



**Application Form to Opt Out of the National Health Information
Exchange Network, Up To Age 18**

(kupat 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 my child 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 (kupat cholim).
7. The actual removal of my child from the network will be carried out within 30 days of submission of the application to a branch of the HMO (kupat cholim).
8. On transfer of my child between HMOs (kupot cholim), I will have to resubmit the request to remove him/her from the network at the HMO (kupat cholim) to which he/she transfers, this being for the HMO's administrative requirements.

Parent's Name: _____ Signature: _____ Date: _____

Parent's Name: _____ Signature: _____ Date: _____

Telephone number for clarifications (not compulsory): _____

Email address for clarifications (not compulsory): _____@_____

(Signature verification on the next page)

