



Authorization for Access to Patient Information through a Health Information Exchange Organization

New York State Department of Health

Patient Last Name	Patient First Name	Date of Birth
Patient Address		Patient ID Number

I request that health information regarding my care and treatment be accessed as set forth on this form. I can choose whether or not to allow my health care providers and health plans to obtain access to my medical records through the health information exchange organization called Healthix. If I give consent, my medical records from the different places where I get health care can be accessed using a statewide computer network. I can fill out this form once and allow all Healthix Participants (including their agents) who provide me with treatment or care management services to electronically access my information. Healthix is a not-for-profit organization that securely shares information about people's health electronically to improve the quality of healthcare and meets the privacy and security standards of HIPAA and New York State Law. To learn more visit Healthix's website at www.healthix.org.

The choice I make in this form will NOT affect my ability to get medical care. The choice I make in this form does NOT allow health insurers to have access to my information for the purpose of deciding whether to provide me with health insurance coverage or pay my medical bills.

<p>My Consent Choice. I can fill out this form now or in the future. I can also change my decision at any time by completing a new form.</p>
<p>This consent decision applies to:</p> <p><input type="checkbox"/> All Healthix Participants <input type="checkbox"/> [Name of Provider Organization Only]</p>
<p>One Box is checked below to the left of my choice</p>
<p><input type="checkbox"/> 1. I GIVE CONSENT to access my electronic health information through Healthix to provide health care services.</p>
<p><input type="checkbox"/> 2. I DENY CONSENT to access my electronic health information through Healthix unless it is to provide me health care services IN A MEDICAL EMERGENCY ONLY. This pertains only to Healthix Organizations that provide emergency care, such as hospital emergency rooms. Emergency access does not pertain to providers at [Name of Provider Organization] since they do not provide emergency care.</p>
<p><input type="checkbox"/> 3. I DENY CONSENT to access my electronic health information through Healthix for any purpose, even in a medical emergency</p>

If I have questions about this form, I may contact by Benefits Administrator or a Compliance Coordinator at Healthix: 877-695-4749 / compliance@healthix.org. I have been provided a copy of this form and if I indicated my consent decision applies to all Healthix Participants, I have been provided with a printed list of all Healthix Participants to whom this consent decision applies.

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 the information accessed through Healthix and the consent process:

1. **How Your Information May be Used.** Your electronic health information will be used **only** for the following healthcare services:
 - **Treatment Services.** Provide you with medical treatment and related services.
 - **Insurance Eligibility Verification.** Check whether you have health insurance and what it covers
 - **Care Management Activities.** These include assisting you in obtaining appropriate medical care, improving the quality of 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.
 - **Quality Improvement Activities.** Evaluate and improve the quality of medical care provided to you and all patients.
2. **What Types of Information about You Are Included?** If you give consent, all of your electronic health information will be available through Healthix. If you indicated your consent decision applies to all Healthix Participants, this includes information created before and after the date this form is signed. 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 include sensitive health conditions, including but not limited to:
 - **Alcohol or drug use problems**
 - **Sexually transmitted diseases**
 - **Employment information**
 - **Birth control and abortion (family planning)**
 - **Medication and Dosages**
 - **Living Situation**
 - **Genetic (inherited) diseases or tests**
 - **Diagnostic Information**
 - **Social Supports**
 - **HIV/AIDS**
 - **Allergies**
 - **Claims Encounter Data**
 - **Mental health conditions**
 - **Substance use history summaries**
 - **Lab Test**
 - **Clinical notes**
 - **Trauma history summary**
 - **Discharge summaries**
3. **Where Health Information About You Comes From.** Information about you comes from places that have provided you with medical care or health insurance. These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other organizations that exchange health information electronically. A complete, current list is available from Healthix. You can obtain an updated list at any time by Healthix's website at www.healthix.org or by calling 877-695-4749.
4. **Who May Access Information About You, If You Give Consent.** Only doctors and other staff Patients of the Organization(s) you have given consent to access who carry out activities permitted by this form as described above in paragraph one. If you indicated your consent decision applies to all Healthix Participants that means all Participants as of the date this form was signed. **Note: This pertains only to Healthix organizations that provide emergency care, such as hospital emergency rooms. Emergency access does not pertain to providers that do not provide emergency care.**
5. **Public Health and Organ Procurement Organization Access.** Federal, state or local public health agencies and certain organ procurement organizations are authorized by law to access health information without a patient's consent for certain public health and organ transplant purposes. These entities may access your information through Healthix for these purposes without regard to whether you give consent, deny consent or do not fill out a consent form.
6. **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 Healthix at 877-695-4749, Ext. 1; or visit Healthix's website: www.healthix.org ; or call the NYS Department of Health at 518-474-4987; or follow the complaint process of the federal Office for Civil Rights at the following link: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
7. **Re-disclosure of Information.** Any organization(s) you have given consent to access health information about you may re-disclose your health information, but only to the extent permitted by state and federal laws and regulations. Alcohol/drug treatment-related information or confidential HIV-related information may only be accessed and may only be re-disclosed if accompanied by the required statements regarding prohibition of re-disclosure.
8. **Effective Period.** This Consent Form will remain in effect until the day you change your consent choice or until such time as Healthix ceases operation. If Healthix merges with another Qualified Entity your consent choices will remain effective with the newly merged entity.
9. **Changing Your Consent Choice.** You can change your consent choice at any time by submitting a new Consent Form with your new choice. Organizations that access your health information through Healthix while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to change your consent decision they are not required to return your information or remove it from their records.
10. **Copy of Form.** You are entitled to receive a copy of this Consent Form.