☐ **Opt-Out** – College Medical Center may not share my health information through the CMCHIE.*

- Please note that CMC HIE is subject to HIPAA and California laws pertaining to the disclosure of certain health information, such as reporting public health threats. In cases of medical emergency, a doctor may request to view health information to diagnose or treat a patient.
- I understand that the information that has already been released pursuant to a previous authorization or other HIE will not be affected by the opt-outrequest.

☐ **Cancel (Rescind) Opt-Out** (Opt back in)

I request to cancel my previous decision to opt-out. By completing and signing this form, I am allowing my health information to be accessible to my health care providers through CMC HIE, as permitted or required by CMC or Federal / State law.

All fields must be filled out in order to process your opt-out request.

_____ _____ _____

First Name Middle Initial Last Name

_____ _____

Street Address City, State, Zip

(____) ____-_____ _____/_____/_____

Phone Include Area Code Date of Birth (mm/dd/yyyy)

Gender: ☐ Male ☐ Female Email Address: _____

_____ _____ _____ AM PM

Patient Signature or Legal Representative Date Time

*By signing as a legal representative, I am certifying that I am legally authorized to act on behalf of the patient.

Send the completed and signed form to CMC Health Information Management Services:

- Email: CMCROI@Collegemedicalcenter.com
- Mail: 2776 Pacific Ave, Long Beach, CA 90806

Allow five (5) business days for processing. Please call Health Information Services at **562.997.2002** during regular business hours, Monday through Friday, 8:00AM – 4:00PM PST.