Withdrawal of Consent for Participating Provider Organization

[“ORGANIZATION”]

I have previously signed a Patient Consent Form allowing [ORGANIZATION] to access my medical information through the “HEALTHIX”.

I understand that by withdrawing my Consent, [ORGANIZATION] will no longer be able to routinely access medical information about me through HEALTHIX.

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 [ORGANIZATION] and is not applicable to any Consent given to another Participating Provider in HEALTHIX.
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 [ORGANIZATION] to routinely access my medical information through HEALTHIX, I may do so by signing and completing a new Patient Consent Form and returning it to your Participating Provider at your next visit.
6. I understand that, unless I sign and complete a new Patient Consent Form at [ORGANIZATION] indicating I Deny Consent, [ORGANIZATION] will still be able to access medical information about me through HEALTHIX in an emergency situation. I may ask [ORGANIZATION] for a copy of the Patient Consent Form in order to Deny Consent when I submit this Withdrawal of Consent.
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