



We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting and Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org.

Patient Name _____

Signature: _____ Date: ____/____/____

If Minor Signature of Parent or Guardian: _____