



Idaho Health Data Exchange Opt Out Form

Your physician's office is using a service called the Idaho Health Data Exchange (IHDE). The IHDE will let your doctor(s), caregivers, insurance companies, and other authorized medical and clinical staff have access to your medical information. This will allow them to get test results, medication history, information from specialists, X-rays and other important information about your health sent to their desk. It will let doctors get your medical history in an emergency when you might not be able to answer their questions. The service will not be used for insurance underwriting purposes.

It is important to know that the IHDE is a safe tool that can only be used by select personnel. All of your health information will remain protected.

Other benefits of the IHDE are:

- It will help reduce medical errors
- Your prescriptions may be sent directly to your pharmacy eliminating phone calls and paper prescriptions
- Your doctor will get alerts to warn of possible harmful drug-drug interactions and drug-allergy risks when giving you a prescription

You have a choice about whether you want your physician to submit and receive information about you to and from the IHDE . If you don't want your physician to do so, please put a check mark in the box, sign and date below. If you decide later that you want to be included, you may do so by withdrawing this form.

I do not want my physician to submit or receive information about me to or from the Idaho Health Data Exchange.

Patient Name (Please print)		
Address		
City	State	Zip Code
Date of Birth (DD/MM/YY)	Last four digits of patient's social security number	
Patient Signature		Date