

CARE EVERYWHERE® OPT-OUT/IN REQUEST



First Name: _____ Last Name: _____

Date of Birth: _____ Phone Number: _____

Our organizations utilize an electronic sharing module within the medical record called Care Everywhere, which is available to all healthcare organizations that utilize the Epic electronic medical record system. Most of your health information is automatically included in Care Everywhere unless you request it to be excluded. There may be certain records that are not included in Care Everywhere due to additional restriction requirements. To opt out and have your health information excluded from Care Everywhere, please complete this form and submit via one of the following methods outlined below. You may change this decision at any time.

- Opt-out:** I request that my medical information be excluded from Care Everywhere.
- I understand that by opting out of Care Everywhere other healthcare organizations and healthcare professionals will not be able to obtain my Salem Health information electronically through Care Everywhere, except to the extent action has already been taken to release information prior to receipt of the last opt-out request.
 - I understand that healthcare professionals treating me can still obtain this treatment information by other means, such as placing a request with the Health Information Management department for copies of my records.
 - I understand that Salem Health (SH) cannot 'block' access to my medical record by healthcare professionals or individuals who utilize our electronic medical record.
 - I understand that this opt-out request is voluntary and my treatment at this organization is in no way conditioned on whether I sign this form.
 - I understand that this opt-out request only applies to information created by Salem Health; if I would like to opt out of Care Everywhere at another external medical facility that utilizes the Epic medical record, I must contact that organization's privacy office.

Reverse my Previous Opt-out: I previously chose to opt-out of Care Everywhere and the electronic sharing of my health information with external healthcare organizations and professionals. I am now choosing to participate (Opt-In) and allow my information to be shared via Care Everywhere to external healthcare organizations. By checking this box and signing this form, I am reversing my prior request to exclude my health information from Care Everywhere.

Signature of Patient or Authorized Representative**

Date

If not patient, please indicate relationship:

**Must provide proof of legal authority (except parent of a minor)

Please send the completed form to:

Salem Health Hospitals & Clinics
ATTN: HIM Department
890 Oak Street SE
Salem, OR 97302

Email: HIMHospitalRecordsTeam@SalemHealth.org
Fax: 503-814-2728

State and Federal laws allow health care providers to disclose your health information without your written permission when other hospitals, physicians, and health care providers need to treat you. This exchange is helpful in coordinating your care. Until now, this sharing was performed using the telephone, mail, or facsimile. We now have technology that allows us to share health information electronically and securely. It is called Care Everywhere.

Frequently Asked Questions

Question: What is Care Everywhere?

Answer: Care Everywhere allows doctors and nurses from different organizations to electronically exchange patient health information. It is a tool within our electronic medical record that is used to securely share patient health information with other healthcare providers. Anyone who receives care at participating Care Everywhere organizations may benefit from Care Everywhere. Whether you are traveling and need emergency medical attention, or perhaps you visit other healthcare providers in the community, Care Everywhere allows these providers to access more information about your health status so that they can better meet your medical needs.

Question: What type of information is shared/available?

Answer: Patient health information includes most of the information in the electronic health record. There are some very specific types of information, though, that are NOT shared this way.

Question: What type of information is NOT shared/available through Care Everywhere?

Answer: Information that will not be shared through Care Everywhere includes:

- Behavioral health treatment
- Substance abuse program services
- Sexual abuse/Forensic records

Additionally, it is unlikely that we can electronically exchange patient records with other countries in this same way. The process for this exchange would require a signed patient authorization for the release of your information. Records that are not available via Care Everywhere would need to be separately requested from the facility.

Question: Who can see my information in Care Everywhere?

Answer: Only health care professionals involved in your care during your health care visit can view your information. Healthcare professionals may only access your information to coordinate your care and treatment.

Question: How do I sign up for Care Everywhere?

Answer: There is no sign-up process for Care Everywhere. The sharing of patient information for treatment purposes is a permitted use of medical information.

Question: What if I don't want to participate in Care Everywhere?

Answer: During the registration process, alert your Patient Access team member that you would like to complete a Care Everywhere Opt-Out Request. If you choose to change/reverse your Care Everywhere election at any time, simply complete the Opt-Out Request and send to your Salem Health Information Management (Medical Records) department.

Question: How long does it take for my change in preference for Care Everywhere to take effect?

Answer: Updating your Care Everywhere option may take up to 7 business days.

Question: If I opt out of Care Everywhere, does that mean that other health care providers cannot obtain my health information without my written consent?

Answer: No, state and federal laws still allow access to most of your health information, without your written consent, as long as the request is made by other health care providers who are involved in your care.