Charles River Community Health

495 Western Avenue
Brighton, MA 02135

43 Foundry Street, Suite 110
Waltham, MA 02453

Cancellation of Health Information Exchange Opt-Out Form

1. I wish to cancel my previous decision to opt-out of the Health Information Exchanges in which Charles River Community Health participates. I understand that by making this decision I am authorizing my health information to be shared by Charles River Community Health through these Health Information Exchanges. I understand that the information shared may include information of a more sensitive nature, including but not limited to: genetic diseases or tests, substance use disorder, mental health conditions, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), and birth control and abortion (family planning).

2. I understand that if I change my mind, I may at any time later opt back out of the Health Information Exchanges in which Charles River Community Health participates by completing and submitting a new **Health Information Exchange Opt-Out Form** as indicated on the form.

I understand that it may take up to ten business days, from date of receipt, for this request to be implemented.

X_____

Patient's Signature

_____

Print Name

Date: ____/____/____ **OR**

X_____

Signature of Person authorized to sign for patient

_____ **and** _____

Print Name Relationship to patient

Date: ____/____/____