

ENGLEWOOD HOSPITAL

CARE EVERYWHERE CONSENT / OPT OUT FORM

Patient Label

In this Consent Form, you can choose whether to allow other health care providers who may request access to your Englewood Hospital and Medical Center medical records for purposes of current treatment to obtain access to these medical records through Care Everywhere.

Care Everywhere is a tool that Englewood Hospital and Medical Center uses to share medical records with other Care Everywhere health care providers. A list of the Care Everywhere health care providers is located at <https://www.epic.com/careeverywhere/>.

In order for a Care Everywhere Provider to access your Englewood Hospital and Medical Center information you must consent to the sharing of this information.

YOUR CHOICE TO GIVE OR DENY CONSENT FOR OTHER HEALTH CARE PROVIDERS TO ACCESS YOUR ENGLEWOOD HOSPITAL AND MEDICAL CENTER INFORMATION WILL NOT AFFECT YOUR ABILITY TO GET MEDICAL CARE. YOUR CHOICE TO GIVE OR TO DENY CONSENT MAY NOT BE THE BASIS FOR THE DENIAL OF HEALTH SERVICES.

I GIVE CONSENT to and authorize the release of patient health information for other Care Everywhere health care providers to access ALL of my Englewood Hospital and Medical Center information. **I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse or self-paid services.** I understand that I have the right to revoke or cancel this authorization, in writing, at any time, but that if my consent is revoked, other Care Everywhere providers who may have already included this information in their own medical records are not required to return it or remove it from their records. I acknowledge that I have fully reviewed and understand the contents of this authorization form.

I DENY CONSENT/ OPT OUT and do not allow other Care Everywhere health care providers to access my Englewood Hospital and Medical Center information in connection with providing me with any health care services at those providers.

Print Patient Name

Date

Signature of Patient or Representative

Print Name of Representative if Applicable

Patient Date of Birth

Return to: Englewood Hospital and Medical Center Health Information Management Department,
350 Engle Street, Englewood, NJ 07631 or fax to (201) 608-2477

