22035-01

Revocation of Prior Health Information Exchange (HIE) Opt-Out Form

I hereby acknowledge and agree as follows:

1. I wish to revoke (change) my prior decision to opt-out of any HIE in which Children's Healthcare of Atlanta, Inc. ("Children's"), its Affiliates[1], or any of Children's electronic medical record system participating practices[2] (collectively, the "Children's EMR Entities") participates, and now I specifically authorize any of my information maintained in any such HIE to be electronically available to any of my participating providers;

2. I understand that by making this selection now, ALL of my authorized providers who participate in or are connected to any HIE in which the Children's EMR Entities participate will have access to my health information maintained in those HIEs;

3. I understand that this Revocation can only be changed if I specifically submit a new HIE Opt-Out Request Form;

4. I have had an opportunity to ask and receive answers to all my questions regarding this "Revocation of Prior HIE Opt-Out"; and

5. This request can take 3-5 business days to take effect.

(All fields are required for form to be processed. Phone number is required in case we need to contact you to ensure accuracy of information.)

Patient's First Name: _____ Patient's Middle Name: _____

Patient's Last Name: _____ Date of Birth: _____ (MM/DD/YYYY)

Previous Name(s) or Nicknames: _____ Gender: ☐ Male ☐ Female

Street Address: _____City: _____ State: ____ Zip Code: _____

Parent/Guardian's First Name and Middle Initial: _____

Parent/Guardian's Last Name: _____ Phone: _____

Street Address: _____City: _____ State: ____ Zip Code: _____

_____ _____
Signature of Parent/Guardian Relationship Date Signed
If Patient is over 18 years, signature of Patient

Please send this completed form to the attention of Privacy Officer: Children's Healthcare of Atlanta, Privacy Office, 1711 Tullie Circle, NE, Atlanta, GA 30329

[1] Children's Affiliates are listed at www.choa.org/hie.
[2] Children's electronic medical record system participating practices are listed at www.choa.org/hie.