

ACO Logo

Date: _____

Declining to Share Personal Health Information

Use this form if you do **NOT** want Medicare to share information with [Name of ACO] about care you have received from doctors or other healthcare providers, for use in coordinating and improving the quality of your care. Your decision not to allow Medicare to share your personal health information with [Name of ACO] means Medicare won't share information with any ACOs in which any of your doctors or other healthcare providers participate. Completing this form also overrides any previous decision you may have made about sharing your personal health information with another ACO.

You can also call 1-800 MEDICARE (1-800-633-4227) instead of completing this form. TTY users should call 1-877-486-2048.

Your decision not to share your personal health information with [Name of ACO] and any other ACOs in which any of your doctors or other healthcare providers participate will remain in effect unless you communicate a changed preference to us, another ACO, or to Medicare directly through 1-800-Medicare. You may change your decision not to share your personal information at any time. Your request will take effect in approximately 60 days.

Please note that other ACOs in which any of your doctors or other healthcare providers participate may also contact you to ask your preferences about sharing your information with ACOs. If you are satisfied with your most recent response to such an inquiry, you do not need to do anything. If you wish to change your preference, please contact us to request a copy of the Consent to Change Personal Health Information Preference form or call 1-800-MEDICARE and say that you want to change your preference about sharing your personal health information with ACOs or that you want to talk about ACOs. If you are unsure of whether your personal health information is currently being shared with any ACOs for purposes of coordinating and improving the quality of your care, you may ask for that information through 1-800-MEDICARE.

Note: Even if you don't want to share your personal information for coordinating and improving the quality of your care with [Name of ACO] or with any other ACOs in which any of your doctors or other healthcare providers participate, Medicare will still use your information for some purposes, including certain financial calculations and measuring the quality of care provided by [Name of ACO] and/or those other ACOs. Also, Medicare may share some of your personal health information with those ACOs as part of measuring the quality of care given by the healthcare providers in those ACOs.

Your Information

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

Street address: _____

City: _____ State: _____ ZIP code: _____

Mailing address (if different than above): _____

City: _____ State: _____ ZIP code: _____

ACO
Logo

Instructions for Declining to Share Personal Health Information for Care Coordination and Quality Improvement

DO NOT allow Medicare to share my personal health information for care coordination and quality improvement purposes with [Name of ACO] and any other ACOs in which any of my doctors or other healthcare providers participate.

Signature of person with Medicare or representative: _____

Print Name: _____

Date: _____

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

Print the personal representative's address (street address, city, state, and ZIP code):

Phone number of personal representative: _____

Personal representative's relationship to the person with Medicare: _____

How to Submit Your Preference

Fill out, sign and return this form to your provider's office in person, or by mail to the following address:

[ACO Name
ACO Address Line 1
ACO Address Line 2
City, State, ZIP Code]

OR

Call 1-800-MEDICARE (1-800-633-4227) and say that you wish Medicare to stop sharing your personal information with ACOs, or that you want to talk about ACOs. TTY users should call 1-877-486-2048.

Questions

If you have any questions, please contact 1-800-MEDICARE and tell the operator you are asking about ACOs.