



Patient Label or Patient Identifiers

**Opt Out Form**  
**Vanderbilt Health Affiliate Network (VHAN)**  
**Health Information Exchange (HIE)**  
Patient Acknowledgment

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Opt Out Form**  
**Vanderbilt Health Affiliated Network (VHAN) / Health Information Exchange (HIE)**

Vanderbilt University Medical Center (VUMC) participates in the Vanderbilt Health Affiliated Network (VHAN) Health Information Exchange (HIE).

The VHAN HIE is a secure electronic system that allows participating health care providers to share your health information in order to treat you promptly and manage your care and services.

VHAN has strong safeguards in place to keep your information secure whenever it is accessed, sent, or used within the HIE. If you have questions about the VHAN HIE, call the VUMC Privacy Office at 615-936-3594 or visit VHAN's website at [www.vhan.com/hie](http://www.vhan.com/hie).

As a patient at VUMC, your health information is shared with the VHAN HIE unless you take action to elect to not participate (Opt Out). Participation in the HIE also means that information about your care from non-VUMC providers in the VHAN HIE is available for your VUMC provider to review.

If you choose to opt out, *none* of your health information from VUMC or any other VHAN HIE member will be viewable to any other providers through the HIE. *If you opt out of the HIE at VUMC, you are also opting out of the HIE with all your other participating health care providers.*

Your decision to not allow your health information to be shared does *not* affect your ability to get health care. You may change your mind at any time. While your information is available through the HIE, your health care providers may access your health information and copy or include it in their own medical record about you. If you later decide to opt out, they are not required to return your information or remove it from their records.

To change your mind and opt back in, you must notify the VUMC Privacy Office in writing at 4560 Trousdale Drive, Ste. 101, Nashville, TN 37204 or [privacy.office@vanderbilt.edu](mailto:privacy.office@vanderbilt.edu). The choice you make on this form will not expire unless and until you notify the Privacy Office.

**By signing this form, I acknowledge that I want to opt out of the VHAN HIE.** I understand that *none* of my health information from VUMC or any other HIE member will be accessible to any provider through the HIE.

This request may take up to 2 business days to take effect. I have been provided a copy of this form.

Print Name of Patient/Legal Representative: \_\_\_\_\_

Signature of Patient/Legal Representative: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*You must mail your completed form to the VUMC Privacy Office at the address listed above, or fax your completed form to the VUMC Privacy Office at 615-343-6966.*