

Authorization to Opt Out of Sharing Personal Health Information

To help you get the best possible care, Medicare shares information with your primary care physician's Pioneer Accountable Care Organization (ACO) about the care their patients get. Having this information helps your doctor(s) and health care team give you the best possible care. Your privacy is very important to us, and you control how your personal information is used.

You can prevent Medicare from sharing your personal information with your primary care physician's Pioneer ACO.

You can do this by:

- Completing this form and returning it to the address on the next page; or
- Calling 1-800 MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

A. You Can Opt Out of Information Sharing at Any Time

You have the right to opt out of having your personally identifiable medical information shared with your primary care physician's Pioneer ACO at any time. You can block Medicare from sharing your personal information by completing this form or calling 1-800 MEDICARE (1-800-633-4227). Your opt-out request will take effect within 60 days.

If we get your opt-out request **before January 29, 2012**, Medicare won't share any of your personally identifiable medical information. Otherwise, Medicare will share your personally identifiable medical information with your primary care physician's Pioneer ACO until your opt-out request takes effect. Once you opt out, Medicare won't share any of your personal medical information in the future unless you submit a separate form letting us know you want to share this information.

At any time, you have the right to ask your primary care physician's Pioneer ACO to explain which healthcare providers working with your primary care physician's Pioneer ACO will have access to your data and medical information.

I've read this whole section and understand my rights. I understand that by completing this form, I'm telling Medicare not to share my personal information with your primary care physician's Pioneer ACO.

Signature: _____

Full Name (printed): _____

Date: _____

B. Your Information

Full Name (printed): _____

Date of Birth: _____

Home Phone Number: _____

PCP: _____

C. Your Data Sharing Preferences

Please don't allow Medicare to share any of my personal health information with my primary care physician's Pioneer ACO.

Signature of Patient

Print 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 Form

There are 2 ways to opt out of sharing your personal medical information with your primary care physician's Pioneer ACO:

1. Fill out, sign and return this form to the following address:

Partners HealthCare
115 Fourth Avenue
Needham, MA 02494

2. Call 1-800-MEDICARE (1-800-633-4227) and say that you want to **opt out of sharing** your personal information with your primary care physician's Pioneer ACO.

E. Questions?

If you have questions, contact **1-855-644-1544**. You may also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.