



PT NAME
MR #

Care Everywhere Status Election Form

This form is used to: Opt out or opt back in from the Care Everywhere information exchange with Nebraska Medicine and any other partners. Patients are defaulted in to the information exchange unless this form is completed.

Note: You must opt out of each organization where you have received care to prevent them sharing with Nebraska Medicine/UNMC or other healthcare organizations.

Your Information: (All sections required – please print clearly.)
Patient <i>(last, first, middle initial)</i> _____
Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____
Phone Number: _____
<input type="checkbox"/> I wish to opt OUT OF the Care Everywhere information exchange with Nebraska Medicine and its partners
<input type="checkbox"/> I wish to opt back INTO the Care Everywhere information exchange with Nebraska Medicine and its partners

Care Everywhere Status Election Attestation:

- I understand that this form is used for the Care Everywhere information exchange for Nebraska Medicine and its partners only, this does not include NEHII, the prescription drug monitoring program or requests for paper records.
- I understand that by signing this form, I am opting out of or opting back in to the Care Everywhere information exchange for Nebraska Medicine and its partners.
- I agree to any terms and conditions set in place by me signing this form.
- I understand that I may revoke this consent at any time by submitting my request in writing.

_____	_____	_____
Signature of Patient/Authorized Person (Required)	Date	Time

Return to: 10304 Crown Point Ave Fax: 402-559-1340
 Omaha, NE 68138 Phone for questions: 402-559-8418
 Email: CareEverywhereElection@NebraskaMed.com