



## Vermont Health Information Exchange Opt-Out Form

*If you do not want healthcare professionals involved in your care to see your health information, please fill out this form.*

\_\_\_\_\_  
Full Name (First Middle Last, Suffix)

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Physical Address (Street, Apt/Unit, City, State, Zip)

\_\_\_\_\_  
Primary Phone Number (Including area code)

\_\_\_\_\_  
Secondary Phone Number (Including area code)

\_\_\_\_\_  
Email Address (In case we need to reach out when processing this form)

\_\_\_\_\_  
Name(s) of hospital(s), practice(s), and other Health Care Organization(s) you have visited in the past ten years. This will be used to help with patient matching.

*Would you like to receive confirmation once your revoke opt-out request has been completed?*

Yes, please contact me by:  Phone  Email  No need to contact me  Other: \_\_\_\_\_

We will use the information you provided above to send the confirmation.

**By signing below, I choose to Opt-Out – please hide my records in the Vermont Health Information Exchange from Health Care Organizations involved in my care.**

*I understand that falsifying my identity or signing on behalf of an individual in which I do not have authority is against the law and punishable offense. For more information on signature requirements, please contact VITL directly.*

\_\_\_\_\_  
Signature of Patient (If patient is 12 years old or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Authorized Representative

\_\_\_\_\_  
Date

- If patient is younger than 12 years old, signature of Parent or Authorized Representative is required
- If patient is between 12-18 years old, signature of Parent or Authorized Representative is optional

\_\_\_\_\_  
Name of Parent or Authorized Representative

\_\_\_\_\_  
Relationship to Patient

**Once completed, please mail to VITL:  
Vermont Information Technology Leaders (VITL)  
150 Dorset Street, Suite 245, PMB 358  
South Burlington, VT 05403**

**Questions? Call VITL toll free at 1-888-980-1234 or visit <https://vthealthInfo.com>**