



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 Family Care Southwest P.C., that physician may request and receive my medical information from Family Care Southwest P.C., 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:	Family Care Southwest P.C.
Patient First Name:	
Patient Middle Name:	
Patient Last Name:	
Previous Names or Nicknames:	
Date of Birth: (mm/dd/yyyy)	
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:
Family Care Southwest PC
(303) 933-8147

6169 S Balsam Way
Suite 250
Littleton CO, 80123