

NYU Langone Medical Center
ELECTRONIC HEALTH INFORMATION SYSTEM FACT SHEET

What is the NYU Langone Medical Center Electronic Health Information System?

The Hospitals, the Faculty Group practices and many of the individual physicians, physician practices and other providers that make up the NYU Langone Medical Center community and who are directly involved in your care are able to create, access and share your health and pharmacy records electronically.

What are the advantages to having an electronic health record?

Paper health records may be stored in separate locations and would be otherwise unavailable to us when needed. It is also more difficult to combine into a paper record information about care provided to you by different hospitals, physicians, laboratories, etc.

The electronic health record lets us see your records faster and helps us to keep more complete records of your medical history. This includes information about your allergies, medications, test results, or other past records, including health insurance coverage and billing and payment for services you received.

An electronic health record also helps us to better coordinate care because NYU Langone Medical Center hospital and healthcare professionals may share information from your health records with one another and with other providers (such as physicians not on staff at NYU Langone Medical Center hospitals, other hospitals, nursing homes, home health agencies, and pharmacies) if: (i) the provider that receives the information is a provider with whom you have a treatment relationship, and/or (ii) the information will be used for treatment, payment, continuity and coordination of care, discharge planning, billing, improving quality and effectiveness and reducing the cost of care, reviewing the qualifications of or training healthcare professionals, or addressing fraud and abuse issues.

Therefore, having a more complete record of your care and the ready access to it helps us to provide better care.

You will be asked to give your consent for your providers to create, access, use and/or share your medical records in the NYU Langone Medical Center Health Information System. You are entitled to a copy of the signed consent form. If you give this consent, but later change your mind, you can *revoke* (take back) your permission by contacting the NYU Langone Medical Center's Privacy Manager or the practice manager in your physician's office.

Which healthcare providers may participate in the Electronic Health information System?

The following providers are currently part of the NYU Langone Medical Center community:

NYU Hospitals Center, including:	Physicians at NYU Faculty Group Practice Offices
<ul style="list-style-type: none">• Tisch Hospital• Rusk Institute• NYU Hospital for Joint Diseases• NYU Clinical Cancer Center• NYU Ambulatory Care Center• Center for Musculoskeletal Care	Physicians in Private Practices with privileges at NYU Hospitals Center
	Physicians at Other NYUHC Outpatient Centers

Other healthcare providers not listed above may join in the future as the NYU Langone Medical Center community grows.

A special message about sensitive information.

Certain state and federal laws have stricter rules about keeping certain types of health information confidential. This includes:

- Information from facilities licensed by the NYS Office of Mental Health.
- Information from federally assisted alcohol and drug abuse programs.
- Information about certain healthcare services to minors, including family planning and abortion services, testing for HIV and sexually transmitted diseases (STD's), and mental health and substance abuse treatment.
- Genetic test results.
- Information about diagnoses, lab results or medications for HIV or AIDS.

The NYU Langone Medical Center Electronic Health Information System will include any of the above types of sensitive information that are a part of your medical record. By giving consent you are agreeing to the creation of, access to, and use and sharing of your medical information, including health information related to your treatment for mental health, developmental disabilities, HIV/AIDS testing and services, genetic testing and counseling services, drug and alcohol abuse, abortion, family planning, or sexually transmitted diseases, even if (a) such information was obtained prior to the date of the visit on which I sign the consent form or (b) I am tested, diagnosed or treated for the conditions to which my restricted information relates for the first time during that visit or a later visit while the consent is in effect (“restricted information”).

Such access, use and sharing shall be by and between NYU Langone Medical Center hospitals and healthcare professionals for treatment, continuity and coordination of care, and billing for services provided.

Any NYU Langone Medical Center hospital and healthcare professionals may share your restricted information between and among one another and other providers if: (i) the provider that receives the information is a provider with whom you have a treatment relationship and (ii) the restricted information will be used for treatment, continuity and coordination of care, billing for services provided, or discharge planning.

Your restricted information may also be disclosed for “Health Care Operations” as described within the NYU Langone Medical Center hospitals’ Notice of Privacy Practices (such as reviewing and improving the quality, effectiveness and cost of care, reviewing the qualifications and training of healthcare professionals and addressing fraud and abuse issues.)

If you choose to have your private health insurance, Medicare, Medicaid, or other insurance or payment program pay for your treatment, any NYU Langone Medical Center hospital or healthcare professional may use and release your restricted information to the entity responsible for payment or their agent to obtain payment for the treatment and services provided to you by the NYU Langone Medical Center hospital or healthcare professional.

Is your health information kept private and confidential?

Yes. No one can guarantee that information in medical records will be totally free from access, use and disclosure other than in the ways you agree to in your consent. However, the Medical Center and every healthcare provider or staff member that shares or uses information through the NYU Langone Medical Center Health Information System must obey strict security and privacy rules that permit your health information to be used and shared only as more fully described in this Fact Sheet.

Penalties for Improper Access to or Use of Your Information.

There are penalties for inappropriate access 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 212-404-4079, your doctor's office or the NYS Department of Health at 877-690-2211.

Where can I get more information?

For more information or to ask questions, please contact:

NYU Langone Medical Center Privacy Manager One Park Avenue New York, New York 10016 212-404-4079	Call your physician's office
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NYU LANGONE MEDICAL CENTER

**NYU Hospitals Center and NYU School of Medicine
Consent for Electronic Health
Information System**

I have received the NYU Langone Medical Center Electronic Health Information System Fact Sheet. It describes (1) the purpose of the NYU Langone Medical Center Electronic Health Information System; (2) how it works; and (3) how the providers participating in the NYU Langone Medical Center Electronic Health Information System will record and access my health information.

I acknowledge receipt of the Electronic Health Information System Fact Sheet. I have read and understand the Fact Sheet.

I also understand that by signing this form, I am agreeing to permit all NYULMC providers directly involved in my care to create, access, use and/or share my health information (including my electronic prescription records) for treatment, payment and healthcare operations and, to permit my health information to be available to my other health care providers, all as described in the attached Electronic Health Information Fact Sheet.

I also understand that there are other uses and disclosures of Protected Health Information that are permitted under applicable law and are outlined in the Notice of Privacy Practices.

I understand that this consent will remain in effect unless revoked in writing. Upon revocation, I understand that, except in an emergency, I can no longer be treated at NYU Langone Medical Center or by NYU providers who use the NYULMC EHR in their office practice.

Signature: _____ **Date:** _____ **Time:** _____ **AM/PM**

(Patient or person authorized to sign)

If the consenting party is other than the patient, print name and relation to patient:
