



CHANGE OF HIXNY-WIDE DENIAL OF ACCESS FORM

Withdrawal of Authorization to Deny Access to Electronic Health Information through a Health Information Exchange Organization

Patient Name*	Date of Birth*
Patient Address*	
Previous Address	
Patient Email Address†	
Patient Phone Number†	

* Required field

† In the event we need to contact you about this form, an email address and/or phone number will expedite our ability to complete the request.

I understand that the implementation of this denial is contingent upon me providing accurate demographic information that aligns with the demographic information I have previously provided to Hixny.

The choice I make in this form will NOT affect my ability to get medical care or health insurance coverage.

I WITHDRAW MY HIXNY-WIDE DENIAL OF ACCESS FORM. I previously denied consent for any health care providers and health plans participating in Health Information Xchange of New York, Inc. (Hixny) to access my electronic health information through Hixny. I have changed my mind and want to allow access by such entities. Therefore, I hereby withdraw my prior denial of access form.

My questions about this form have been answered and I have been provided a copy of this form. I understand that I must complete and mail this notarized form to Hixny 80 Wolf Road, Suite 500, Albany, NY 12205 and that the change will become effective after this form is received by Hixny and recorded in its health information exchange system.

In addition to this form, I understand that I must also complete the appropriate Hixny consent forms with my health care providers and health plans before they can access my electronic health information through Hixny.

Signature of Patient or Patient’s Legal Representative	Date of Signature
Print Name of Legal Representative (if applicable)	Authority to sign on behalf of patient (e.g., healthcare agent, guardian or parent)

STATE OF NEW YORK (COUNTY OF _____) ss:

On this _____ day of _____, in the year _____, before me personally came _____, to me known and known to me to be the person described in and who executed the foregoing instrument in my presence.

NOTARY PUBLIC: _____