

Opt-Out – Glendora Hospital may not share my health information through the GlendoraHospitalHIE.*

- ❖ Please note that Glendora Hospital 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-out request.

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 Glendora hospital HIE, as permitted or required by Glendora Hospital 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	
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Phone Include Area Code	Date of Birth (mm/dd/yyyy)	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address: _____	
Patient Signature or Legal Representative	Date	_____ AM PM 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 Glendora Hospital Health Information Management Services:

- Email: CMCROI@Collegemedicalcenter.com
- Mail: 150 W. Route 66 Glendora, CA 91740

Allow five (5) business days for processing. Please call Health Information Services at **626.852.5075** during regular business hours, Monday through Friday, 8:00AM – 4:00PM PST.



GLENDORA HOSPITAL

A COLLEGE BEHAVIORAL HEALTH HOSPITAL

**Health Information Exchange (HIE)
Patient OPT-Out/Opt-In Form**

PATIENT IDENTIFICATION