reported as required by law will not be available to other health care providers except as permitted by law.
- **We keep a record of your choice.** To honor your choice, your name and limited identifying information will be kept in MNSHINE's master patient index, the directory used to match patient records. Information shared before you opt out will only be available to your health care provider.
- **Minors.** A parent or legal guardian may complete this form for a minor. When a minor turns 18, they may make their own choice to participate or opt out.

Opt-Out / Opt Back In Form

Print Form

Clear Form

1. YOUR CHOICE (CHECK ONE)

- ☐ I do not want to participate in the MNSHINE HIE Record Locator Service, even in the case of an emergency.
- ☐ I want to fully participate in the MNSHINE HIE and am revoking my prior opt-out choice.

2. PATIENT INFORMATION (PLEASE PRINT CLEARLY; * REQUIRED)

Full name (first, middle, last) *		Date of birth *	
Mailing address *	City *	State *	ZIP code *
Email address		Telephone number *	
Maiden or previous name(s)		Last 4 digits of Social Security number	

3. PATIENT'S LEGAL REPRESENTATIVE (IF APPLICABLE)

Name of legal representative	Relationship to patient or legal authority (for example, parent, guardian, health care agent)
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4. SIGNATURE

Signature of patient or patient's legal representative *	Date *
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How to submit: Return your signed form to your health care provider, or mail it to **MNSHINE HIO – Privacy Officer, 1915 Highway 36 West, Suite 123, Roseville, MN 55113**. Processing takes up to five (5) business days. Questions? Call (612) 746-4522 or email support@mnshine.org (please do not email this form, because it includes personal information).

For Health Care Provider Use Only

Authorized User entering the patient's choice in the clinical portal: complete this section, keep a copy with the patient's record, and send the form to MNSHINE HIO by Direct secure messaging to notifications@mnshinedirect.org.

Authorized User's name	Title	Organization
Date entered in clinical portal	Date sent to MNSHINE HIO	MNSHINE HIO use: date processed