



Epic Care Everywhere and Link Patient Opt Out

As part of INTEGRIS' commitment to improve the health of the people and communities we serve, INTEGRIS participates in a Health Information Exchange (HIE) through Epic Care Everywhere and Epic Care Link. This form allows you to opt out of this exchange.

WHAT IS EPIC CARE EVERYWHERE AND EPIC CARE LINK AND HOW DOES IT HELP YOUR HEALTHCARE PROVIDERS?

Epic Care Everywhere and EPIC Care Link are used to share your health information with authorized doctors, hospitals, and healthcare providers to facilitate care, avoid duplication of services (such as tests) and reduce the likelihood that medical error will occur. This information is shared through secure, electronic means and allows each provider to have the most recent available information to care for you.

HOW IS MY HEALTH INFORMATION PROTECTED?

INTEGRIS is committed to protecting your privacy. Strict federal and state guidelines govern how your health information can be exchanged, viewed or used. Only those medical professionals that care for you are authorized to view your health information and only as needed to provide for your care.

HOW TO OPT-OUT.

If you do not want your health information to be included in Epic Care Everywhere and Epic Care Link, you may choose to opt-out. If you opt-out, health care providers will not be able to access your health information electronically through Epic Care Everywhere or Epic Care Link. Your provider may still request and receive your health information using methods permitted by law such as fax or mail. Please understand that certain reporting required by law, as noted in our Notice of Privacy Practices, may still happen even if you opt out. This form will only opt you out of the INTEGRIS Epic Care Everywhere and Epic Care Link systems. Other health care providers may participate in other HIEs.

If you choose to opt-out of Epic Care Everywhere and Epic Care Link, please complete this form and **fax it to INTEGRIS Health Information Management at 405-552-8704** or return to an INTEGRIS facility. For questions, call 877-778-7211 or 877-805-9681 or email integrisprivacy@integrisk.com.

- I elect not to participate in Care Everywhere and Epic Care Link and authorize INTEGRIS Health to not share my health information through Epic Care Everywhere and Epic Care Link with participating providers.
- I understand that this opt-out only applies to the sharing of health information through the HIE. My health care providers can still request my medical records and they may be sent via fax or mail.
- I understand that any information that was shared through the HIE previously will remain available to providers who have access.
- This opt-out will be effective approximately 5-7 business days following receipt by INTEGRIS and will remain effective until I choose to opt back in.

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|---------------------|----------------------|--------------------------|
| Patient's Last Name | Patient's First Name | Patient's Middle Initial |
| Previous Name | Date of Birth | Phone Number |
| Address | City/State | Zip |

Name of Patient or Personal Representative (please print):

Relationship (please print):

Signature of Patient or Personal Representative:

Date/Time:

**INTEGRIS STAFF ONLY:
PLEASE ROUTE TO HIM STAFF FOR PROCESSING**

Received by: _____
Date Opted Out in Epic: _____

