Now you can provide your healthcare providers access to your health information regardless of where you receive care, and whether that care takes place within MedStar Health or outside of our system. This removes barriers and cumbersome steps, allowing you to give your healthcare providers the information they need to provide more comprehensive, coordinated, and improved care.

To learn more about our partnership with CommonWell, visit MedStarHealth.org/CommonWell and complete an online form, or call MedStar Health at 410-554-2699.
The security of your health data is one of our most important priorities. Your personal health information is only made available via appropriate technical, administrative, and physical security safeguards to the permitted recipients participating in the alliance network.

The benefits of CommonWell include:
- Allows your different doctors, primary care providers, specialists, hospitalists, and other clinicians more secure and near instant access to your important health information.
- Reduces time required to track down test results and other health information, increasing the time your healthcare providers can spend on your care, and potentially removes the need to duplicate tests.
- In the event of an emergency, medical staff can immediately access your allergies, medication list, and other health information, helping to expedite your care.
- Electronic sharing is more secure than fax or paper files, which can easily be lost or viewed by individuals without proper authorization.
- Saves time and the hassle of filling out the same health history forms over and over when you see your doctor or go to a specialist.

When you are seen at a MedStar Health facility, you are automatically enrolled in CommonWell.
- You may opt out and disable access to your health information on CommonWell by visiting MedStarHealth.org and completing an online form.
- Opting out does not preclude any CommonWell participating organization that has previously accessed your health information from retaining this information within their own records.
- If you opted out and wish to opt back in, you can indicate so on the same online form.
- You may also opt in or opt out by completing and submitting the form to the right.

MedStar Health CommonWell opt out form

First Name ________________________________
Last Name ________________________________
Middle Name ________________________________
Maiden Name ________________________________
Suffix _______________ DOB ________________
Email ________________________________
Gender  □ Male  □ Female  □ Other/I do not wish to disclose
Address ________________________________
City/State/Zip ________________________________
Primary Phone ________________________________
Secondary Phone ________________________________
Opt out Reason ________________________________

I would like to be notified of my participation choice in the following way (choose one):
□ Email  □ Phone  □ Letter  □ No Notification

If this form is submitted by someone other than the person named above, the person submitting the form hereby certifies that he/she is acting as (check one):
□ Parent  □ Legal Guardian  □ Other

Contact information for individual completing this form if other than patient (please print clearly):
Print Name ________________________________
Phone Number ________________________________
Patient’s Signature ________________________________
Date ________________________________
□ I wish to opt back in

Fax to 410-354-8613 or
Email to commonwell@medstar.net or
Mail to MedStar Good Samaritan Hospital
Attn: Medical Records Department
5601 Loch Raven Blvd., Baltimore, MD 21239