

Please read the following information carefully before signing.

What is Care Everywhere?

Care Everywhere is way of sharing patients' health information with other participating facilities or health care providers through a secure, electronic means so that each provider has the benefit of the most recent available information. Cass County Health System currently participates in Care Everywhere in order to best facilitate and coordinate your health care.

How Does Care Everywhere Help Patients and their Providers?

Care Everywhere allows participating health care providers to have immediate access to our patients' health information to assist in making the best, most informed decisions related to their health care. Accessing patient records through Care Everywhere provides for a more coordinated, efficient visit and may also prevent the need for repeat tests—saving you time, money, and worry.

How is my Health Information Protected?

Cass County Health System is committed to keeping our patients' records private and secure. Clear and strict federal and state guidelines govern how patients' health information can be exchanged, viewed, or used. Only those that provide care for you will be able to view your health information in order to provide or coordinate your care, make referrals, or as otherwise required by law.

Can I Opt-Out and How?

Yes. If you do not want your health information to be accessible to participating health care providers through Care Everywhere, you may choose to opt-out. If you decide to opt-out, health care providers will not be able to access your health information electronically through Care Everywhere and your providers may have less information about you when making decisions about your care. Your provider may still request and receive your health information from other providers using other methods permitted by law such as fax, mail, or other electronic communication.

If you do not wish to participate in Cass County Health System's Care Everywhere, please print and sign this opt-out form. When complete, fax to Cass County Health System Health Information Management Department (712) 243-7583 or mail to Cass County Health System, ATTN: Health Information Management, 1501 E. 10th St., Atlantic, Iowa 50022.

Please read each of the following statements carefully.

- I hereby elect not to participate in Care Everywhere and authorize Cass County Health System to not share my health information through Care Everywhere with participating providers.
- I understand that by submitting this Opt-Out Request Form, health information will not be viewable by participating health care providers (including emergency room physicians) through any electronic exchange in which Cass County Health System participates.
- I understand that health information may still be stored electronically by each participating provider and may be shared among Cass County Health System affiliated entities.
- I understand it may take 3-5 business days for this opt-out request to take effect.
- I understand that any information that is shared prior to when this opt-out request takes affect may remain with providers who accessed the information.
- I understand that I am free to opt in at any time and can do so by contacting the Cass County Health System Health Information Management Department at 712-250-8235.
- I have read and understand each of the above statements.

Patient Full Name _____ Date of Birth _____
Please print.

Parent or Legal Guardian/Representative Full Name _____
Please print.

Signature of Patient, Parent or Legal Guardian/Representative _____

Date _____