

HEALTH INFORMATION EXCHANGE CONSENT FORM

In this Consent Form, you can choose whether to allow the health care providers listed on the attachment to the Consent Form ("Participating Providers") to obtain access to your medical records through a computer network operated by NYU Langone Medical Center ("NYULMC HIE") and for NYU Hospitals Center to access your medical records through a computer network operated by NYCLIX, which is part of a statewide computer network. This can help collect the medical records you have in different places where you get health care, and make them available electronically to the providers treating you.

You may use this Consent Form to decide whether or not to allow NYU Hospitals Center and the Participating Providers to see and obtain access to your electronic health records in this way. You can give consent or deny consent and this form may be filled out now or at a later date. **Your choice will not affect your ability to get medical care or health insurance coverage. Your choice to give or to deny consent may not be the basis for denial of health services.**

The NYULMC HIE and NYCLIX share information about people's health electronically and securely to improve the quality of health care services. This kind of sharing is called ehealth or health information technology (health IT). To learn more about ehealth in New York State, read the brochure, "Better Information Means Better Care." You can ask your health care provider for it, or go to the website www.ehealth4ny.org.

Please carefully read the information on the back of this form before making your decision.

Your Consent Choices. You can fill out this form now or in the future. You have the following choices:

Please check Box 1 or 2:

- 1. I GIVE CONSENT to ALL of the Participating Providers listed on the attachment to this Consent Form to access ALL of my electronic health information through the NYULMC HIE in connection with providing me any health care services, including emergency care and I GIVE CONSENT to NYU Hospitals Center to access ALL of my electronic health information through NYCLIX in connection with providing me any health care services, including emergency care.**

- 2. I DENY CONSENT to ALL of the Participating Providers listed on the attachment to this Consent Form to access my electronic health information through the NYULMC HIE for any purpose, *even in a medical emergency* and I DENY CONSENT to NYU Hospitals Center to access ALL of my electronic health information through NYCLIX for any purpose, *even in a medical emergency*.**

NOTE: UNLESS YOU CHECK THE "I DENY CONSENT" BOX, New York State law allows the people treating you in an emergency to get access to your medical records, including records that are available through the NYULMC HIE and NYCLIX.

Print Name of Patient

Patient Date of Birth

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative
to Patient (if applicable)

Details about patient information in the NYULMC HIE and NYCLIX and the consent process:

1. **How Your Information Will be Used.** Your electronic health information will be used by the Participating Providers you approve only to:
- Provide you with medical treatment and related services.
 - Check whether you have health insurance and what it covers.
 - Evaluate and improve the quality of medical care provided to all patients.

NOTE: The choice you make in this Consent Form does NOT allow health insurers to have access to your information for the purpose of deciding whether to give you health insurance or pay your bills. You can make that choice in a separate Consent Form that health insurers must use.

2. **What Types of Information About You Are Included.** If you give consent, the Participating Providers you approve may access ALL of your electronic health information available through the NYULMC HIE and NYCLIX. This includes information created before and after the date of this Consent Form. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may relate to sensitive health conditions, including but not limited to:

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| • Alcohol or drug use problems | • Mental health conditions |
| • Birth control and abortion (family planning) | • HIV/AIDS |
| • Genetic (inherited) diseases or tests | • Sexually transmitted diseases |

3. **Where Health Information About You Comes From.** Information about you comes from places that have provided you with medical care or health insurance (“Information Sources”). These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other ehealth organizations that exchange health information electronically. A complete list of current Information Sources is available from NYU Hospitals Center or the New York University Faculty Group Practice or NYCLIX, as applicable. You can obtain an updated list of Information Sources at any time by checking the NYULMC HIE website at <http://health-connect.med.nyu.edu/> and the NYCLIX website at www.nyclix.org. **You can contact the NYULMC HIE Privacy Officer by writing to: NYU Langone Medical Center, Privacy Officer, One Park Ave, 10th Floor, New York, NY 10016 or calling: 212-263-8488**

4. **Who May Access Information About You, If You Give Consent.** Only these people may access information about you: doctors and other health care providers who serve on the medical staff of an approved Participating Provider who are involved in your medical care; health care providers who are covering or on call for an approved Participating Provider’s doctors; and staff members of an approved Participating Provider who carry out activities permitted by this Consent Form as described above in paragraph one.

5. **Penalties for Improper Access to or Use of Your Information.** There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gotten access to information about you has done so, call one of the Participating Providers you have approved to access your records; visit the NYULMC HIE website: <http://health-connect.med.nyu.edu/> and the NYCLIX website: www.nyclix.org; or call the NYS Department of Health at 877-690-2211.

6. **Re-disclosure of Information.** Any electronic health information about you may be re-disclosed by a Participating Provider to others only to the extent permitted by state and federal laws and regulations. This is also true for health information about you that exists in a paper form. Some state and federal laws provide special protections for some kinds of sensitive health information, including HIV/AIDS and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information. The NYULMC HIE, NYCLIX and persons who access this information through these health information exchanges must comply with these requirements.

7. **Effective Period.** This Consent Form will remain in effect until the day you withdraw your consent or, with respect to NYCLIX, until such time NYCLIX ceases operation, or until 50 years after your death, whichever is later.

8. **Withdrawing Your Consent.** You can withdraw your consent at any time by signing a Withdrawal of Consent Form. Once completed please fax to 917-829-2085 or submit to a participating provider or NYCLIX, as applicable. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms on the NYULMC HIE website at <http://health-connect.med.nyu.edu/>

Note: Organizations that access your health information through the NYULMC HIE or NYCLIX while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to withdraw your consent, they are not required to return it or remove it from their records.

9. **Copy of Form.** You are entitled to get a copy of this Consent Form after you sign it.

NYULMC HIE and NYCLIX Participating Providers

NYULMC HIE Participants

- Union Health Center (UHC)
- Eastside Medical Practice
- New York Medical Associates PC
- Laser & Mohs Surgery of New York

NYCLIX Participants

Consent for NYU Hospitals Center to access information through NYCLIX will permit your providers at NYU Hospitals Center to access information from the following participants:

- Beth Israel Medical Center
- Institute for Family Health
- Mount Sinai Medical Center
- New York-Presbyterian Hospital
- NYU Langone Medical Center
- Saint Vincent Catholic Medical Centers
- St. Luke's-Roosevelt Hospital
- Visiting Nurse Service of New York
- Hebrew Home for the Aged
- SelectHealth
- SUNY Downstate Medical Center
- Village Center for Care