



Date: _____

Declining to Share Personal Health Information

Please sign this form if you do NOT want Medicare to share your personal health information with VirtuaCare.

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 VirtuaCare will remain in effect until you tell us that you have changed your preference. You may change your decision not to share your personal information at any time. See the different ways you can submit your preferences on page 2 of this form. Your request will take effect in approximately 45 business days.

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: _____

Instructions for Declining to Share Personal Health Information

No, please do not allow Medicare to share any of my personal health information with VirtuaCare.

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 Medicare beneficiary 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: _____

How to Submit Your Preference

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

VirtuaCare
301 Lippincott Drive, Suite 300
Marlton, NJ 08053

OR

Call 1-800-MEDICARE at **1-800-633-4227** and say that you wish Medicare to stop sharing your personal information with VirtuaCare, or that you want to talk about ACOs.

Questions

If you have any questions, please contact 1-800-MEDICARE at **1-800-633-4227** and tell the operator you are asking about ACOs. TTY users should call 1-877-486-2048.