
Care Everywhere Opt-Out Form

DuPage Medical Group (DMG) participates in Epic's Care Everywhere to share your medical record via secure, encrypted connections. This enables your treating provider(s) to access your health information when you are receiving care outside of DMG. This information shared includes your medical history, previous diagnoses, test results (i.e. labs and imaging), current medications, allergies, and progress notes. This connection allows for real-time access without having to wait for records to be transferred between facilities.

You may opt out if you do not want your record shared with your treating provider(s) through Care Everywhere. If you opt out, you also have the right to opt back in at any time.

Patient Information:

Patient name: _____ Date of Birth: _____

Previous Last Name(s), if applicable: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Request to Opt-out: I do not want healthcare providers to see my health record through Care Everywhere.

Request to Opt-in: I previously opted-out, but now wish to have healthcare providers view and share my health records (unless prevented by law).

Signature of Patient or Legal Representative

Date

Relationship to Patient: _____

Please e-mail completed form to compliance@dupagemd.com or fax to 630-545-7844

For DMG HIS use only:

Date Received: _____

Processed By: _____