

Patient Summary Record Opt-In Form

I previously submitted a request to “opt-out” of the NCHIIN electronic Patient Summary Record (PSR). I am now requesting that access to my care information in the PSR be reinstated so this information can be electronically accessible to authorized care providers through the NCHIIN system.

A separate form must be completed for each person requesting to opt back in to the PSR service.

All fields are required for the form to be processed.

Contact phone number is required in the event NCHIIN staff needs to contact you to ensure the accuracy of your identifying information.

Personal Information

Your First Name (your legal name)	
Your Middle Name	
Your Last Name	
All previous names and/or nicknames	
Your date of birth	
Your mailing address	
Your phone number(s)	

Your signature: _____ Date: _____

Return this form by mail to 2662 Harris Street, Eureka, CA 95503 or via fax at 707.443.2527.