**Care Everywhere Opt-Out Request Form**

Name of patient (please print)

AHWFB Medical Record Number

Date of Birth

Atrium Health Wake Forest Baptist (AHWFB) is allowed to disclose your health information to non-AHWFB hospitals, physicians, and health care providers who need it to treat you. This electronic exchange of information between health care providers helps to provide you better care and care coordination. AHWFB electronically exchanges protected health information through Care Everywhere, a system available to providers who use the same type of electronic medical record system as AHWFB. Care Everywhere allows non-AHWFB providers seeking information needed to treat you, such as your allergies, medications, tests and other clinical information, to request and receive such information directly from AHWFB’s electronic medical record system through secure electronic means. **Your AHWFB health information is automatically included in Care Everywhere unless you request in writing for it to be excluded**.

# Request to Restrict Electronic Exchange of My Health Information through Care Everywhere.

I wish to restrict the availability and release of my protected health information through Care Everywhere. I understand this means that my non-AHWFB providers will not be able to see or obtain a copy of my health information through Care Everywhere, even for treatment purposes and even in an emergency, but they still may obtain it through other methods, such as by fax, mail, or encrypted email.

I understand that this restriction will be effective upon receipt and processing by AHWFB, which may take up to 2 business days. If I wish to change or revoke this restriction, I understand that I must fill out the Care Everywhere Opt-In Request Form, which is available on the AHWFB website or by contacting the Health Information Management Department at 336.716.6819.

Signature: Date/Time:

Print Name/Relationship to Patient:

Address:

Phone number:

**Return signed form to**: Atrium Health Wake Forest Baptist Health Information Management Department Medical Center Boulevard, Winston- Salem, NC 27157 by email [HIM\_HIPAA@wakehealth.edu](mailto:HIM_HIPAA@wakehealth.edu) or fax to 336-716-5386.

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