

PT NAME:	
MR#	

Commonwell Status Election Form

This form is used to: Opt Out or Opt back in from the Commonwell Health information exchange with Gordon Memorial Hospital District and its partners. Patients are defaulted in to the health information exchange unless this form is completed.

Note: You must opt out at each healthcare organization where you have received care to prevent them from sharing your information with Gordon Memorial Hospital District or other healthcare organizations participating the Health Information Exchange.

Your Information: (All Sections Required—please print clearly.)					
Patient (Last, First, Middle In	itial):				
Date of Birth:					
Street Address:	City:	State:	Zip:		
Email Address:		<u> </u>			
Phone Number:		<u></u>			
partners.	nmonwell information Exchange ommonwell Information Exchang				
Commonwell Status Election Attesta	ation:				
District Only and does not inclu	sed for the Commonwell information exchange related rogram, or requests for paper re	d to CyncHealth (State	•		
	is form, I am opting out of or opt I Hospital District and its partner	_	nonwell Information		
I agree to any terms and condit	tions set in place by me signing th	his form.			
I understand that I may revoke	this consent at any time by subr	nitting my request in w	riting.		
	presentative (Required)	 Date	Time		

Return form to: Health Information Management — HIE Election Gordon Memorial Hospital 300 E 8th Street Gordon NE 69343