



PATIENT REQUEST TO OPT-OUT OF SECURE ELECTRONIC HEALTH INFORMATION EXCHANGE (SHARING)

Patient Name: _____ **DOB** _____ **MRN** _____

Phone: _____

I do not wish to participate in the release of my medical information from The Center via Care Everywhere to my non-The Center health care providers for my care management and treatment.

I understand that by honoring this request, The Center will not share my health information to my other providers via secure Care Everywhere, except as otherwise authorized by State and Federal patient health information privacy laws. I understand that my request to opt out of the Care Everywhere does not affect my non-The Center health care provider's ability to otherwise obtain my The Center health information through other approved release of information processes. Please know your information will still be available to providers for Continuity of Care. I understand that by signing this request, my non-The Center healthcare providers may not receive automatic notification via Care Everywhere about my care provided by The Center for continuity of care purposes. I understand that my signed request becomes effective upon receipt and processing and will remain in effect until and unless I request this to be changed. I understand that my health information may have been shared prior to my signed request being or received processed and that this form addresses information going forward. I understand that should I wish to rescind my request to opt out of Care Everywhere to non-The Center providers, I must submit my request in writing to The Center Health Information Management Department, 2200 NE Neff Road, Bend, Oregon 97701.

If you have questions about this form or the release of your health information, please contact The Center's Health Information Management Department at 541-322-2350 before signing.

Patient Signature: _____ **Date** _____

Patient Guardian or Legal Representative: _____ **Date** _____

Printed Name of Guardian or Legal Representative: _____

*Please note: Copy of proof of legal representation must be provided at the time of request, if not previously on file with The Center