



HealthShare Exchange (HSX) Patient Opt Back In Form

This form is to be used by consumers that want to participate in HealthShare Exchange of Southeastern Pennsylvania (HSX), the regional Health Information Exchange (HIE) after they had previously opted out of it.

Health information exchange is the electronic sharing of health information between participating healthcare providers in a way that ensures the secure exchange of health information to provide care to patients.

By submitting this Opt Back In Form, health information about you will be accessible to healthcare providers and other authorized users through the HIE. This form supersedes any previously submitted Opt-Out Forms to HSX. Therefore, HSX participants who search for information about you will receive health care information upon request

Submission of Opt Back In Form

The HSX Opt Back In Form can be completed online. In addition, HSX will accept either the HSX Opt Back In Form or the PA Patient and Provider Network OPT-Out or OPT-BACK-IN FORM via fax submission to: 215-422-4333 or through the mail to:

HealthShare Exchange of Southeastern Pennsylvania
1801 Market Street, Suite 750
Philadelphia, PA 19103
Attention: Consent Management Department



Patient Information

First Name* _____
 Middle Name _____
 Last Name* _____
 Maiden Name (If Applicable) _____
 Current Address* _____
 Current City* _____
 Current State* _____
 Current ZipCode* _____
 Current Country* _____
 Primary Phone Number* _____
 Secondary Phone Number _____
 Current Email Address _____
 Date of Birth* _____
 (mm/dd/yyyy)
 Gender* _____

* Required Information

Parent or Guardian Information (If Applicable)

First Name _____
 Last Name _____
 Primary Phone Number _____
 Current Email Address _____
 Relationship _____

By completing this Opt Back In Form, I verify that I am the person named above, or I am legally authorized to complete this form for the person named above. The information provided on this form, and the preferences expressed herein, are accurate to the best of my abilities.

Notification of Opt Back In

If you submit an Opt Out Form, you have the right to be notified that your Opt Back In has been completed. I would like to be notified by the following method:

- Phone
- Letter
- No Notification