In the South Dakota Community Information Exchange, otherwise known as Nexus SD, we collect 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 for your information to be shared within Nexus SD. Please work with your partnering agency to submit this form or submit yourself by sending this completed opt-out form to NexusSD@state.sd.us.

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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