

Health Information Exchange (HIE) Patient **Opt-Out** Form



Last 4 Digits of Social Security Number: _____

First Name

M. Initial

Last Name

____ / ____ / ____
Date of Birth (mo/da/yr)

Gender: ☐ Male ☐ Female ☐ Prefer Not to Say

Street Address 1

Street Address 2

City

State

Zip Code

Country

Telephone Number

Opt-Out of Health Information Exchanges:

☐ I do not want my Palomar Health medical information electronically shared through Health Information Exchanges.

*** I am certifying that I am the patient or legally authorized to act on behalf of the patient.**

Your opt-out request will be effective approximately ten business days after Palomar Health receives your request.

For questions, call Palomar Health at 760.480.7901.

Palomar Health patients can e-mail the form to HIE@PalomarHealth.org or mail to:

Palomar Health
Privacy Office
120 Craven Road, Suite 224
San Marcos, CA 92078