

Great Lakes Health Connect (GLHC) is a non-profit organization that helps healthcare providers share patient information and records with each other. Under Michigan law, healthcare organizations can collect, store, and share patient information electronically for treatment, payment, and operational reasons. Over 80% of Michigan hospitals and thousands of other healthcare organizations throughout the state use Great Lakes Health Connect to communicate and learn more about the patients they are caring for.

Michigan citizens are permitted to opt out of having their health records shared through Great Lakes Health Connect. This form instructs GLHC to either hide information (**OPT OUT**) or make it viewable once again (**OPT IN**). GLHC is required to show and share health record when state and federal laws require it.

Step 1: Opt Out or Opt In

Choose one.

Request to **OPT OUT**: I do not want healthcare providers to see my health record in the GLHC community health record.

Request to **OPT IN**: I previously opted out, but now wish to have healthcare providers view and share my health records; unless the law prevents it.

Step 2: Demographic Information

All fields are required unless noted as "optional". A legal representative of a patient who is incapacitated or a minor (under 18) may complete this form. All references below refer to the patient.

First Name _____ Middle Name _____ Last Name _____

Previous Last Name (optional) _____

Date of Birth ____ / ____ / ____ (MM/DD/YYYY) Gender: M F (Circle one)

Street Address _____

City _____ State _____ Zip Code _____

Phone Number (____) ____ - _____ Cell / Alternate Phone Number (optional) (____) ____ - _____

Legal Representative Name (if applicable) _____ Relationship to Patient _____

Signature (Patient or Legal Representative) _____
 (If patient is under the age of 18, signature of parent or legal guardian)

Date Signed: ____ / ____ / ____ (MM/DD/YYYY)

Reason, if signed by other than patient: Patient is incapacitated
 Patient is a minor (under 18)

Step 3: Identity verification

GLHC requires identity verification to protect patients. The patient's identity can be verified by a Notary Public or a healthcare provider. Please indicate one below.

Notary Public - The completed and notarized form must be returned to GLHC with **original signatures** in black or blue ink. Completed forms (page 1 and page 2) must be mailed to:

Great Lakes Health Connect
Attn: Participation Change Request
695 Kenmoor Ave SE, Suite B
Grand Rapids, MI 49546

Healthcare provider - The completed form must be returned to GLHC via fax (616.588.4710) or attached to a secure email (support@gl-hc.org).

The section below is to be completed by the Notary Public or the Healthcare provider.

I witnessed the above named individual sign the document and the individual is personally known to me or provided me with valid picture identification on this day _____ (day number) of _____ (month), _____ (year).

Name (print): _____ Phone: (____) ____ - _____

Signature: _____ Date Signed: ____ / ____ / ____ (MM/DD/YYYY)

PLEASE RETURN TO GREAT LAKES HEALTH CONNECT IMMEDIATELY UPON COMPLETION

GLHC USE ONLY: Request completed ____ / ____ / ____ (MM/DD/YYYY).