



Medical Practice Opt-Out Form

We support your rights to opt-out of the voluntary programs listed below. Please check which program(s) you are choosing not to participate in and sign below.

Health Information Exchange

NO viewing for ANY treatment purposes

I do not want patient protected health information displayed for any treatment purposes through eHIN.

Viewing for treatment purposes in emergencies only

I do not want patient protected health information displayed for treatment purposes through eHIN, except in the event of a medical emergency.

Medication History

I do not give permission for East Tennessee Children's Hospital and its practices to review the patient's medication history.

eClinical Works Portal

I do not want to participate in the online patient portal to receive messages from the office, view the patient's test results, or pay my account online.

Patient Photo

I do not give permission for the patient's photo to be taken and used in his/her medial record for provider referencing.

Biological Samples

If applicable with hospital based specimens, I do not give permission for the patient's leftover biological samples to be used for research as described on the consent form.

Signed: _____ Witness: _____

Relationship to patient: _____ Date: _____