





Unifying Dubai's Healthcare

Consent Form to Opt-Out

This document was last updated on 19 Oct 2020

Patient Name:

MRN No.:

DOB:

Gender:

Tel No.:





Consent Form to Opt-Out

This form is to be used by patients who want to Opt-Out from the NABIDH Health Information Exchange (HIE) platform in the Emirate of Dubai.

NABIDH HIE is a medium that allows your health information to be shared by participating providers including medical groups, hospitals, labs, radiology centers, and other health care providers through secure, electronic means.

The purpose of NABIDH is to give each of our participating providers the benefit to access all your health information that is currently maintained by the participating providers when delivering healthcare to you.

We expect that NABIDH will provide you access to all your health information through the NABIDH portal. In addition, NABIDH will deliver faster and complete access to your information to make better-informed decisions about your care, especially in emergencies.

You Can Choose Not to Participate (Opt-Out)

Participation is voluntary and will not affect your ability to receive medical care. If you optout, the NABIDH will block access to your health information even for emergency treatment. This means that it may take longer for your healthcare providers to get the medical information they may need to treat you.

Even if you do not want to participate in NABIDH, Emirate of Dubai law reporting requirements will still be fulfilled through Public Health Registries and research. This means your health information will be used anonymously.

Please note: It is always good to ensure your healthcare provider is informed about all of your conditions and medications even if you choose to Opt-Out of NABIDH.

If you opt-out and later decide to reverse that decision, please contact NABIDH to sign another NABIDH registration form to cancel your opt-out. Your health information from the period during which you had opted-out **will** be available through NABIDH after you decide to reregister again.





By signing this form, I hereby ACKNOWLEDGE and AGREE as follows:

- I understand that any of my health information received by any NABIDH or affiliate will
 not be visible in the electronic medical records in which NABIDH participates. This will
 include Emergency Care situations.
- I understand that I am free to revoke this Opt-Out request at any time and can do so by completing a new NABIDH Opt-In form.
- It may take between 2 5 business days after receipt to process this Opt-Out form and to prevent the sharing of my health information.

| ☐ Facility OPT-OUT: I DO NOT WANT my health information from this facility to be shared |
|---|
| with other facility NABIDH users. |
| ☐ Global OPT-OUT: I DO NOT WANT my information to be visible within NABIDH in which |
| NABIDH Health participates. |





نموذج طلب عدم التسجيل Consent Form to Opt-Out

| Patient First Name * *اسم المريض | Primary Phone Number * رقم الهاتف الرئيسي* |
|-----------------------------------|---|
| Middle Name | Secondary Phone Number |
| اسم الأب | رقم هاتف ثانوي |
| Last Name * | Email |
| اسم العائلة* | البريد الالكتروني |
| National ID Number * | Address * |
| *رقم هوية الإمارات | * العنوان |
| Date of Birth * | City * |
| *تاریخ المیلاد | * المدينة |
| Gender (M/F) | P.O. Box |
| (ذكر/أنثى) | صندوق البريد |

إذا كان عمرك أقل من 18 عاماً ، فيجب توقيع ولي الأمر أو الوصي If under 18 years, signature of Parent or Guardian

| Legal Representative Name * اسم الوكيل القانوني* | |
|--|--|
| Legal Representative Relationship to Patient * *علاقة الوكيل القانوني بالمريض | |
| Legal Representative Phone Number * رقم هاتف الوكيل القانوني* | |

Signature of Patient (or Legal Representative) توقيع المريض (أو الوكيل القانوني) تاريخ التوقيع Date Signed

يرجى تعبئة هذا النموذج ثم إعادته إلى مقدم خدمات الرعاية الصحية Please fill out and return this form to the healthcare provider

To read the detailed NABIDH terms and conditions, please visit <u>NABIDH.ae/terms-policy</u> لقراءة الأحكام والشروط المتعلقة بمنصة نابضِ بالتفصيل،





^{*} Required Information معلومات یجب تعبئتها