



Vermont Health Information Exchange (VHIE) Opt-Out Consent Form

If you DO NOT want health care professionals involved in your care to see your general health information in the VHIE, please fill out this form.

Do you have access to the web or a smartphone? You can Opt-Out using a WebForm at www.vthealthinfo.com

Full Name (First Middle Last, Suffix)*	Date of Birth (mm/dd/yyyy)*
Physical Address (Street, Apt/Unit, City, State, Zip)*	
Primary Phone Number (include area code)*	Alternate Phone Number (include area code)
Email Address (only for processing this form)	Name of Health Care Organization(s) you visit

By signing below **I choose to Opt Out** - Please **hide** my records in the VHIE to health care organizations involved in my care.

I understand that falsifying my identity or signing on behalf of an individual in which I do not have authority is against the law and a punishable offense. For more information on signature requirements please contact VITL or discuss with your health care organization.

Signature of Patient (if patient is 12 years or older)	Date
Signature of Parent or Authorized Representative	Date
<ul style="list-style-type: none"> • If patient is younger than 12 years old, signature of Parent or Authorized Representative is required. • If patient is 12 or older, but not yet 18, signature of Parent or Authorized Representative is optional. 	
Name of Parent or Authorized Representative	Relationship to Patient

**Once complete please mail, fax, or deliver in person to VITL
Vermont Information Technology Leaders – VITL
Attn: VHIE Support
1 Mill Street, Suite #249
Burlington, VT 05401
Fax# 802-651-4208**

Questions? Call VITL toll free – Consent Hotline 1-888-980-1243 or www.vthealthinfo.com