

CalMHSA Connex Health Information Exchange Patient Opt-out Form

☐ Opt-Out

My information may not be accessed through the CALMHSA CONNEX HIE.

Please note that opting out of the CALMHSA CONNEX HIE will only prevent your data from being shared via the CALMHSA CONNEX HIE system. **Opting out of the CALMHSA CONNEX HIE does not prevent your caregivers from sharing your information. If you wish to completely halt the sharing of your information electronically, you must reach out to each organization/provider(s) and request to do so.*

☐ Cancel Opt-Out

I request you to cancel my previous decision to opt-out. By completing and signing this form, I am allowing my health information to be accessible to my health care providers through the CALMHSA CONNEX HIE, as permitted or required by Federal or State law.

All fields must be filled out to process your opt-out request.

First Name, Middle Initial, Last Name

Street Address

City, State Zip Code

Birth Date (MM/DD/YY)

Gender (M, F, Other)

Last 4 Digits of Social Security Number

Client/Patient Signature or Legal Representative*

Date (MM/DD/YY)

*By signing as a legal representative, I am certifying that I am legally authorized to act on behalf of the patient. Identification verification will be required to complete the request.

Important Notice Regarding the Authorization to Share Confidential Member Information (ASCM I)

CalMHSA Connex complies with all applicable data-sharing laws, including HIPAA, 42 CFR Part 2, California's Confidentiality of Medical Information Act (CMIA) and Lanterman-Petris-Short (LPS) Act, and counties participating in Connex are required to do the same. Consistent with DHCS's Authorization to Share Confidential Member Information (ASCM I) consent framework, if you have completed an ASCMI form through your care provider after this Opt-Out form, your most recently completed ASCMI form will govern and supersede this opt-out election. Because an ASCMI form lets you express your data-sharing preferences with your care partners, including through methods of data exchange other than CalMHSA Connex, we recommend completing one for a comprehensive way to control your information. You may request to complete an updated ASCMI form through your county behavioral health provider.