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

Colorado Version

I request that my health information _not_ be viewable through the Contexture health information exchange (HIE) system. Please initial that you have read and understand each the following statements:

_____ I understand that by submitting this _HIE Opt-Out Request Form_ my health information will _not_ be viewable by health care providers (including emergency room physicians) through the Contexture HIE system.

_____ I hereby request that Contexture block access to my health information through the Contexture HIE system.

_____ I understand that I am free to opt back in at any time and can do so by completing a _Contexture Health Information Exchange Opt-In Request Form_ that can be obtained from Contexture's website (www.contexture.org) or from my healthcare provider.

I understand this request only applies to sharing my health information through the Contexture HIE system. I recognize that when I see a healthcare provider for treatment that provider may request and receive my medical information from other providers using other methods permitted by law, such as fax or mail.

(A separate form must be filled out for each family member requesting to opt out. **All fields are required** for the form to be processed. Phone number is required in case Contexture needs to contact you to ensure accuracy of information.)

Patient's First Name: _____   **Patient's Middle Name:** _____

Patient's Last Name: _____   **Date of Birth:** _____
(MM/DD/YYYY)

Previous Name(s) or Nicknames: _____   **Gender:** ❏ Male   ❏ Female

Street Address: _____   **Phone:** _____

City: _____   **State:** _____   **Zip Code:** _____

_____   _____

Signature of Patient (or Authorized Representative)   **Date Signed**
If under 18 years, signature of parent or guardian

For your protection, Contexture requires that you verify your identity in order to process this Request. This form must be completed by a Notary Public.

This form must be returned by mail to Contexture with original signatures in <u>black</u> or <u>blue</u> ink.

-------- -------- -------- -------- Section below to be completed by a Notary Public -------- -------- -------- --------

State of _____   County of_____

The foregoing instrument was acknowledged before me this _____ by _____ .
(date)   (name of person acknowledged)

Notary Print Name: _____

Notary Signature: _____

Notary Stamp:

Mail this form to: Contexture, Attn.: Service Desk – HIE Request
2000 S. Colorado Blvd., Tower 1, Ste. 12000 Denver, CO 80222