COUNTY OF SAN MATEO
HEALTH SYSTEM

SMC Connected Care
Health Information Exchange (HIE)

Opt In Form

This form should only be completed if the patient/client has previously opted out (withdrawn) their participation in SMC Connected Care, and would like to Opt Back In to participate in SMC Connected Care.

A separate form must be completed for each individual patient, including family members and minors.

San Mateo County Connected Care
Opt In to Participation

By completing this form, I give consent to all of the participating providers to access ALL of my electronic health information through SMC Connected Care.

Identifying Information

Patient/Client Name:

_____
(Please print)

Date of Birth: _____ /_____ /_____

Street Address:

_____
(Please print)

City: _____ Zip Code: _____

Telephone Number: (_____) _____

Authorized Signature

_____ _____
Signature Date

If signed by someone other than the patient, please print name below and indicate relationship.

_____ _____
Print Authorized Representative's Name Relationship to patient/client