



CANCELLATION OF PRIOR HEALTH INFORMATION EXCHANGE OPT-OUT FORM

THIS FORM IS FOR USE BY PATIENTS WHO WISH TO CANCEL THEIR PRIOR "OPT-OUT" OF THE HEALTH INFORMATION EXCHANGE IN WHICH ADVOCARE, LLC PARTICIPATES

Instructions: Please fill out this form to CANCEL your prior opt-out of the Health Information Exchange ("HIE") in which Advocare, LLC is a participant. Once completed, please return this form to your Advocare Care Center where you receive treatment, or you may mail the form to our corporate office at the address below. Cancellation of prior opt-out requests may take up to three (3) business days from date of receipt to process.

Corporate Address:

Director of Compliance, Audit and Privacy
Advocare, LLC
Lake Center Executive Park
401 Route 73 North, Building 10, Suite 320
Marlton, NJ 08053

Patient Information		
*First Name:	*Last Name:	
*Date of Birth (mm/dd/yyyy):		
Contact Information		
*Street Address:		
*City:	*State:	*Zip Code:
Email Address:		
Acknowledgement and Authorization: I acknowledge and understand that by making this selection I will be put BACK INTO the HIE and ALL of my Health Care Providers will be able to electronically access any information about me through the HIE.		
*Signature:	*Date:	

*required fields