

HIE Reinstatement of Participation Form

This form is to be completed by patients who previously elected to opt-out of Carilion Clinic sharing their health information with any Health Information Exchange (HIE), but who now wish to participate in the HIE.

This Reinstatement form only needs to be completed once. A separate form is required for each individual patient.

You can change your mind at any time by submitting a Carilion Clinic HIE Opt-Out form. The form can be accessed at carilionclinic.org or at any Carilion Clinic registration location.

If you have any questions or for more information please email us at Privacy@carilionclinic.org or call (540) 224-5759.

Information for a Patient Choosing to Participate in HIE (all mandatory)

First Name _____

Last Name _____

Date of Birth _____

Street Address _____

City _____

State _____

Zip Code _____

Home Phone Number _____

Email address _____

Carilion Clinic Primary Care Provider (optional) _____

If this form is submitted by someone other than the person named above, the person submitting the form hereby certified that he/she is acting as a legal representative of the patient (Check One):

Specify the Relationship to the person named above

Parent

Legal Guardian

Other

Contact Information for the individual completing this form if other than patient

Name _____

Phone Number _____

Signature

Date

Please allow us 72 hours to process your request.

You may hand deliver your forms to the closest Carilion hospital medical records department in your area or mail/fax to:

Carilion Roanoke Memorial Hospital
Attn: Medical Records
1906 Belleview Ave
Roanoke, VA 24014
Fax number: 540-981-7868

