PATIENT OPT-OUT REQUEST FORM
Epic CareEverywhere Health Information Exchange

Please read the informational sheet in full before selecting to opt-out of Epic CareEverywhere and submitting this form.

You will be opting out of the following application:

☐ **Epic CareEverywhere**

Please initial that you have read and understand each of the following statements:

Initials: _____ I have read and understand the *Patient Opt-Out Request Informational Sheet* that has been provided to me.

Initials: _____ I understand that not participating means my medical information will not be accessible to health care providers, including emergency personnel, through a query via Epic CareEverywhere.

Initials: _____ I hereby authorize Hoag Memorial Hospital Presbyterian and its affiliates and affiliated providers ("Hoag") to block query access to my medical information in Epic CareEverywhere.

Initials: _____ I understand that I may choose to participate again at any time by submitting a *Patient Opt-In Request Form*.

Please provide all of the following information:

First Name: _____ Middle Name: _____ Last Name: _____

Previous Last Name: _____ Date of Birth (Ex: 01/01/1990) _____ Gender: ☐ Female ☐ Male

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Phone 2: _____

Email Address: _____

Last Four (4) Digits of Social Security Number (ex: xxx-xx-1234): _____

How would you like to receive your confirmation letter? ☐ Secured Email ☐ Mail

Patient/Legal Representative Signature: _____ **Date:** _____
(If under 18 years of age, signature of parent or legal guardian)

If signed by other than patient, indicate relationship: _____

Print Name (Legal Representative): _____

Hoag HIM Representative Signature: _____ **Date:** _____

PATIENT OPT-OUT REQUEST INFORMATIONAL SHEET

By completing and submitting this opt-out form, you are choosing not to participate in Hoag's Epic CareEverywhere Health Information Exchange. You understand that this opt-out applies only to Hoag's Epic CareEverywhere system. Opting out of Hoag's EpicCare Everywhere will not affect outside participating care providers and care organizations from sharing your clinical information with Hoag and other care organizations. If you wish to opt out with those providers, you will need to contact them directly.

What is a Health Information Exchange or HIE?

A Health Information Exchange (HIE) is a secure way for doctors, hospitals, labs, and other health providers to share your health information electronically. This helps your caregivers see the most up-to-date information from each other so they can give you the best care.

What is Epic CareEverywhere?

Epic CareEverywhere is Epic's Health Information Exchange that works in conjunction with Hoag's Electronic Health Record (EHR), Epic, to share important medical information with other health care related entities also using Epic. Epic CareEverywhere provides a fast and secure way for doctors and other health care related entities like hospitals, laboratories and pharmacies to share health information. It provides a simple way for authorized health care providers to access patient medical information, thereby helping them to provide you with the best care possible.

Non-Participation in Epic CareEverywhere

Patients who do not want their medical information to be accessible to authorized health care providers through Epic CareEverywhere may choose not to participate, or to opt out. If you decide to opt out, health care providers will not be able to access your health information through the application you opted out of. This means that, among other things, your health information may be unavailable to emergency personnel, even during life-threatening emergencies.

If you do not want to participate in Epic CareEverywhere, please complete this ***Opt-Out Request Form*** and submit it to Hoag's Health Information (HIM) Department as directed with original signatures.

Completed forms can be emailed to HoagMedicalRecords@hoag.org, mailed to: Hoag Hospital, Attention: HIM Data Integrity, One Hoag Drive, PO Box 6100, Newport Beach, CA 92658-6100, or faxed to Hoag Medical Records at (949) 764-5934.

If you have any questions, or for more information, please contact Hoag Health Information Management (HIM) Department at (949) 764-8326. Please allow Hoag's HIM Department 3-5 business days upon receipt to process your request.

How Does Participating Help You and Your Doctor?

- **Fast and Secure**
  Only authorized health care providers with a valid medical reason can access your records. In an emergency, this information can help Hoag's care team make faster, lifesaving decisions. Epic CareEverywhere also helps protect your medical information and ensures it stays accessible, even during emergencies like fires or earthquakes.

- **Protects Privacy**
  Epic CareEverywhere protects your privacy better than paper records by keeping track of who has looked at your information.

- **Improves Your Care**
  Epic CareEverywhere allows your doctor to have immediate access to a variety of medical information -- information that can help your doctor make better decisions about your care. Accessing records through Epic CareEverywhere may also prevent your doctor from having you repeat tests, saving you time, money and worry.