



HEALTH INFORMATION EXCHANGE PATIENT WITHDRAW AUTHORIZATION - PEDIATRIC

A Health Information Exchange ("HIE") is a safe way for health care providers to get the most up-to-date health information about your child. The HIE will allow Central Ohio Primary Care Physicians to access or share your child's health information with other healthcare providers that are involved in their care. This will improve the overall care for your child within electronic medical records across different providers. You may opt out of the HIE for your child by completing this Health Information Exchange Patient Withdraw Authorization Form.

Patient Information:

Last Name:	First Name:	Middle:
Date of Birth:	Other possible names:	
Phone Number:	Address:	
City:	State:	Zip Code:

I wish to WITHDRAW authorization for my child’s participation in the Health Information Exchange. I understand that no new health information may be shared with the HIE and the health information already submitted to the HIE may not be used unless it has already been used in reliance on my previous authorization.

Print Name of Patient	Print Date of Birth
Signature of Parent or Legal Representative	Date Time
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative (if applicable)

Return the form to:
 COPC Compliance Director
 655 Africa Rd
 Westerville, OH 43082
 Fax: (614)865-6682