



Patient Label or Patient Identifiers

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

Patient Name: _____

Date of Birth: _____

Federal and State laws allow health care providers to share your health information without your written permission when the information is needed to treat you. The sharing of health information for treatment allows all of your health care providers to have more information about your health so that they can better meet your medical needs.

Health care providers used to share information using telephone, mail or fax. Today, Vanderbilt University Medical Center (VUMC) participates in *Epic Care Everywhere*, a secure Health Information Exchange (HIE). *Care Everywhere* is a tool in our electronic medical record that lets us electronically exchange patient health information with non-VUMC health care providers in a secure way. *Care Everywhere* is available to participating health care providers who use compatible electronic medical record systems. A list of organizations participating in *Care Everywhere* is available if you ask for it.

Most of your VUMC health information is included in *Care Everywhere* unless you ask in writing to opt-out and not participate. If you choose to opt-out, your health information from VUMC will not be seen by any other providers through *Care Everywhere*. But information that was already shared with another provider will not be returned to VUMC. This opt-out only applies to the sharing of health information through *Care Everywhere*. Your non-VUMC health care providers can still ask for your medical records and they may be sent by fax or mail. Your decision to not allow your health information to be seen through *Care Everywhere* does not affect your ability to get health care.

You may change your mind at any time. To opt-in to *Care Everywhere*, you must complete the *Epic Care Everywhere* Health Information Exchange Opt-In form, and send it electronically or send it to the VUMC Privacy Office at 4560 Trousdale Drive, Ste. 101, Nashville, TN 37204 or privacy.office@vumc.org. The choice you make on this form will not end until you opt-in.

By signing this form, I want to Opt-Out of *Care Everywhere*. I understand that *none* of my health information from VUMC will be seen by any participating health care provider through *Care Everywhere*.

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.