



Wheaton College Care Everywhere Opt-Out Request Form

This form is to be complete by patients who do not wish to have Student Health Services (SHS) share their health information with any Health Information Exchange (HIE) via the Care Everywhere electronic health record open access function.

We recognize your right to choose not to participate in the HIE, also referred to as opting-out. If you decide to opt-out, health care providers will not be able to access your health information through the HIE and your healthcare may be duplicated or not properly provided. You should understand that providers may still request and receive your medical information from other providers using other methods permitted by law, such as secure fax, mail or other electronic communication.

This opt-out form only needs to be completed once.

You can change your mind at any time by submitting a SHS HIE Reinstatement of Participation Form. The form can be access at <http://www.wheaton.edu/Student-Life/Student-Care/Student-Health-Services> or at SHS.

If you have any questions or more information please email at Student.Health.Services@wheaton.edu or call 630.752.5072.

Information for Patient Opting Out (all mandatory unless noted otherwise)

First Name _____

Last Name _____

Date of Birth _____

Student ID # _____

Street Address _____

City _____

State _____

Zip Code _____

Home Phone Number _____

Email Address _____

Reason for Opting Out (optional) _____

I have read and understand what "opting out" means.

Signature

Date

Please allow us 3-5 business trip to process your request.

Student Health Services
800 Centennial Drive, Suite 130
Wheaton, IL 60187
Fax 630.752.5575