

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:				
Gender:	☐ Male	☐ Female	e	
Previous Name(s) or Nickname(s):				
Date of Birth (mm/dd /yyyy):				
Street Address:				
City, State, Zip Code:				
Phone Number:				
This for must be returned by	m must be co by mail to COI	ompleted by RHIO with o	ur identity in order to process this requency a Notary Public. original signatures in black or blue ink. by a Notary Public	
State of		•	County of	
he foregoing instrument was acknowledged	before me this	(date)	by	
lotary Print Name:			Notary Stamp:	
lotary Signature:			_	
Mail this form to: CORHIO, Attn.: Service Desk – 4500 Cherry Creek S Drive, Sui Denver, CO 80246				