

## Request for Opt-Out

*By signing and submitting this form, you are agreeing that you have read and understand the following conditions to which you are requesting to opt-out of participation within the Carolinas HealthCare System CareConnect.*

- I understand that by submitting this form, my personal health information will no longer be viewable by providers, including emergency room physicians, using Carolinas HealthCare System CareConnect. In understanding the ramifications of my decision, I choose to prevent access to my personal health information through the Carolinas HealthCare System CareConnect.
- I may only request to opt-out for myself or for those minor children (up to 18 years of age) of whom I am the parent or legal guardian.
- I fully understand that opting-out of this electronic exchange system in no way prevents my authorized treatment provider(s) from properly using or disclosing my healthcare records and information directly with each other by other permitted methods, such as by fax, mail, or the like.
- I acknowledge that I will be allowed to make my personal health information available again in the Carolinas HealthCare System CareConnect by completing the Cancellation of Opt-out Request Form found on the Carolinas HealthCare System CareConnect website or as provided by my participating healthcare provider.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Previous Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Ex: 01/01/1990) Gender:  Female  
 Male

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email Address: \_\_\_\_\_ Last Four (4) Digits of Social Security Number: \_\_\_\_\_ (Ex. xxx-xx-1234)

Patient Signature:  X  Date Signed: \_\_\_\_\_  
(If under age 18 years, signature of parent or legal guardian)

*This form must be returned to Carolinas HealthCare System CareConnect with original signatures in black or blue ink in one of the following ways:*

**Fax To:** 704-446-2267  
**Email To:** [info@carolinashealthcareconnect.org](mailto:info@carolinashealthcareconnect.org)  
**Mail To:** Carolinas HealthCare System CareConnect  
P.O. Box 32861  
Charlotte, NC 28232



Carolinas HealthCare System  
**CARECONNECT**