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:

_____ I am choosing to opt out of having my health information shared through the GRAChIE network.

_____ I understand that my information may still be sent by fax, mail, or other legal methods if needed for treatment or required by law.

_____ 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.

_____ 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.*

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: _____

Deliver to GRAChIE-participating provider **OR** notarize and mail to:

GRAChIE | Attn: Opt-Out
1760 Abbey Road, St. 200
East Lansing, MI 48823

Please note that requests will be processed within 10 business days of receipt.