



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 the CORHIO HIE system.

- A separate form must be filled out for each family member requesting to opt back in.
- **All fields are required** for the form to be processed.
- Contact phone number is required in case CORHIO needs to contact you to ensure accuracy of demographic information.

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:		

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

Date Signed

**For your protection, CORHIO requires that you verify your identity in order to process this Request.
 This form must be completed by a Notary Public.**

This form must be returned by mail to CORHIO with original signatures in black or blue ink.

----- Section below to be completed by a Notary Public -----

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ by _____
 (date) (name of person acknowledged)

Notary Print Name: _____

Notary Signature: _____

Notary Stamp:

Please mail this form to:
 CORHIO, Attn.: Service Desk – HIE Request
 3773 Cherry Creek North Drive, Suite 615
 Denver, CO 80209