To Our Family HealthCare Patients:

We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a <u>statewide</u> 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 prevent searching of your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt Out form to CRISP by mail, fax or through their website at www.crisphealth.org.

Please sign	below to	verify that	you have	read and	understan	nd the abo	ove.
Printed Nam	е		Date of	Birth		-	