

Contexture/CORHIO Health Information Exchange (HIE)

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 National Jewish Health, that physician may request and receive my medical information from National Jewish Health 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 healthcare 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

Date/Time

Please provide the completed form to:

CORHIO
 4500 Cherry Creek Dr. South, Suite #820
 Denver, CO 80246
 Fax-720-285-3207



Patient Label



HIPAA Patient Request_CC