Children's of Alabama (COA) EPIC Care Everywhere Patient Opt-Out/In

COA (on-site and off-site locations) participates in a Health Information Exchange (HIE) through EPIC Care Everywhere that allows healthcare organizations who utilize EPIC as their electronic health records system to exchange a patient's electronic health information. This information is shared through secure, electronic means and allows such providers to have the most recent available electronic health information to care for the patient.

You may opt out (decline) if you do not want the patient's electronic health information to be shared with non-COA healthcare provider(s) through EPIC Care Everywhere. If you opt out (decline), you also have a right to opt back in (cancel opt-out) at any time by completing this form. This is your right to accept or deny participation and you will not be penalized. Please know that other laws, including Court Orders and divorce agreements, may apply to the request.

Patient Information (All sections required-please print clearly)

Name: (first, middle initial, last)_____Date of birth:_____

Street address: _____City_____State_____Zip_____

Phone/Cell Number(s):_____Email:_____

☐ **Request to Opt-Out/Decline:**

I request that the patient's electronic health information is excluded from EPIC Care Everywhere.

- I understand this means that non-COA healthcare providers will not be able to obtain the patient's electronic health records through EPIC Care Everywhere as permitted or required by law. The patient's non-COA healthcare providers may still obtain the healthcare records through other methods.
- I understand that any information that was shared through EPIC Care Everywhere previously will remain available to non-COA healthcare providers who have access.
- I understand that opting out of EPIC Care Everywhere may cause a delay with the patient's health information being sent to non-COA providers. The reason is that the health information will not be sent electronically. This delay includes emergency situations.

☐ **Request to Opt Back in (cancel opt-out):**

I request to cancel my previous decision to opt-out of EPIC Care Everywhere.

- I am allowing the patient's electronic health information to be shared electronically with the patient's non-COA health care providers through EPIC Care Everywhere as permitted or required by law.

By signing below, I represent that I do so voluntary and have the authority to make this decision.

Patient/Legal Guardian Print Name:_____

Patient/Legal Guardian Signature:_____ Date:_____

Please allow up to ten (10) business days after receipt for processing this form.

Instructions for Sending This Form-Please contact COA Privacy Officer for any questions.
COA Privacy Officer, Risk Management Department
Phone: (205) 638-5959
Mailing Address: 1600 7th Avenue South, Birmingham, AL 35233
Fax: (205) 638-2857; Email: HIPAA@ChildrensAL.org (please note spelling of HIPAA)