

Tower 1, Ste. 12000 Denver, CO 80222

Contexture Health Information Exchange (HIE) Opt-In Request Form

I previously submitted a request to "opt-out" of the Contexture Health Information Exchange (HIE) system and am now requesting to be reinstated so that my health information can be electronically accessible to authorized health care providers through the Contexture HIE system.

- A separate form must be filled out for each family member requesting to opt back in.
- All fields are required for the form to be processed.
- Contact phone number is required in case Contexture needs to contact you to ensure accuracy of demographic information.

Patient First Name::		
Patient Middle Name::		
Patient Last Name::		
Gender: : ☐ Male	☐ Female	
Previous Name(s) or Nickname(s)::		
Date of Birth (mm/dd /yyyy)::		
Street Address:		
City, State, Zip Code::		
Phone Number::		
For your protection, Contexture requires that This form must be This form must be returned by mail to Contexture below to be seen to	e completed by contexture with	a Notary Public. original signatures in <u>black</u> or <u>blue</u> ink.
tate of		a Notary Public
he foregoing instrument was acknowledged before me	this	by (name of person acknowledged)
otary Print Name:	, ,	Notary Stamp:
otary Signature:		
Mail this form to:		
Contexture, Attn.: Service Desk – HIE Request 2000 S. Colorado Blvd.,		