



Pueblo
Community
Health Center

CORHIO Health Information Exchange (HIE) Opt-In Request Form

I previously submitted a request to “opt-out” of the CORHIO Health Information Exchange (HIE) system and am now requesting to be reinstated so that my health information can be electronically accessible to authorized health care providers through CORHIO HIE system.

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

Facility:	
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:	

Signatures of Patient

Date

(Or Authorized Representative) If under 18 years, signature of parent or guardian

Please provide the completed form to:

Pueblo Community Health Center, **ATTN: Privacy Officer**
110 East Routt Avenue
Pueblo, Colorado 81004
Fax Number: (719) 543-0171

Please fax form to: (720) 285-3207