



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 other partners. Patients default 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 from sharing with Nebraska Medicine/UNMC or other health care organizations.

Your Information: (All sections required – please print clearly.)
Patient (last, first, middle initial) _____
Date of Birth: _____
Street Address: _____ City: _____ State: _____ ZIP: _____
Email Address: _____
Phone Number: _____
☐ I wish to opt OUT OF the Care Everywhere information exchange with Nebraska Medicine and its partners.
☐ 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 back into the Care Everywhere information exchange for Nebraska Medicine and its partners.
- I agree to any terms and conditions set in place by my 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: 989100 Nebraska Medicine Omaha, NE 68198
Fax: 402-559-1340
Email: CareEverywhereElection@NebraskaMed.com

Phone for questions: 402.559.8418