

Opting Out of Electronic Sharing

I understand CHA treats my health information as confidential as provided in federal and state law. Those laws allow CHA to share my health information outside of CHA for a number of reasons, including: to treat me and to coordinate my care.

Sharing my electronic medical record with my external care team promotes safe care. Conversely, by opting out of sharing my electronic medical records with my external providers, my external care team will not know all of my health information.

I understand the above and do not want CHA to share my electronic medical record with health care providers outside of CHA.

Signature of Patient/Signature of person authorized to sign for patient

_____ Date _____

Printed Last Name _____ First Name _____ MI _____

Date of Birth (required) _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Telephone (____) _____ - _____

Please send the completed form to:

Mail: CHA Everett Hospital
Health Information Management
103 Garland Street
Everett, MA 02149

Fax: 617-381-7277

Email: HIM2@challiance.org