



Pueblo
Community
Health Center

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 Pueblo Community Health Center, that physician may request and receive my medical information from Pueblo Community Health Center 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)	
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