

Revocation of Health Information Exchange HIE Opt-in Consent

By signing this form, I hereby **acknowledge** and **agree** as follows:

1. I previously chose to opt in to the Tampa Bay Health Information Exchange (HIE) also known as Sunshine Health Connect, but have changed my mind and would like to revoke my prior decision. I request that that my health information no longer be shared through the Tampa Bay Health Information Exchange to all health care providers involved in my care who participates in or is connected to the HIE. This includes emergency care situations.
2. I understand that this revocation only applies to the sharing of health information through the Tampa Bay Health Information Exchange. My health care providers may still have access to my health information using other methods, such as fax, telephone, email or mail.
3. I understand that any information that was shared through the Tampa Bay Health Information Exchange before the date this form is processed will remain available to providers who request access
4. Please be aware that revocation is not instantaneous. It may take between **2-5 business days after receipt** to process my request to prevent the sharing of my health information through the Tampa Bay Health Information Exchange also known as the Sunshine Health Connect.

Patient's Last Name:	Patient's First Name:	Middle Initial:
Previous Name or Nicknames:	Patient's Date of Birth:	Primary Phone Number; () - -
Email:	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	
Postal Address:	City:	State: Zip:

Signature of Patient or Legal Representative _____ Time: _____ Date: _____

Signature of Person Completing Form (if not patient) _____ Relationship to Patient _____

Return completed form to:
Moffitt Cancer Center
Health Information Management Department
C/O Health Information Exchange
12902 Magnolia Drive MBC-HIM
Tampa, Florida 33612-9416

Contact Information: 813-745-3991

