

Health Information Exchange Consent Form

In this Consent Form, you can choose whether to allow Institute for Family Health (IFH) to obtain access to your medical records through computer networks called Health Information Exchanges operated by the following Qualified Entities (QEs): Healthix, Bronx RHIO and HealthlinkNY. These QEs are part of a statewide computer network. This can help collect the medical records you have from different places where you get health care, and make them available electronically to your IFH provider(s). These QEs are not-for-profit organizations that share information about people's health electronically and meets the privacy and security standards of HIPAA, federal and New York State Law. To learn more visit their websites at www.healthix.org, www.bronxrhio.org and www.healthlinkny.com respectively. You can also call any of these QE's directly: Healthix at (877) 695-4749 ext. 1, Bronx RHIO at (718) 708-6630 and HealthlinkNY at (844) 840-0050.

You may use this Consent Form to decide whether or not to allow Institute for Family Health to see and obtain access to your electronic health records in this way. If you want to deny consent for all Provider Organizations and Health Plans participating in the QE's listed above so that they may not access your electronic health information through these QE's, you may do so by visiting each QE's website listed above, or by calling each QE at the phone numbers listed above.

NOTE: 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 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.

Please carefully read the information on page 2 of this form before making your decision.

Your Consent Choices. You can fill out this form now or in the future. You can also change your decision at any time by completing a new form. You have two choices.

- I GIVE CONSENT for Institute for Family Health to access ALL of my electronic health information through the listed QEs in connection with providing me any health care services, including emergency care.**
- I DENY CONSENT for Institute for Family Health to access my electronic health information through the listed QEs for any purpose, *even in a medical emergency*.**

My questions about this form have been answered and I have been provided a copy of this form.

Print Last Name of Patient

Patient Date of Birth

Print First Name of Patient

Signature of Patient or Patient's Legal Representative

Date of signature

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)

Details about patient information in the QE's listed above and the consent process:

1. **How Your Information May be Used.** Your electronic health information will be used by Institute for Family Health **only** for:
 - **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, Institute for Family Health may access ALL of your electronic health information available through the QE's listed on this form. This includes information created before and after the date this Consent 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 relate to sensitive health conditions, including but not limited to:
 - Alcohol or drug use problems
 - Birth control and abortion (family planning)
 - Genetic (inherited) diseases or tests
 - HIV/AIDS
 - Mental health conditions
 - 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 list of current information sources is available on the websites of the QE's (i.e., Healthix, Bronx RHIO and HealthlinkNY), www.healthix.org, www.bronxrhio.org and www.healthlinkny.com respectively.
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 Institute for Family Health's medical staff who are involved in your medical care; health care providers who are covering or on call for Institute for Family Health's doctors; and staff members who carry out activities permitted by this Consent Form as described above in paragraph one.
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 the QE's (i.e., Healthix, Bronx RHIO and HealthlinkNY) 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, contact the QE's for access audits (contact information available on their websites: www.healthix.org, www.bronxrhio.org and www.healthlinkny.com); or call The Institute for Family Health at: 212-633-0800 extension 1235; 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/psa/complaint/>.
7. **Re-disclosure of Information.** Any electronic health information about you may be re-disclosed by Institute for Family Health 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 QE's listed and persons who access this information through the QE's must comply with these requirements.
8. **Effective Period.** This Consent Form will remain in effect until the day you withdraw your consent or until such time as any of the QE's ceases operation (or until 50 years after your death, whichever occurs first). If any of the QE's listed above merges with another QE your consent choices will remain effective with the newly merged entity.
9. **Changing Your Consent Choice.** You can change your consent choice any time for any Participating Organization or Health Plan by submitting a new Consent Form with your new choice. You can get these forms by calling The Institute for Family Health at 212-633-0800 and asking to speak to the Privacy Official and/or the RHIO coordinator. **Note: Organizations that access your health information through the QE's (i.e., Healthix, Bronx RHIO and HealthlinkNY) 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.**
10. **Copy of Form.** You are entitled to get a copy of this Consent Form after you sign it.