

REVOCATION OF PRIOR CAMDEN HIE OPT-OUT

Name: _____ Date of Birth: ___/___/___

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

I hereby acknowledge and agree as follows:

1. I WISH TO REVOKE (change) my prior decision to Opt-Out of the Camden HIE, and now I **specifically AUTHORIZE** my information maintained in the Camden HIE to be electronically available to my providers;
2. I UNDERSTAND that by making this selection now, ALL of my authorized providers who participate in or are connected to the Camden HIE will have access to my health information maintained in the Camden HIE;
3. I UNDERSTAND that this Revocation can only be changed if I specifically submit a new Camden HIE Opt-Out form;
4. I have had an opportunity to ask and receive answers to all my questions regarding this "Revocation of Prior Camden HIE Opt-Out"; and
5. This request can take up to **2 business days** to take effect.

Signature: _____ Date: _____

If Legal Representative, state Authority: _____

Completed and signed Revocation of Prior Camden HIE Opt-Out form can be returned to Registration/Reception Desk; faxed to (856) 355-2196; or mailed to:

***Virtua Health Information Management
Camden HIE
5 Eves Drive, Suite 120A
Marlton, NJ 08053***