



Care Everywhere Agreement (change from "Opt-out" to "Opt-in")

Care Everywhere® is a system UR Medicine uses 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 and/or receiving your electronic health information using *Care Everywhere*.

To allow us now to share/receive your health information, please complete this form and 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.)

Questions? Please call the UR Medicine 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/receive my medical information using Care Everywhere.

*Patient's name (please print):		
*Date of birth: *This information is required.	Phone #:(optional)	Epic MRN:(optional)
 When you check this box, it means you want us 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 medical information. When you check this box, it means you want us to receive your medical information using Care Everywhere. You understand that your health care providers who use Care Everywhere will be able to receive your medical information from other hospitals. 		
Patient's signature or signature of patier	it's legal representative	Date
(If you signed as legal representative, pr	int your name here.)	(Relationship to patient)
Please mail this completed form	to:	

University of Rochester Medical Center
Health Information Management Department

601 Elmwood Avenue, Box 616 Rochester, NY 14642