



HonorHealth.com

You have the right under article 27, section 2 of the Arizona Constitution to keep your medical information from being shared electronically through CareEverywhere. Specifically, you may:

- 1. "Opt-Out" of having your information available for sharing. To Opt-Out, you must ask your provider for the Opt-Out Change Form. Submit the form to Health Information Management (HIM) at the address below. Your information will not be available for sharing.

HonorHealth Health Information Management
2500 W. Utopia
Phoenix, AZ 85027

Phone Number: 480-882-4040

- 2. Change your mind at any time. If you say no today, you can change your mind at any time. If you do nothing today and allow your health records to be shared, you may "Opt-Out" in the future.

CareEverywhere Opt-Out Form

Please check the box next to your choice regarding the secure sharing of your health information among your health care providers, including those outside of HonorHealth. Be sure to sign the form at the end.

Choice 1: I do not agree to have my medical information securely shared among my health care providers. I understand and accept the risks associated with denying any access by anyone under any circumstances including medical emergencies.

Choice 2: I want to change an earlier decision not to have my medical information shared among health care providers. I now agree to have my medical records securely shared. This may include health information gathered prior to the date I signed this form.

Patient Name (print): _____

Signature: _____ Date: ___ / ___ / ___

Complete this section only if a person other than the patient signed this form.

Do you have authority to make health care decisions on behalf of the patient?

Yes No

What is your relationship to the patient? _____