

Practice  
Name:

## HEALTH INFORMATION EXCHANGE, CARE EVERYWHERE AND HEALTHIX CONSENT FORM

Patient MRN:

Please Fax signed consents to: **917-829-2096**

In this Consent Form, you can choose whether to allow the health care providers listed on the NYU Langone Health System Health Information Exchange ("HIE") website <http://health-connect.med.nyu.edu/> ("HIE Participants") and non-NYU Langone health providers who may request access to your medical records for purposes of current treatment ("Care Everywhere Providers") to obtain access to your medical records through a computer network operated by the HIE. In order for a Care Everywhere Provider to know that information may be available through the HIE, you must tell them that you were/are a patient of an HIE Participant and that such information may be available upon request. This can help collect the medical records you have in different places where you get health care, and make them available to the providers treating you.

You may also use this Consent Form to decide whether or not to allow employees, agents or members of the medical staffs of NYU Langone Health System and affiliated entities to see and obtain access to your electronic health records through Healthix, which is a Health Information Exchange, or Regional Health Information Organization, a not-for-profit organization recognized by the state of New York. This can also help collect the medical records you have in different places where you get healthcare, and make them available electronically to the providers treating you. This consent also gives your permission for any NYU Langone Health System and affiliated entities program in which you are a patient or member, to access your records from your other healthcare providers authorized to disclose information through Healthix. A complete list of current Healthix Information Sources is available from Healthix and can be obtained at any time by checking the Healthix website at <http://www.healthix.org> or by calling 877-695-4749. Upon request, your provider will print this list for you from this website.

**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 HIE and Healthix 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. 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](http://www.ehealth4ny.org).

**PLEASE CAREFULLY READ THE INFORMATION ON THE FACT SHEET 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 one box  below:

1. **I GIVE CONSENT** to ALL of the HIE Participants **listed on the HIE website** and Care Everywhere Providers to access ALL of my electronic health information through the HIE and **I GIVE CONSENT** to ALL employees, agents and members of the medical staffs of NYU Langone Health System and affiliated entities to access ALL of my electronic health information through HEALTHIX in connection with any of the permitted purposes described in the fact sheet, including providing me any health care services, including emergency care.

2. **I DENY CONSENT** to the HIE Participants **listed on the HIE website** and Care Everywhere Providers to access my electronic health information through the HIE and **I DENY CONSENT** to employees, agents and members of the medical staffs of NYU Langone Health System and affiliated entities to access my electronic health information through HEALTHIX 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 HIE and HEALTHIX. IF YOU DON'T MAKE A CHOICE, the records will not be shared except in an emergency as allowed by New York State Law.

PRINT Name of Patient

Patient's Date of Birth

Today's Date

Signature of Patient or Patient's Legal Representative

Print Name of Legal Representative and Relationship (if applicable)

# NYU Langone HIE, Care Everywhere, and Healthix Fact Sheet

Details about patient information exchanged through the HIE, Care Everywhere, and Healthix and the consent process:

- 1. How Your Information Will be Used.** Your electronic health information will be used by the HIE Participants and Care Everywhere Providers 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.

Unless otherwise permitted by State and Federal law and if permitted by Healthix, your electronic health information shall be disclosed, accessed and used by NYU Langone Health healthcare insurance plans only to:

- Provide Care Management Activities. These include assisting you in obtaining appropriate medical care, improving the quality of healthcare services provided to you, coordinating the provision of multiple health care services provided to you, or supporting you in following a plan of medical care.
- Provide Quality Improvement Activities. These include evaluating and improving the quality of medical care provided to you and all NYU Langone Health patients and members.

**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 HIE Participants and Care Everywhere Providers may access ALL of your electronic health information available through the HIE and all employees, agents and members of the medical staff of NYU Langone Health System and affiliated entities may access ALL of your electronic health information available through Healthix. 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:

<ul style="list-style-type: none"><li>• Alcohol or drug use problems including, but not limited to, diagnosis, medication, diagnostic information, history and summaries, clinical notes, and discharge summary</li><li>• Birth control and abortion (family planning)</li></ul>	<ul style="list-style-type: none"><li>• Mental health treatment</li><li>• Allergies</li><li>• Genetic (inherited) diseases or tests</li><li>• Sexually transmitted diseases</li><li>• HIV/AIDS</li></ul>
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- 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 HIE Information Sources is available from NYU Langone Health System or your HIE Participant health care provider, as applicable. You can obtain an updated list of Information Sources at any time by checking the HIE website <http://health-connect.med.nyu.edu/>. **You can contact the NYU Langone Health Privacy Officer by writing to: NYU Langone Health, Privacy Officer, One Park Ave, 3<sup>rd</sup> Floor, New York, NY 10016 or by calling 212-404-4079. A complete list of current Healthix Information Sources is available from Healthix and can be obtained at any time by checking the Healthix website at <http://www.healthix.org> or by calling Healthix at 877-695-4749.**

- 4. Who May Access Information About You, If You Give Consent.** "NYU Langone Health System and affiliates" as used in this consent form includes NYU Langone Hospitals, NYU School of Medicine, the Family Health Centers at NYU Langone, NYU Winthrop Hospital and the NYU Winthrop Medical Affiliates. Only these people from these locations may access information about you: doctors and other health care providers who serve on the medical staff of an approved HIE Participant, Healthix Participant or Care Everywhere Provider who are involved in your medical care; health care providers who are covering or on call for an approved HIE Participant or Care Everywhere Provider's doctors; designated staff involved in quality improvement or care management activities; and staff members of an

approved HIE Participant or Care Everywhere 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 HIE Participants or Care Everywhere Providers you have approved to access your records; visit the HIE website: <http://health-connect.med.nyu.edu/> or call the NYS Department of Health at 877-690-2211. If at any time you suspect that someone should not have seen or gotten access to information about you has done so through Healthix, call Healthix at: 877-695-4749; or visit Healthix's website: <http://www.healthix.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 an HIE Participant or Care Everywhere 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. As stated in #2 above, if you give consent, ALL of your electronic health information, including sensitive health information will be available through the HIE and Healthix. Some state and federal laws provide special protections for some kinds of sensitive health information, including related to: (i) your assessment, treatment or examination of a health condition by certain providers; (ii) HIV/AIDS; (iii) mental illness; (iv) intellectual disabilities; (v) substance abuse; and (vi) predisposition genetic testing. Their special requirements must be followed whenever people receive these kinds of sensitive health information. The HIE, Healthix and persons, including Care Everywhere Providers, 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 until such time the HIE 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 new Consent Form and selecting **I DENY CONSENT**. You can get these forms on the HIE website <http://health-connect.med.nyu.edu/>. Once completed please fax to 917-829-2096 or submit to your provider.  
  
**Note: Organizations, including Care Everywhere Providers, that access your health information through the HIE and/or Healthix 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. Refusing to Check a Box (make a choice).** 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 HIE. If you do not make a choice, the records will not be shared except in an emergency as allowed by New York State Law.
- 10. Copy of Form.** You are entitled to get a copy of this Consent Form after you sign it.
- 11. Risks of Denying Consent.** If you deny consent for HIE Participants and Care Everywhere Providers to access your information through the HIE and Healthix, your healthcare providers may not be able to access critical health information about you, obtained during a prior encounter, in a timely manner.