



### CORHIO Health Information Exchange (HIE) Opt-Out Request Form

I request that my health information not be viewable electronically through the CORHIO Health Information Exchange (HIE) system. I acknowledge that my information may still be transmitted as necessary to provide clinical care and for other purposes as required by law. I also understand that by opting out, my health information will not be available through the website in the case of an emergency.

I understand this request only applies to viewing my health information through the health information exchange system. I recognize that when I see a physician for treatment outside of <this organization>, that physician may request and receive my medical information from <this organization> through other methods permitted by law, such as fax, mail, or courier.

I am free to opt back in at any time and can do so by completing a CORHIO *Health Information Exchange (HIE) Opt-In Request Form* that can be obtained from my health care provider.

A separate form must be filled out for each family member requesting to opt out.

Facility:	
Patient First Name:	
Patient Middle Name:	
Patient Last Name:	
Previous Names or Nicknames:	
Date of Birth: (mm / dd / yyyy)	/ /
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:	
City, State, Zip Code:	
Contact Phone Number:	

\_\_\_\_\_  
**Signature of Patient** (or authorized representative)  
If under 18 years, signature of parent or guardian

\_\_\_\_\_  
**Signature Date**

**Please provide the completed form to:**

Digestive Health Associates  
2 Burnett Court, Suite 100  
Durango, CO 81301

Phone: 970-385-4022  
Fax: 970-385-4337