

PATIENT CHOICE FORM

You must complete the entire Patient Choice Form and have your signature witnessed by a friend or family member. Forms cannot be processed without a witness's signature.

Please mail completed forms to:

Black River Memorial Hospital
Attn: Opt-Out Request - Registration
711 West Adams St.
Black River Falls, WI 54615

OPT-OUT REQUEST: I wish to OPT OUT of having my essential health information shared through **Commonwell**. I understand that by making this decision, doctors and caregivers will not be able to access my health information through Commonwell, except in cases of a medical emergency or as necessary to report specific information to a government agency as permitted by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

OPT BACK IN: I wish to terminate my previous request to opt out of having my essential health information shared through **Commonwell**. My health information will be available to my doctors and caregivers.

*All fields must be completed in order for BRMH to process your request.

All information on this form remains strictly confidential and will be used solely for the purpose of carrying out your request.

Please Print

*Full Name:

First/Middle/Last

*Date of Birth:

Month/Date/Year

*Gender:

Male Female

*Phone #:

(XXX)XXX-XXXX

*Street Address:

*City/State/ZIP:

Reason for Opt-Out Request:

*Signature of Patient (or Authorized Representative)

*Date

For your protection, Commonwell requires a witness' signature to help verify your identity. The witness can be anyone who can confirm you signed the form.

*Signature of Witness

*Date

*Relationship to Patient

If you are completing this request as the personal representative for another patient, you must also provide the following information about yourself:

*Relationship to Patient:

Title:

*First Name:

*Middle Name:

*Last Name:

Suffix

(Mr./Mrs./Miss/Ms./Dr.):

(Jr., Sr., III, etc.):

*Address:

*City/State/ZIP:

Email Address:

*Primary Phone:

Alternate Phone:

(XXX)XXX-XXXX

(XXX)XXX-XXXX

(Confirmation of this request will be sent to the email address listed here)