

OPT-OUT: I, _____, request that my health information NOT be available through Epic's Care Everywhere* exchange. I understand this means that other health care providers who treat me will NOT be able to obtain my health information through Care Everywhere, however, that this does not prevent those providers from receiving my health information through other, more traditional, means such as via fax.

Please initial that you have read and understand each the following statements:

_____ I understand that by submitting this Care Everywhere Opt-Out Request, my health information will not be available through Care Everywhere to health care providers that treat me, including emergency providers treating me in an emergency.

_____ I understand that this request is only applicable to National Jewish Health. This request does not bind other providers who utilize Epic's electronic medical record from sharing via Care Everywhere.

Completion and submission of this Opt-Out Request does not apply to any use or disclosure of health information through Care Everywhere that may have been shared prior to the date that this request is processed by National Jewish Health. Patients are able to opt-back-in to Care Everywhere at any time by completing the applicable section in this form (see box below) and returning it to 303-398-1311 or by mailing it to 1400 Jackson ST Denver, CO 80206, Att: HIM, L07.

OPT-BACK-IN: I, _____, previously chose to opt-out of allowing National Jewish Health to make my health information available to other health care providers for treatment purposes through Care Everywhere. I now am electing to revoke my Opt-Out and participate (Opt-In) to Care Everywhere which allows my health information to be available through the Care Everywhere exchange. By signing this form, I withdraw my prior request to exclude my health information from being shared through Care Everywhere.

The request to opt-back-in to Care Everywhere will generally be processed within 30 days of National Jewish Health receipt of the opt back in request once received at the above address.

This opt-out will not expire until revoked by the patient or patient's authorized representative by opting back in to Care Everywhere.

The National Jewish Health Care Everywhere Opt-Out Request does not apply to the CORHIO (Colorado Regional Health Information Organization) health information exchange. Please refer to information on CORHIO's website at corhio.org.

Please print the following information:

First Name	MI	Last Name
Date of Birth (mm/dd/yyyy)	Medical Record Number	

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

Name of patient (printed)

Signature of patient or legally authorized representative

Date

Time

Relationship to patient

*Care Everywhere is a feature of National Jewish Health's electronic medical record system, Epic®, that allows doctors and nurses to electronically exchange patient information, contained within a patient's Epic record, with other health providers who also use Epic's electronic medical record system. The goal is to promote interoperability between systems and sharing of health information amongst health care providers thereby enhancing quality of care.



HIPAA Patient Request _CC

Patient Label