



Alaska eHealth Network
 2440 E Tudor Road, PMB 1143
 Anchorage, Alaska 99507
 866-966-9030 (Phone/Fax)

I previously submitted a request to “opt-out” of the Alaska Health Information Exchange (HIE) system and am now requesting to be reinstated so that my health information can be electronically accessible to authorized health care providers through the Alaska HIE system.

- A separate form must be filled out for each family member requesting to opt back in.
- **All fields are required** for the form to be processed.
- Contact phone number is required in case AeHN needs to contact you to ensure accuracy of demographic information.

If this form is signed by someone other than the person named below, the person signing the form hereby certifies that he/she is acting as: (CHECK ONE) ___ Parent ___ Legal Guardian ___ Other (Specify Relationship) _____ for the person named below.

Contact Information for Individual Completing This Form If Other Than Patient (Please Print Clearly)*

 Printed Name

 Phone Number

Patient Name (Last) *	(First) *	(MI)
Previous Names or Nicknames	Patient Date of Birth *	Primary Number *
Email	Sex (M/F) *	Secondary Number
Address (Mailing) *	(City) *	(State) * (Zip) *

* required

Signature of Patient (or Authorized Representative)
 If under 18 years, signature of parent of guardian

Date Signed

Please submit your form by one of the methods below.

1. Email it to hie@ak-ehealth.org
2. Fax your completed form to 907-770-1413.
3. Mail your completed form to AeHN, 2440 E. Tudor Rd, PMB 1143, Anchorage, AK 99507.