



**SMC Connected Care
Health Information Exchange (HIE)**

Opt Out Form

*This form is required **only if you wish to opt out** of SMC Connected Care.*

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

San Mateo County Connected Care
Opt Out of Participation

By completing this form, I DENY CONSENT to ALL of the participating providers to access my electronic health information through SMC Connected Care, **except in the event of a medical emergency.**

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