

**Houston Methodist Health Information Exchange (Care Everywhere)  
Reinstatement of Houston Methodist Care Everywhere Participation Form**

**Instructions for Reinstatement of Houston Methodist Care Everywhere Participation Request:**

If you wish to cancel your previous request to opt-out of participation in Houston Methodist Care Everywhere, please print, complete and sign this Reinstatement Form and fax it to Houston Methodist Medical Records Department (fax: 713.441.0095). Completing this form will allow your medical information to be available to authorized health care providers through Houston Methodist Care Everywhere.

***Thank you for participating in Houston Methodist Care Everywhere!***

**What is Houston Methodist Care Everywhere?**

Houston Methodist Care Everywhere is a fast and secure way of electronically sharing your health information among participating doctors' offices and other health care providers. The purpose is so that each of your participating caregivers can have the benefit of the most recent information available from your other authorized and participating caregivers, thereby helping them to provide safer and more coordinated care.

**How Does Houston Methodist Care Everywhere Help You and Your Doctor?**

- **Houston Methodist Care Everywhere Improves Your Care**  
Houston Methodist Care Everywhere allows authorized doctors to have immediate access to a variety of medical information -- information that can help doctors make better decisions about your care. Accessing records through Care Everywhere may also prevent your doctor from having you repeat tests, saving you time, money and worry.
- **Houston Methodist Care Everywhere Protects Privacy**  
Houston Methodist Care Everywhere protects your privacy better than paper records by keeping track of who has accessed your information.
- **Houston Methodist Care Everywhere Is Secure**  
Houston Methodist Care Everywhere is a fast and secure way for your doctor to locate your most up-to-date medical information. Only authorized health care providers with a valid reason will be allowed to access your medical information.

**Please sign that you have read and understand the following statements:**

- I have previously chosen to opt out of participation in Houston Methodist Care Everywhere and completed/submitted an Opt-Out Request Form.
- I understand that by submitting this Reinstatement Request, my medical information will be accessible to authorized health care providers through Houston Methodist Care Everywhere.
- I authorize Houston Methodist to cancel my previous Houston Methodist Care Everywhere Opt-Out Request.

**PATIENT NAME (PRINTED):** \_\_\_\_\_

**DATE OF BIRTH (MM/DD/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DATE:** \_\_\_\_\_ **PATIENT SIGNATURE:** \_\_\_\_\_

