



## Care Everywhere Agreement (change from “Opt-out” to “Opt-in”)

*Care Everywhere*® is a system we use to share your personal health information. Health care providers who have electronic health records and have *Care Everywhere* can share your health information. *Care Everywhere* is a fast, safe, and effective way for us to share your health information with other hospitals, clinics, and labs.

**You previously signed a refusal (“Opt-out”) form to stop us from sharing your electronic health information using *Care Everywhere*.**

To allow us now to share your health information, please complete this form. Then, mail it to the address at the bottom of the page. (You may want to make a copy of this form and keep it for your records, before mailing.)

**Do you have questions?** Please call the Health Information Management (HIM) office at (585) 275-2605.

You can change your mind any time by contacting the HIM office.

**Yes**  
I give you permission to share my medical information using *Care Everywhere*.

\*Patient’s name (please print): \_\_\_\_\_

\*Date of birth: \_\_\_\_\_ Medical record number: \_\_\_\_\_ (optional)

\*This information is required.

When you check this box, it means you want any UR Medicine facility or provider to share your medical information using *Care Everywhere*. You understand that other health care providers who use *Care Everywhere* will be able to see your UR Medicine medical information.

\_\_\_\_\_  
Patient’s signature or signature of patient’s legal representative

\_\_\_\_\_  
Date and time

\_\_\_\_\_  
(If you signed as legal representative, print your name here.)

\_\_\_\_\_  
(Relationship to patient)

**Please mail this form to:**

**University of Rochester Medical Center, Health Information Management Department,  
601 Elmwood Avenue, Box 616, Rochester, NY 14642**