



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

If you WANT health care professionals involved in your care to see your general health information in the VHIE, please fill out this form.

This form must be notarized. Please see page two of this form for notarization information.

_____	_____
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 Revoke Opt Out** - Please **show** 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 (If patient is under age 18 or patient is incapacitated)	Date
_____	_____
Name of Parent or Authorized Representative	Relationship to Patient

**Once complete and notarized, 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

Verification by Notary Public

Instructions for Notary Public: Before signing below, examine government photo ID to verify identity of Patient or Authorized Representative.

STATE OF _____

COUNTY OF _____, ss.

At _____, this _____ day of _____, _____ personally appeared, and he acknowledged this instrument by him sealed and subscribed, to be his free act and deed.

Before me, _____
Notary Public

My Commission Expires: _____
Date