



# Stormont Vail Health

## Care Everywhere® Notice and Opt-Out/Opt-In Request Form

Stormont Vail Health discloses your health information without your written permission when other hospitals, physicians and health care providers need it to treat you. Exchanging health information is helpful for continuity of care when the providers exchanging your information each have been involved in your treatment.

Until now, we did this with paper medical records using hand delivery, mail, facsimile or e-mail. New technology allows us to share health information electronically. One method for sharing this information electronically is called *Care Everywhere*®, which is available to participating providers who use the same type of electronic medical record system as Stormont Vail Health.

Your health information at Stormont Vail Health is automatically included in *Care Everywhere*® unless you request in writing to be excluded. To have your health information excluded from *Care Everywhere*® you must sign the form at the bottom of this page and return it to the Stormont Vail Health Privacy Officer, 1500 S.W. 10th Avenue, Topeka, Kansas, 66604 or Fax to 785-354-6302. Your request will be processed within (3) business days after we receive it. If, in the future, you want your medical records included in the system, you should fill out a new form and send it to the address indicated above.

If you have questions regarding *Care Everywhere*®, please contact the Stormont Vail Health Privacy Officer at 785-354-6343. *Care Everywhere*® is different than the Kansas Health Information Exchange (KHIE) which allows providers to access your medical record through a health information organization (HIO). Excluding your records from *Care Everywhere*® will not restrict them from the KHIE; to restrict your records from the KHIE you must submit a specific form available at <http://www.khie.org>.

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***Care Everywhere*® Opt-Out/Opt-In Request Form**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- I request that my medical information be excluded from *Care Everywhere*®. I understand this means that other health care providers will not be able to obtain my health information through *Care Everywhere*® but they may obtain it through other methods.
- I would like my medical information to be available to other health care providers through *Care Everywhere*®. By signing this form, I am revoking my prior request to exclude my medical information from *Care Everywhere*®.

\_\_\_\_\_  
(Signature of patient or legal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print name if signed by legal representative)

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

Return to:  
Stormont Vail Health Privacy Officer, 1500 S.W. 10th Ave., Topeka, KS, 66604 or fax to (785) 354-6302