

## **Opt Out Form**

If you do not want your health information shared through Health Current, (a Contexture company), please complete, and return this form to your healthcare provider. Your healthcare provider will return the form to Health Current.

This is the "Opt Out Form" described in the Health Current Notice of Health Information Practices. If you opt out, your healthcare providers will not be able to access your health information through Health Current, Arizona's health information exchange (HIE)— even in an emergency. If you are filling out this form for another person, the references to "you," "I" and "my" in this form refer to that other person.

d through Health Current, fill in your name and date of birth Sign the form and give it to your healthcare provider.
Date of Birth:
State:Zip:
alth information shared through Health Current.
Date:
e indicate your authority to sign for the patient (check one):
Caregiver with authority to make healthcare decisions
ent (such as your children), you must fill out a separate form for
mpleted before sending via secure fax to Health Current.
Date:
Phone:
- : a