

Opting-In/Opting-out: eHealthExchange, Commonwell, or Carequality

I would like to*

Opt-out

Opt-in (again)

First Name*

Last Name*

Date of Birth*

Street*

City*

State*

Postal (Zip) Code*

Country*

Gender*

Social Security Number (not required)

Phone Number*

Email*

Submit the completed form via email it to CSH-Interoperability@DignityHealth.org, or via fax to: **602-212-4749**.

**Required fields*