



GRACHIE Health Information Exchange Opt-Out Request Form

February
2026

GRACHIE (Georgia Regional Academic Community Health Information Exchange) is a secure health information exchange (HIE) network that enables authorized healthcare providers to share your health information for treatment and essential healthcare operations. By initialing below, I confirm that I have read and understand the following:

| | |
|--|--|
| <input type="checkbox"/> I am choosing to opt out of having my health information shared through the GRACHIE network. | <input type="checkbox"/> I may opt back in at any time by submitting a GRACHIE Opt-In Request Form, available from any participating provider or at velatura.org/grachie . |
| <input type="checkbox"/> I understand that my information may still be sent by fax, mail, or other legal methods if needed for treatment or required by law. | <input type="checkbox"/> A separate form must be completed for each individual requesting to opt out. |

This request requires identity verification by one of the following methods:

- Submit this form to a GRACHIE-participating provider, who will validate and submit it on your behalf; or
- Sign in the presence of a notary public and submit the notarized form directly to GRACHIE

For providers: To manage patient consent, download and complete the form (notarization not required), then submit as directed.

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|--------------------------------|
| Practice Name & Provider Name: |
| Patient First and Middle Name: |
| Last Name: |
| Previous Names/Nicknames: |
| Date of Birth (mm/dd/yyyy): |
| Last 4 Digits of Social |
| Street Address: |
| City, State, ZIP Code: |
| Contact Phone Number: |

Signature of Patient or Legal Representative _____
Date
 Check if signer is a Legal Representative

Identity Verification
Notary Public

| | | | |
|--|--|---|--|
| State of _____ County of _____ | Notary Stamp | | |
| The foregoing instrument was acknowledged before me on: | | | |
| _____ (Date) | _____ (Name of person acknowledged) | | |
| Notary Signature: _____ Name: _____ | | | |
| <table border="1"> <tr> <td>Deliver to GRACHIE-participating provider OR notarize and mail to:</td> <td>GRACHIE Attn: Opt-Out P.O. Box 470 Sandersville, GA 31082</td> </tr> </table> | | Deliver to GRACHIE-participating provider OR notarize and mail to: | GRACHIE Attn: Opt-Out P.O. Box 470 Sandersville, GA 31082 |
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