



Date: _____

Consent to Change Personal Health Information Preference

Please use this form if you want to change your previous decision about Medicare sharing your personal health information with [Name of Practice] regarding care you receive from other doctors or healthcare providers.

You can also call 1-800 MEDICARE (1-800-633-4227) instead of completing this form. TTY users should call 1-877-486-2048. Call 1-800-MEDICARE and say that you want to change your previous decision about Medicare sharing your personal health information with [Name of Practice], or that you want to talk about the Comprehensive Primary Care Initiative.

To help us give you the right care in the right place at the right time, Medicare can share certain personal health information with [name of Practice] about care you receive from other doctors or health care providers. This information will include things like visits to the doctor or hospital, medical conditions, and prescriptions you've had in the past and moving forward. Having this information will help [name of practice] give you high-quality care, because [Name of Practice] will have the most up-to-date information about your health.

Your privacy is very important to us, and you control the use of your personal health information.

This form should be used if you have previously informed Medicare that you do not want Medicare to share with [Name of Practice] your personal health information regarding care you have received from other doctors or healthcare providers. You would have done this in one of the following ways:

- Returning a completed and signed "Declining to Share Personal Health Information" form to [Name of Practice], either in person or via mail to the address listed in section D below.
- Calling 1-800 MEDICARE (1-800-633-4227 (TTY: 1-877-486-2048) and telling Medicare NOT to share your personal health information with [Name of Practice].

If you are not sure whether your personal health information regarding care you receive from other doctors or providers is currently being shared with [Name of Practice] **please call** 1-800 MEDICARE (1-800-633-4227).



A. Your Rights

At any time, you may decline to share your personal health information regarding care you receive from other doctors or healthcare providers with [Name of Practice]. Your new preferences will take effect within 45 days of your request.

If you change your mind about declining to share personal health information, you can complete this form and return it to the address listed in Section D, or you can call 1-800 MEDICARE (1-800-633-4227 (TTY: 1-877-486-2048)).

B. Your Information

Name (First and last name of the person with Medicare): _____

Physical Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

C. Change of Information Sharing Preference

Yes, please allow Medicare to share my personal health information with [Name of Practice] about care I received from other doctors or healthcare providers.

Signature: _____

Printed Full Name: _____

Date: _____

Check here if the person completing and signing this document is serving in the capacity of a personal representative of the listed Medicare beneficiary. Please attach the appropriate documentation to demonstrate your legal authority to execute this document on behalf of the beneficiary (for example, Durable Medical Power of Attorney). This box should only be checked if someone other than the person with Medicare signed above

Print the Personal Representative's Address (Street Address, City, State, and ZIP):

Telephone Number of Personal Representative: _____

Personal Representative's Relationship to the Beneficiary: _____

D. How to Submit Your Preference

Fill out, sign and return this form to [Name of Practice] in person, or via mail to the following address:

Practice Name
Practice Address Line 1
Practice Address Line 2
City, State ZIP]

OR

Call 1-800-MEDICARE at **1-800-633-4227** and say that you want to allow Medicare to share your personal health information about care you receive from other doctors or health care providers with [Name of Practice], or that you want to talk about the Comprehensive Primary Care Initiative.

Questions

If you have any questions, please call Medicare at 1-800-MEDICARE (**1-800-633-4227**). TTY users should call 1-877-486-2048.