



Patient Label or Patient Identifiers

**Opt-In Form Epic Care Everywhere Health  
Information Exchange (HIE)**  
Patient Acknowledgment

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Vanderbilt University Medical Center (VUMC) participates in *Epic Care Everywhere*, a secure Health Information Exchange (HIE). *Care Everywhere* lets health care providers from different organizations electronically exchange patient health information in a secure way. *Care Everywhere* is available to participating health care providers who use compatible electronic medical record systems. You may ask for a list of organizations that participate in *Care Everywhere*.

Most VUMC health information is included in *Care Everywhere* unless you ask in writing to opt-out and not participate. But if there are other privacy restrictions on your record you must opt-in to allow your records to be shared using *Care Everywhere*. If you opted-out of *Care Everywhere* before and you now want to opt-in, you must sign and submit this opt-in form.

Once opted-in, your health information, including any behavioral health or substance use disorder treatment records, medicine list, problem list, allergies, immunizations, schedule of appointments, laboratory test results, x-ray reports, other diagnostic reports, surgical procedures, clinical notes, inpatient admissions, and some messages to coordinate care can be seen by any health care providers who use *Care Everywhere*.

The choice you make on this form will not affect your ability to get health care. You may change your mind at any time. But while you are opted-in, your providers can see your health information through *Care Everywhere* and copy or include it in their own medical records. If you later decide to opt-out, they do not have to return your information or remove it from their records.

To opt-out of *Care Everywhere*, you must complete the *Epic Care Everywhere* Health Information Exchange Opt-Out form and submit it electronically or send it to the VUMC Privacy Office at 4560 Trousdale Drive, Ste. 101, Nashville, TN 37204 or [privacy.office@vumc.org](mailto:privacy.office@vumc.org). The choice you make on this form will not end until you opt-out.

**By signing this form, I am Opting-In to Care Everywhere.** I understand that non-VUMC providers involved in my care who participate in *Care Everywhere* will be able to see my VUMC health information, including records of my behavioral health or substance use disorder treatment, if applicable.

This request may take 5 to 7 business days to take effect. I have been given a copy of this form.

Patient/Legal Representative Print Name: \_\_\_\_\_

Patient/Legal Representative Signature: \_\_\_\_\_

Relation: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*To submit a paper copy of this form, you must mail your completed form to the VUMC Privacy Office at the address or email address listed above or fax your completed form to the VUMC Privacy Office at 615-343-6966.*

Care Everywhere is a trademark of Epic Systems Corporation.