

NEXUS SD OPT-OUT FORM

Nexus SD collects information about you and your family from speaking with you. We refer to this as historical personal information. We may also have access to both private and public agency partners who may submit updated personal information about you and your family. Both the historical and updated personal information may involve data about your home, employment, education, income, living situation, language, medical care and medical insurance. This is not a complete list of the information we may receive from speaking with you or the information we receive from others. We use all this information to provide services to you and your family, make referrals for services, make eligibility decisions for social programs, create efficiencies between social service agencies, and gain faster access to services.

You previously authorized Nexus SD, its participating partners, and its staff at the South Dakota Department of Health to collect, use, store and share your personal, medical, financial and health information regarding you and your family to assess your needs, provide services for care, and refer to and coordinate services available from public and private entities.

You have the right to withdraw this authorization for use and disclosure at any time. By completing the below information, you are revoking your authorization. After the date of the opt-out execution, your information will be only available to your care team members or Nexus SD system administrators. Your information will be no longer searchable or shareable to other Nexus SD members aside from in the form of deidentified and aggregated data.

OPT-OUT OF NEXUS SD

I _____, (print name) desire to opt-out of Nexus SD
effective on the following date _____ (insert date).

Seeker's Signature (or parent/guardian)

Seeker's Printed name

Date