



**Electronic Exchange
(Care Everywhere, VITL)
Opt-Out Form**

MRN:

NAME:

DOB:

Two identifiers need or patient label

Patient Name (print legibly)

Date of Birth

Medical Record Number

Both Dartmouth Hitchcock (DH) and non-DH healthcare teams may manage your health care. We believe that fast, secure transmission of health information at the point of care reduces costs while improving care. DH uses the following electronic exchanges to share your health information¹ :

- **Health Information Exchange:** We may electronically transmit your health information in a secure and confidential manner to other health care providers involved in your care through a health information exchange. These exchanges include the Vermont Information Technology Leaders (VITL), a Vermont non-profit organization that is the legislatively designated operator of the Vermont Health Information Exchange (VHIE).
- **Care Everywhere:** Care Everywhere allows health care organizations that use Epic electronic health record (EHR) systems to instantly share your medical records via secure, encrypted connections with other Epic organizations. DH uses the Epic EHR system. Care Everywhere allows your treating providers real-time access to your medical history, including previous diagnoses, test results, medications, allergies, progress notes and other crucial information, without having to wait for these records to be transferred from one facility to another.

Opting out of these electronic exchanges: You may request that we not use these methods to electronically transmit your health information. In order to opt out, please complete this form and return it to Health Information Services at 100 Hitchcock Way, Manchester, NH 03104.

Here are the key points you should understand when you opt out:

- If you opt out of one of these electronic exchanges described above, you opt out of all options.
- Opting out of these electronic exchange methods may delay the communication of your health information between providers treating you, that may result in their having incomplete information about your health status, that may further result in, among other things, duplicate tests and procedures.
- Opting out may require DH to use less secure data transmission methods (such as fax or USPS mail).
- Your opting out will be in effect until you notify us otherwise. To change your decision, contact Health Information Services.
- You will still receive medical treatment and services at Dartmouth Health even if you decide not to permit the use of these methods of electronic exchange.

I do not consent to having my health information shared via the electronic exchanges described above. I understand that my health information may still be exchanged with non-DH providers involved in my care via fax or USPS mail, as permitted by applicable state and federal law.

Signature of patient or person authorized to consent on patient's behalf

Date

Legal representative name (please print)

Relationship

¹ The Dartmouth Hitchcock Psychiatric Associates' Addiction Treatment Program (ATP) will not share information with non-DH entities and/or health care providers via these electronic exchanges without an authorization signed by you to share such information, except as required or permitted by law.