

Instructions for **Revoke Opt Out (Non-Participation)** Request

You previously opted out from allowing query access to your personal health information in the Coastal Connect Health Information Exchange (CCHIE) and would now like to allow query access to authorized care providers through CCHIE. Submitting this form will reverse your previous opt out request.

Please initial that you have read and understand each the following statements.

____ initial I have previously chosen to opt-out of CCHIE's query of my electronic health information.

____ initial I understand that by submitting this Revoke Opt Out request that my test results and medical information will be accessible to authorized health care providers through CCHIE.

____ initial I hereby authorize CCHIE to cancel my request for non-participation.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female
Month Day Year

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____

Email Address: _____ *Last four digits* of your Social Security Number: _____ XXX-XX-

Patient Signature: X _____ Date Signed: _____
(Or signature of parent or legal guardian)

You can opt in by calling 910-332-8014.
OR

Submit this form to:

Coastal Connect HIE
5305-M Wrightsville Avenue
Wilmington, NC 28403
Fax (910) 332-8042