

***Care Everywhere*®**
Opt-Out/Opt-In Request Form

Wheaton Franciscan Healthcare, part of Ascension, discloses your health information without your written permission when other hospitals, physicians, and health care providers need to treat you. The exchanging and sharing of your health information between the physicians who treat you is helpful in the continuity of your care.

Until now, we did this with paper medical records using mail or facsimile. New technology now allows us to share health information electronically. One method for sharing this information electronically is called *Care Everywhere*®, which is available to participating providers who use the same electronic medical record system as Wheaton.

Your Wheaton health information is automatically included in *Care Everywhere*® unless you request in writing for it to be excluded. To have your health information excluded from *Care Everywhere*® you must sign the form at the bottom of this page and return it to Health Information. Your request will be processed within 5 business days after we receive it.

If, in the future, you want your medical records included in *Care Everywhere*®, you should fill out a new form and send it to Health Information.

Patient Name: _____

Date of Birth: _____

I request that my medical information be excluded from *Care Everywhere*®. I understand this means that other health care providers will not be able to obtain any of my Wheaton Franciscan Healthcare health information through *Care Everywhere*® but they may obtain it through other methods.

I would like my Wheaton Franciscan Healthcare medical information to be available to other health care providers through *Care Everywhere*®. By signing this form, I am revoking my prior request to exclude my medical information from *Care Everywhere*®.

Signature of Patient or Authorized Representative: _____ Date: _____

If Signed by Authorized Representative, Relationship to Patient: _____

Witness Signature (when applicable): _____ Date: _____