Everside Health™ Health Information Exchange Opt Out

Please submit signed membership forms to Everside Health Member Services via fax (1-888-972-1735).

For questions, please call 1-866-808-6005 or email MemberServices@eversidehealth.com.

Patient Information

Last Name:*		Legal First Name:*	M.I.:
Address:*			Apt#:
City:*	State:*		Zip:*
Date of Birth (mm/dd/yyyy):*		Email:*	

☐ **I DO NOT CONSENT** for any electronic health information and sensitive health information to be reported or access in the Health Information Exchange **even in the event of a medical emergency.**

I have read the Health Information Exchange Fact Sheet covering health and sensitive health information access and reporting. By signing this Health Information Exchange Opt Out Form, I am opting out of the Health Information Exchange. I understand that any Everside will not report any non-required electronic health information to the Health Information Exchange nor will the Health Information Exchange be accessed by Everside Health for any the purposes as described in the fact sheet, including providing me any health care services, quality and safety activities.

_____   _____
Signature of Patient or Legal Guardian   Signed Date