

Interboro RHIO Consent Form

NAME AND/OR GENERAL DESIGNATION OF HEALTH CARE PROVIDERS AUTHORIZED TO RELEASE YOUR HEALTH-RELATED INFORMATION THROUGH THE INTERBORO RHIO. The form authorizes the general designation of Healthcare Providers described in section 3 on the back of this form and the Healthcare Providers listed in the attached document titled "Information Sources" (collectively "RELEASING HPS") to disclose my health information through the Interboro RHIO. The list of Information Sources may change from time to time, and in addition to listing the current Releasing HPs, the list provides you with instructions on how to obtain an updated list of Releasing HPs at any time.	PATIENT NAME ADDRESS DOB/MR#
NAME/ADDRESS OF HEALTHCARE PROVIDER(S) AUTHORIZED TO RECEIVE YOUR HEALTH-RELATED INFORMATION THROUGH INTERBORO RHIO ("ACCESSING HP")	

PURPOSE OF CONSENT FORM. This form allows you to decide whether Releasing HPs may release your health-related information through the Interboro Regional Health Information Organization ("Interboro RHIO") as described in this form. The Interboro RHIO is a not-for-profit health information exchange (HIE). HIEs assist in the electronic sharing of health-related information among healthcare providers ("HPs") that have patients in common. HPs use the Interboro RHIO to release health-related information about their patients to other HPs that treat the same patients. HPs also use Interboro RHIO to access health-related information from other HPs and health information sources with which they have patients in common. Using the Interboro RHIO to release and access your health-related information can make it easier for HPs to provide you with safe and effective care. This kind of sharing is called health information technology or e-health. To learn more about e-health in New York State, you may read the brochure, "Better Information Means Better Care." You can either ask your provider for this brochure, or visit the website www.ehealth4ny.org to obtain it.

DESCRIPTION OF CONSENT OPTIONS. There are two consent options below. If you choose the "I GIVE CONSENT" option, you are saying "YES, I want Releasing HPs to release all of my health-related information electronically to the Accessing HP listed above through the Interboro RHIO as described in this form. If you choose the "I DENY CONSENT" option, you are saying "NO, I do not want Releasing HPs to release my health-related information electronically to the Accessing HP listed above through the Interboro RHIO as described in this form, even if a medical emergency exists." Your consent is completely voluntary. Your access to healthcare and treatment will not be affected because you gave your consent or did not give your consent on this form. This form can be filled out now or at a later date. Please read the front and back of this form, including any attachments, carefully and consider your choices. Remember, if you elect to fill out this form, you have two choices only.

CONSENT CHOICES (choose one only).

- I GIVE CONSENT for Releasing HPs to release ALL of my health-related information electronically to the Accessing HP through the Interboro RHIO in connection with providing me any healthcare services, INCLUDING EMERGENCY CARE. Please note: This consent does not guarantee that all of your information will be released through the Interboro RHIO to accessing HPs.
- I DENY CONSENT for Releasing HPs to release ANY of my health-related information electronically to the Accessing HP through the Interboro RHIO for any purpose, EVEN IN A MEDICAL EMERGENCY. Please note: UNLESS YOU CHECK THIS BOX, New York State law allows the people treating you in an emergency to access your medical records, including records that are available through Interboro RHIO.

WITHDRAWAL OF CONSENT. If you give consent through this form, but later decide that you wish to withdraw your consent, you may do so at any time. There are two ways to withdraw your consent. One, at any time you can sign a **Withdrawal of Consent Form** and return it to the Interboro RHIO. Two, you can also change your consent choices by filling out and signing a new **RHIO Consent Form** at any time. You can get these forms on Interboro RHIO's website at www.interbororhio.org, or by calling 718-334-5844. Please **note:** to the extent permitted by this form and applicable state and federal law, HPs and other information sources may release, access, copy and/or include your health-related information in their own medical records while this consent remains in effect. Even if you later decide to withdraw your consent, HPs are not required to remove your information from their records.

TERM OF CONSENT. Unless you withdraw it, your consent will terminate ten (10) years from the date of your signature below or when the Interboro RHIO stops operating or six (6) months after your death, whichever comes first.

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)

YOUR CONSENT: WHAT IT MEANS. The information in this section is very important for you to read and understand, because it lets you know what your choice to consent means, who can and can't see your health-related information, and what information you are agreeing to share.

1. **Purpose for the Release and Access of your Health Information.** Unless otherwise permitted by State and federal law, your electronic health information shall be released and accessed for the following reasons only:
 - To Provide you with medical treatment and related services
 - To Check if you have insurance coverage and what it covers if you intend on using your insurance to pay for your healthcare.(Please 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, Releasing HPs may release ALL of your electronic health-related information available to Accessing HPs through the Interboro RHIO as described in this form. This includes information created before and after the date of this Consent Form. Your health-related information may include: medical records and other related medical information, such as 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; information obtained from other providers; personal and private information that may be used to identify you; information about you and your family; and financial/billing information. Please be aware that your health-related information may relate to sensitive health conditions, including but not limited to: **BIRTH CONTROL AND ABORTION** (family planning); **GENETIC** (inherited) **DISEASES** or tests including **PREDISPOSITION GENETIC TESTING INFORMATION**; **HIV/AIDS**; **MENTAL ILLNESSES**; **MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**; and **SUBSTANCE ABUSE** (drug and alcohol use problems); **COMMUNICABLE DISEASES** including **SEXUALLY TRANSMITTED AND VENEREAL DISEASES**; **AND CANCER**
3. **Where Health-related Information About You Comes From.** Information about you comes from all places that have provided you with or will provide you with medical care (or related services) or health insurance ("Information Sources") and are affiliated providers of the Interboro RHIO. Affiliated providers include the participating HPs of the Interboro RHIO and the participating HPs of other HIEs that have entered into agreements with the Interboro RHIO to assist in the electronic exchange of health information. HPs include hospitals; ambulatory clinics; diagnostic treatment centers; physicians; dentists; podiatrists; health insurers, pharmacies; clinical laboratories; nursing homes; mental hygiene facilities including federally assisted substance abuse programs; medical providers at correctional facilities; medical providers at health and human services organizations and community based treatment organizations; home health agencies; and the Medicaid program. Attached to this form is a list of health Information Sources accessible through the Interboro RHIO. This list may change without notice to you. In addition to listing the different information sources, this list provides you with instructions on how to obtain an updated list of Information Sources from your provider and Interboro RHIO.
4. **Who May Access Information About You, If You Give Consent.** Only these people from the Accessing HP(s) you named on the front of this form may access and receive information about you: doctors and other health care providers who serve on the medical staff who are involved in your medical care; health care providers who are covering or on call for these doctors; and staff members 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 you believe someone has received or accessed your health information improperly, please visit Interboro RHIO's website: www.interbororhio.org; or call the NYS Department of Health at 877-690-2211.
6. **Re-disclosure of Information.** Any health-related information about you released or accessed may be re-disclosed by the Accessing HP 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 health-related information, including information related to: (i) your assessment, treatment or examination of a health condition; (ii) HIV/AIDS; (iii) mental illness; (iv) mental retardation and developmental disabilities; (v) substance abuse; (vi) predisposition genetic testing. Their special requirements must be followed whenever people receive these kinds of health-related information. Any sharing of your health-related information as permitted by your consent must comply with these requirements.
7. **Copy of Form.** You are entitled to get a copy of this Consent Form after you sign it.