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Cancel My Opt Out

Please cancel my decision to Opt Out of SCHIEEx EXCHANGE.

By canceling my decision to Opt Out of SCHIEEx EXCHANGE, I understand that:

- My electronic health information may be shared through SHCIEEx EXCHANGE with my other doctors and health care providers as necessary for treatment.
- My electronic health information may be shared through SCHIEEx EXCHANGE with my other doctors and health care providers in cases of emergency.
- Electronic health information about health care I received during the period of time I was opted out may now be shared through SCHIEEx EXCHANGE with my doctors and other health care providers as necessary for treatment.

Print Name

Date of Birth

Signature

Today's Date

For Office Use Only

Signature of Staff Member Executing Cancellation of Opt Out

Date and Time Executed