



Reinstatement of Participation Request

What is MS-HIN?

The Mississippi Health Information Network (MS-HIN) provides a fast and secure way for doctors and hospitals to share certain types of health information, such as lab results and x-ray reports through a Community Health Record. MS-HIN is not a complete medical record. It is a simple way for authorized health care providers to access patient medical information, allowing them to provide you with the best care possible.

How Does MS-HIN Help You and Your Doctor?

MS-HIN Is Fast and Secure

MS-HIN is a fast and secure way for your doctor to locate your most up-to-date medical information. Only health care providers with a valid reason will be allowed to access your medical information. Information will be available to emergency room (ER) health care providers that could help save your life in a medical emergency. MS-HIN also helps safeguard your medical information in the case of an emergency like a fire or natural disaster.

MS-HIN Protects Privacy

MS-HIN protects your privacy better than paper records by tracking who has looked at your information. A report of who has accessed your medical information is available from MS-HIN.

MS-HIN Improves Your Care

MS-HIN allows your doctor to have immediate access to a variety of medical information. This information can help your doctor make better decisions about your care. Accessing lost records through MS-HIN may also prevent your doctor from having you repeat tests; potentially saving you time and money.

Instructions for Completing a Reinstatement of Participation Request:

If you wish to reinstate your participation in the MS-HIN Community Health Record, please complete the following Reinstatement Form and submit it with original signatures via mail or email to:

Mississippi Health Information Network

805 South Wheatley
Suite 540
Ridgeland, Mississippi 39157

If you have any questions, or for more information, please contact MS-HIN at Info@ms-hin.ms.gov.



Reinstatement of Participation Request

Please initial that you have read and understand each of the following statements:

Initials: _____ I have previously chosen not to participate in the MS-HIN Community Health Record (CHR) and completed/submitted a Non-Participation Request Form.

Initials: _____ I understand that by submitting this Reinstatement Request, my medical information will be accessible to authorized health care providers through the MS-HIN CHR.

Initials: _____ I authorize MS-HIN to cancel my previous request for non-participation.

Please provide all of the following information:

First Name: _____ Middle Name: _____ Last Name: _____

Previous Last Name: _____ Date of Birth: _____ (Ex: 01/01/1990) Gender: Female Male

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____

Email Address: _____ Last Four (4) Digits of Social Security Number: _____

Patient Signature: _____ **Date:** _____
(If under 18 years of age, signature of parent or legal guardian)

For your protection, MS-HIN must verify your identity before processing this reinstatement request. Your identify may be verified one of two ways: have this form signed by a Notary Public OR by a Health Care Provider (physician, nurse practitioner or physician’s assistant) licensed in Mississippi.

Please return this completed form to MS-HIN with original signatures in black or blue ink.

This section must be completed by a Licensed Health Care Provider (MD, DO, NP, PA) or Notary Public:

I witnessed the above named individual sign this document and the individual is personally known to me or provided me with valid picture identification on this, the _____ day of _____, 20 _____.

Printed Name: _____ Phone: () _____

Signature: **X** _____ Date: _____

Must be an original signature in black or blue ink.