



**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](http://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.

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

\_\_\_\_\_

**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**