



## Receipt for Notice of Privacy Practices

Effective August 25, 2021

Other uses and disclosures of medical information not covered by the Notice of Privacy Practices or the laws that apply to MHCC or its Clinics will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

HIE Opt-Out Form: The Wyoming Frontier Health Information Exchange (WYFI) allows you to permit your health information to be shared by participating medical groups, hospitals, labs, radiology centers, and other health care providers through secure, electronic means. The purpose of WYFI is to give each of your participating providers the benefit of having access to your health information that is maintained by the participating providers when providing healthcare to you. Your participation in the HIE is voluntary and subject to your right to opt-out. Your receipt of treatment or health plan coverage for treatment will not be conditioned on whether you choose to exercise this right. Unless you opt-out, any authorized healthcare provider who participates in WYFI, or is a member of a health information exchange that is connected to WYFI, can electronically access and share your health information through WYFI. If you would like to opt-out of WYFI, please notify registration.

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My signature below indicates that I have been provide with a copy of this Notice of Privacy Practices.

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**Patient/Legal Representative Signature**

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**Date**

**If Legal Representative, indicate relationship to Patient:** \_\_\_\_\_

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**Witness Signature**

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**Date**