Participation Change Request

Michigan Health Information Network Shared Services (MiHIN) is a non-profit organization that helps healthcare providers enhance care and reduce costs. This form instructs MiHIN to change an individual's participation status.

Under Michigan law, healthcare organizations can collect, store, and share patient information electronically for treatment, payment, and operational reasons. Michigan law permits citizens to opt out of having their health records shared through Michigan Health Information Network Shared Services. MiHIN is required to show and share health records when state and federal laws require it.

☐	Request to OPT OUT - I do not want my health records in the MiHIN Longitudinal Health Record (LHR) (unless the law requires it).

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

Full Name (First Middle Last)	Date of Birth	
Previous Last Name (If applicable)	Gender Male ☐ Female ☐	
Street Address		
City	State	Zip Code
Phone	Email Address	
Signature (Patient or Legal Representative)	Date	
Legal Representative Name (Print)	Relationship to Patient	
If signed by Legal Representative of the patient, select a reason. ☐ Patient is incapacitated ☐ Patient is a minor (under 18 years old)		

MiHIN requires identity verification to protect patients. A Notary Public must verify the patient's identity. Please indicate who is verifying the patients' identity.

☐	Notary Public - The completed and notarized form must be MAILED to MiHIN with original signatures in black or blue ink to the address below: Michigan Health Information Network Shared Services Attn: Participation Change Request 120 N. Washington Square, Suite 316 Lansing, MI 48933

The Notary Public must complete the section below.

I witnessed the above-named individual sign the document and the individual is personally known to me or provided me with a valid picture identification on this day,

_____*(month)*_____*(day number),*_____*(year).*

Name (print)	Phone Number
Signature	Date

Seal: