



**RIO GRANDE VALLEY HEALTH INFORMATION EXCHANGE
OPT-OUT REQUEST FORM**

I understand that participation in RGV HIE is voluntary and that if I do not want to participate I can choose to “opt out” of including my health information in the RGV HIE system by signing this form.

CHOICE: INFORMATION NOT SHARED; CAN’T BE VIEWED IN AN EMERGENCY

I understand that by submitting this *HIE Opt-Out Request Form* my health information **WILL NOT** be included in the RGV HIE database and not be viewable by other health care providers.

I understand that by submitting this HIE OPT-OUT Request Form my health information **WILL NOT be available for health care providers to view in an emergency.**

I understand that I am free to revoke this Opt-Out Form at any time and can do so by completing a *RGV HIE Revocation of Opt-Out Form* that can be obtained from RGV HIE’s website at www.rgvhie.org or from my health care provider.

I understand this request only applies to sharing my health information through the RGV HIE system. I recognize that when I see a health care provider for treatment that provider may request and receive my medical information from other providers using other methods permitted, like fax or mail.

Patient Name (First, Middle, Last)	
Previous Names	Date of Birth (mm/dd/yyyy)
Mailing Address	City, State, Zip Code
Contact Phone Number	Email Address

Signature of Patient

Date Signed

If under 18 years, signature of parent or guardian

Parent Guardian Other _____

Signature of Parent / Guardian

Date Signed

Parent / Guardian Name

Parent/Guardian Contact Telephone