Dear Patient:

The Delaware Health Information Network (DHIN) is a statutory instrumentality of the State of Delaware that provides fast and secure exchange of test results and reports among hospitals, labs, x-ray facilities and doctors, as well as others involved in your treatment and care coordination across the healthcare ecosystem. DHIN provides access to that data to approved persons through its Community Health Record (CHR), as well as through direct deliveries of results and similar records associated with your care. DHIN does *not* have a complete record of your health history. DHIN simply provides a way for health care providers to access patient medical information that they need to provide you with the best care possible.

DHIN is Good for You and Your Doctor:

- DHIN is a **secure** way for your doctor to get the most up-to-date medical information about you. Only health care providers, individuals involved in your care coordination or other legally approved status with a valid reason will be allowed to see your test results and reports. Also, information that could help save your life in a medical emergency will be available to emergency room doctors and medical professionals by looking you up in the CHR when you are being treated by them.
- DHIN **improves care** by sending results to your doctor quickly and safely as soon as they are ready. DHIN also makes sure your results and records are safe in case of an emergency like a fire or flood.
- DHIN **protects privacy** by tracking who has looked at your information. A report of who has looked at your medical information is available from DHIN.

Non-Participation

Patients who do not want their medical information to be accessible to authorized health care providers through DHIN's CHR may choose not to participate. If you choose not to participate, your data will be rendered unsearchable and health care providers will not be able to look for your records in the CHR. DHIN will still continue to deliver your results to ordering providers and will continue to provide direct feeds of data to your doctor or other health-related organizations when they have included your information on a panel of patients for which they are performing treatment or care coordination operations, and will continue to make other legally-required disclosures or disclosures explicitly authorized by you. For information on how to remove yourself from any panel of patients provided to DHIN, please contact your health care provider or health insurance company directly.

Choosing not to have your data searchable in the CHR means emergency room doctors and health care professionals will not be able to get information that could help them give you better care or save your life in an emergency. Also, some providers may decide not to see patients that do not participate in DHIN because they won't have access to medical information that would help them give patients the best care possible.

If you do not want to participate in DHIN, you must complete the attached Non-Participation Form.

For your protection, DHIN requires that you verify your identity in one of two ways: have the form signed by a health care provider licensed in Delaware, or have the form signed by a notary public.

If you have any questions, please contact DHIN in one of the below ways. If your question is privacy related, please ask to be put in touch with DHIN's Privacy Officer:

- Call DHIN: (302) 678-0220
- Email DHIN: servicedesk@dhin.org
- Visit the DHIN website: www.DHIN.org

Request for Non-Participation
in the Delaware Health Information Network

Please initial that you have read and understand each the following statements.

_____ Initial
I understand that, by submitting this *Request for Non-Participation in DHIN,* my test results and medical information will not be accessible to health care providers (including emergency room physicians) through DHIN's Community Health Record.

_____ Initial
I hereby authorize DHIN to block access to my test results and medical health information through DHIN's Community Health Record.

_____ Initial
I understand that I may choose to participate in DHIN again at any time by completing a *Cancellation Request* form.

First Name: _____ Middle Name: _____ Last Name: _____

Previous Last Name: _____ Date of Birth: _____ (Ex: 01/01/1990) Gender: ☐ Female ☐ Male

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____

Email Address: _____ Last Four (4) Digits of Social Security Number: _____ (Ex. xxx-xx-1234)

Patient Signature: **X** _____ Date Signed: _____
(If under age 18 years, signature of parent or legal guardian)

For your protection, you must verify your identity in order for DHIN to process the *Non-Participation Request*.

Your identity may be verified one of two ways: have this form signed by a Notary Public or by a Health Care Provider (physician, nurse practitioner, or physicians' assistant) licensed in the State of Delaware.

This form must be returned to DHIN with original signatures in black or blue ink.

Section to be completed by a Notary Public or Health Care Provider (MD, DO, OD, DDS, DPM, DC, NP, PA, APN)**:**

I witnessed the above named individual sign this document and the individual is personally known to me or provided me with valid picture identification on this day ____of_____, 20____.
Day **Month** **Year**

Notary or Provider **Print Name**: _____ Phone Number: _____

Notary or Provider **Signature**: **X** _____ Date Signed: _____

Must be an original signature in black or blue ink.

107 Wolf Creek Blvd. Ste 2, Dover, DE 19901 • Phone: 302-678-0220 • www.DHIN.org