



Withdrawal of HealthConnections™ Consent for Participating Provider Organization

Name of Participating Provider Organization: _____

I have previously signed a Patient Consent Form allowing the above named Provider Organization to access my medical information through HealthConnections™.

I understand that by withdrawing my Consent the above named Provider Organization will no longer be able to routinely access medical information about me through HealthConnections™.

If I sign this form as the Patient's Legal Representative, I understand that all references in this form to "me" or "my" refer to the Patient.

1. The Withdrawal of Consent will not affect the exchange of medical information made while my Consent was in effect.
2. This Withdrawal of Consent only applies to the above named Provider Organization and is not applicable to any Consent given to another Participating Provider in HealthConnections™.
3. It may take several days to process my Withdrawal of Consent.
4. No Participating Provider will deny me medical care and my insurance eligibility will not be affected based on my Withdrawal of Consent.
5. I understand that if I wish to reinstate Consent for the above named Provider Organization to routinely access my medical information through HealthConnections™, I may do so by signing and completing a new Patient Consent Form and returning it to your Provider at your next visit.
6. I understand that, unless I check the box below indicating I Deny Consent, the above named Provider Organization will still be able to access medical information about me through HealthConnections™ in an emergency situation.

I DENY CONSENT for the above named provider to access my electronic health information through HealthConnections™ for any purpose, ***even in a medical emergency.***

7. I understand I will get a copy of this form after I sign it.

Print Name of Patient

Patient's Date of Birth

Signature of Patient or Patient's Legal Representative

Date

Print Name of Patient's Legal Representative (if applicable)

Relationship of Patient's Legal Representative