

## Application Form to be Reinstated (Opt back In) to the National Health Information Exchange Network, Over 18 Years Old

A	pplicant's Declaration		
I Ge	Given Name Surname  ender: M/F Date of Birth:	_ ID No	
	_	hereby declare that: nation Exchange Network allows the display of	
1.	medical information to a treatment provide file stored in the information systems of the hospitals and the HMO (kupat cholim).	er in hospitals throughout Israel from my medical e institutions in which I have been treated - other	
2.	-	formation in the network is for the purpose of	
	able to know my medical history, the medi	nent given to me, with the party treating me being cations that I am taking, procedures that I have be exception of sensitive information that has been all not be conveyed in the network	
3.	•	o opt out of the network, I now request to be	
		edical party treating me to view information from	
4.	When I am reinstated, all the information to	hat exists in the computerized system of each	
	institution will be conveyed to the network, including information that was documented		
	during the period in which I requested to opt out of the network.		
5.	•	arried out within 30 days of submission of the othe "mikol halev" call center for a soldier in the	
Na	ame: Signature:	Date:	
Te	elephone number for clarifications (not comp	ulsory):	
Er	mail address for clarifications (not compulsor	·y):@	
Si	ignature Verification		
Ι, 1	the undersigned	Position:	
Br	ranch:	District:	
ce	ertify that	ID No.	



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Given Nam	e Surname		
appeared before me a	and identified him/herself using an i	dentity document and signed this for	orm in
my presence.			
Name:	Signature:	Date:	