



Withdrawal of the **DENY ALL** Consent

I have previously signed a DENY ALL form preventing access to my electronic health information to all Healthix participating organizations.

I understand that by withdrawing my DENY ALL Consent, Healthix will reactivate all previously filed individual consent decisions received from participating organization prior to execution of the DENY ALL consent.

To have this request processed, Healthix will need to validate your identity. This can be accomplished through; (a) a notary confirming your identity on this form, (b) an on-line video meeting where you show government issued identification (e.g., a driver's license) or (c) confirmation of unique information in your file. The form can be submitted either by faxing to our secure eFax 1-877-331-1729, email compliance@healthix.org or by mail to Healthix, Attn: Compliance Department, 462 Seventh Avenue, 8th Floor, New York, NY 10018.

If I sign this **Withdrawal of DENY ALL Consent** as the Patient's Legal Representative, I understand that all references in this form to "me" or "my" refer to the Patient. I understand that:

1. It may take several days to process my Withdrawal of DENY ALL Consent.
2. All Healthix consents filed with participating organizations prior to execution of the DENY ALL will now be reinstated.
3. I can request a report from Healthix of all consents submitted by participating organizations that will be subject to reactivation.
4. I will be able to file new consent decisions with individual providers at any point in the future.
6. I should keep a copy of this Withdrawal of the DENY ALL Consent after I sign it.

Print Name of Patient

Patient's Date of Birth

Signature of Patient or Patient's Legal Representative

Date & Time

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

Relationship of Patient's Legal Representative

Notary Acknowledgement

State of: _____) County of: _____) ss:

On this _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that they executed the same in their capacity(ies), and that by their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public _____ Registration Number _____ Expiration Date