ACCOUNT #
UNIT #
ADMIT DATE

DOB
AGE
SEX

FREDERICK HEALTH

400 West 7th Street
Frederick, MD 21701

240-566-3300

Frederick Health is participating in the CommonWell Health Alliance® Services, allowing your participating practitioners access to your health information nationwide, regardless of where care occurred. This removes barriers and cumbersome steps, allowing you to give your healthcare providers the information they need to provide more comprehensive, coordinated, and improved care.

The security of your health data is one of our most important priorities. Your personal health information is only made available via appropriate technical, administrative, and physical security safeguards to the permitted recipients participating in CommonWell.

The benefits of CommonWell include:

- Allows your different doctors, primary care providers, specialists, hospitalists, and other clinicians more secure and near instant access to your important health information.
- Reduces time needed to track down test results and other health information, increasing the time your healthcare providers can spend on your care, and potentially removes the need to duplicate tests.
- In case of an emergency, medical staff can immediately access your allergies, medication lists, and other health information, helping expediate care.

When you are seen at a Frederick Health facility, CommonWell Health Alliance® enrollment may be available to you.

Opting Out of CommonWell Health Alliance®
If you are currently enrolled in CommonWell Health Alliance® and later choose to opt out, please complete the form on the right.

- Opting out does not preclude any CommonWell Health Alliance® participating organization that has previously accessed your health information from retaining this information within their own records.
- Opting out here unenrolls you from your CommonWell Health Alliance® enrollment. Please communicate with your other participating providers to ensure you are not re-enrolled.

You may opt back in at any time by completing the same form.

Please direct opt out questions to our Health information Management professionals at 240-566-3690.

REG.CWOPTOUT

Frederick Health CommonWell Opt-out Form

First Name: _____

Last Name: _____

Middle Name:_____

Maiden Name:_____

Suffix:_____ DOB:_____

Email:_____

Address:_____

City/State/Zip:_____

Primary Phone:_____

Secondary Phone:_____

Opt Out Reason:_____

If this form is submitted by someone other than the person named above, the person submitting the form hereby certifies that he/she is acting as

(check one)

____Parent ___ Legal Guardian/Medical POA

Contact information for the individual completing the form if other than the patient

(Please print clearly):

Print Name:_____

Phone Number:_____

Signature:_____

Date:_____

_____I wish to opt back in Date: _____

Internal Fax Form to HIM 240-566-3619

Completed
Date:_____

Clerk who completed request:_____