



**Application Form to Opt Out of the National Health Information  
Exchange Network for a Legally Unfit Person**

from the hospital to the insuring HMO (kapat cholim), as has been the case until now, irrespective of the medical information exchange network.

5. In spite of being aware of the possible implications, I request to remove the legally unfit person under my responsibility from the information exchange network.
6. If I will wish to change my mind, I will have to sign an application form for reinstatement (to opt back in) at a branch of the HMO (kapat cholim).
7. The actual removal of the legally unfit person under my responsibility from the network will be carried out within 30 days of the submission of the application to a branch of the HMO (kapat cholim).
8. On transfer of the legally unfit person under my responsibility between HMOs (kupot cholim), I will have to resubmit the request to remove him/her from the network at the HMO (kapat cholim) to which he/she transfers, this being for the HMO's administrative requirements.

Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number for clarifications (not compulsory): \_\_\_\_\_

Email address for clarifications (not compulsory): \_\_\_\_\_ @ \_\_\_\_\_

(Signature verification on the next page)



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**Signature Verification**

I, the undersigned \_\_\_\_\_ Position \_\_\_\_\_

Branch \_\_\_\_\_ District \_\_\_\_\_

certify that \_\_\_\_\_ ID No. 

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Given Name Surname

**Guardian for health matters of:**

\_\_\_\_\_ ID No. 

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Given Name Surname

appeared before me and identified him/herself using an identity document, presented a valid guardianship order, received an information sheet about the National Information Exchange Network and about the significance of opting out of the network, and signed this form in my presence.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_