



SURESCRIPTS NETWORK ALLIANCE OPT-OUT FORM

THIS FORM IS FOR USE BY PATIENTS WHO WISH TO "OPT-OUT" OF THE SURESCRIPTS NETWORK ALLIANCE IN WHICH ADVOCARE, LLC PARTICIPATES

Instructions: Please fill out this form to opt-out of the SureScripts Network Alliance ("SureScripts") in which Advocare, LLC is a participant. Once completed, please return this form to your Advocare Care Center where you receive treatment, or you may mail the form to our corporate office at the address below. Opt-out requests may take up to three (3) business days from date of receipt to process.

Corporate Address:

Director of Compliance, Audit and Privacy
Advocare, LLC
Lake Center Executive Park
401 Route 73 North, Building 10, Suite 320
Marlton, NJ 08053

Patient Information		
*First Name:	*Last Name:	
*Date of Birth (mm/dd/yyyy):		
Contact Information		
*Street Address:		
*City:	*State:	*Zip Code:
Email Address:		
Reason for "Opt-Out" of SureScripts (optional) (Please explain your reason for opting-out. If you selected "other," please explain):		
<input type="checkbox"/> Security concerns <input type="checkbox"/> Other		
Acknowledgement and Authorization: I acknowledge and understand that by making this selection NONE of the SureScripts providers will be able to electronically access any information about me through SureScripts, even in cases of a medical emergency.		
*Signature:	*Date:	

*required fields