



**HEALTH INFORMATION EXCHANGE PATIENT WITHDRAW AUTHORIZATION - ADULT**

A Health Information Exchange ("HIE") is a safe way for health care providers to get the most up-to-date health information about you. The HIE will allow Central Ohio Primary Care Physicians to access or share your health information with other healthcare providers that are involved in your care. This will improve your overall care within electronic medical records across different providers. You may opt out of the HIE 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 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 Patient or Legal Representative	Date <span style="float: right;">Time</span>
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