

NORTHEAST IOWA
**FAMILY
 PRACTICE
 CENTER**



OPT OUT - BACK IN FORM

NEIFPC is an "opt in" facility for electronic records sharing for patients 18 and older. By opting out, you chose NOT to electronically share your records in an emergency situation or when you are in another Physician office for a visit. You would rather a sign release for all records to be mailed or faxed to a your desired destination. If you'd decide to opt in, you can do so in our office or by filling out this form.

Northeast Iowa Family Practice Center
 2055 Kimball Avenue, Suite 101
 Waterloo, Iowa 50702-5047
 Fax: 319-272-2107

I would like to OPT OUT of this service.

I would like to OPT back IN to this service.

Legal Name:		Date of Birth:	
Mailing Address:		City:	State: Zip:
Last Four Digits of Social Security Number OR Driver's License Number:			Gender:
Primary Phone Number:		Cell Phone:	
Maiden /Previous Names:	Email Address:		
Patient or Legal Representative: _____ X _____ (Print) (Signature)			Date:
Relationship, if not patient*			

Indicate your reason for opting out of this service:

- Concerns about security.
- Concerns about accuracy of data shared.
- Other: _____

Family Practice Center will process your request within three business days of receiving this form. If you have any questions, please call Health Information Systems at 319-272-2112.

*Submit documentation of status of legal representative: e.g., health care power of attorney