



Health eNet Community Health Record - Request to Resume Individual Participation

I previously requested to 'Opt-Out' of the Hawai'i Health Information Exchange (Hawai'i HIE) Health eNet system. I now request to 'Opt-Back-In' to allow my health information to be viewable through the Health eNet system by health care providers.

Please initial that you have read and understand the following statements:

- I understand that once this Request to Resume Individual Participation has been processed, my health information will be viewable through the Hawai'i HIE Health eNet system.
- I understand that my health care providers can also exchange my health information for treating me using other methods as permitted by law, including fax and/or mail.
- I understand that I am free to "Opt-Out" at any time and can do so by completing a Request to Stop Individual Participation which can be obtained from the Hawai'i HIE website at www.hawaiihie.org.

To Opt-Back-In, please complete the required information below and submit this Request to Resume Individual Participation to your health care provider. Your request will be processed within ten (10) business days from receipt. You will receive a letter by mail confirming receipt of this request.

First Name		Middle Name		Last Name	
Nickname/Previous Name(s)			Gender (M/F)	Date of Birth (mm/dd/yyyy)	Last 4 of SSN
Address					
City		State		Zip	
Primary Phone #		Secondary Phone #		Health care Provider/Staff Name and Title	
Signature of Patient				Date Signed	
Signature of Legal Authorized Representative				Relationship / Legal Authority to Individual	

Please mail or fax this form to: Hawai'i HIE
 Attn: Community Relations
 900 Fort Street Mall, Suite 1305
 Honolulu, HI 96813
 Fax: (808) 441-1472

You may also contact us for more information at: (808) 441-1411

For staff only:

<input type="checkbox"/>	Option to opt back in status changed	<input type="checkbox"/>	Form scanned/filed	<input type="checkbox"/>	Letter mailed, date _____
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