

NYU LANGONE HEALTH

健康信息交换同意书

[HEALTH INFORMATION EXCHANGE CONSENT FORM]

在本知情同意书中，您可以选择是否允许 NYU Langone Health 通过名为 Healthix 的健康信息交换机构（“HIE”）获取您的医疗记录。Healthix 是由纽约州认证和监管的非营利性组织，负责收集和汇总有关您在不同提供者处接受医疗服务的信息，并以电子方式提供给为您提供治疗服务的提供者。您在本同意书中同意通过 Healthix 共享您的信息，即表示您允许 NYU Langone Health 及其附属机构的员工、代理人和医务人员查看并访问您的电子健康记录，这些记录来自获授权通过 Healthix 披露信息的其他医疗保健提供者，以用于随附《情况说明书》中所述的目的。目前向 Healthix 提交临床数据的获授权 Healthix 提供者的完整列表发布在 Healthix 网站 (<http://www.healthix.org>) 上，或者可以拨打 877-695-4749 向 Healthix 索取。如果您想拒绝同意所有参与 Healthix 的提供者组织和健康计划通过 Healthix 访问您的电子健康信息，您可以发送电子邮件至 compliance@healthix.org 或致电 877-695-4749（分机号 2）联系 Healthix。

[In this Consent Form, you can choose whether to allow NYU Langone Health to obtain access to your medical records through a health information exchange (“HIE”) called Healthix. Healthix is a not-for-profit organization certified and regulated by the State of New York that collects and aggregates information about the medical services you receive from different providers and makes it available electronically to the providers treating you. If you consent to share your information through Healthix on this form, you are giving your permission for employees, agents, and members of the medical staff of NYU Langone Health and affiliated entities to see and obtain access to your electronic health records from your other health care providers that are authorized to disclose information through Healthix for the purposes described in the attached fact sheet. A complete list of current authorized Healthix providers who submit clinical data to Healthix is posted on the Healthix website at <http://www.healthix.org> or may be obtained by calling Healthix at 877-695-4749. If you want to deny consent for all Provider Organizations and Health Plans participating in Healthix to access your electronic health information through Healthix, you may do so by contacting Healthix at compliance@healthix.org or calling Healthix at 877-695-4749 Ext 2.]

您还可以使用本知情同意书来决定是否允许 NYU Langone Health 与非 NYU Langone Health 提供者共享您的医疗记录，以及是否允许 NYU Langone Health 通过 Epic Nexus（根据可信交换框架和共同协议（“TEFCA”）创建的合格健康信息网络（“QHIN”））或者以下 HIE 访问有关其他非 NYU Langone Health 向您提供的医疗服务的信息，以用于随附《情况说明书》中所述的目的：(1) Epic Care Everywhere，这是一项通过 Epic（提供 NYU Langone Health 电子健康记录系统的公司）进行的电子健康记录共享计划，允许使用 Epic 的其他组织的医疗保健提供者访问 NYU Langone Health 电子健康记录中的信息，(2) Carequality (carequality.org)，以及 (3) eHealth Exchange (ehealthexchange.org)。

[You may also use this Consent Form to decide whether or not to allow NYU Langone Health to share your medical records with your non-NYU Langone Health providers and whether to allow NYU Langone Health to access information about care provided to you by other non-NYU Langone Health providers through Epic Nexus - a Qualified Health Information Network (“QHIN”) created under the Trusted Exchange Framework and Common Agreement (“TEFCA”) or the following HIEs for the purposes described in the attached fact sheet: (1) Epic Care Everywhere, which is an electronic health record sharing program through Epic (the company that provides NYU Langone Health’s electronic health record system), which would enable healthcare providers at other organizations that use Epic to access information in your NYU Langone Health electronic health record, (2) Carequality (carequality.org) and (3) eHealth Exchange (ehealthexchange.org).]

您在本同意书中所做的选择不会对您获得医疗护理或健康保险造成影响。无论您选择同意还是拒绝，都不会作为拒绝提供医疗服务的依据。在做出决定之前，请您仔细阅读随附《情况说明书》（该情况说明书是本知情同意书的一部分）中的信息。

[THE CHOICES YOU MAKE ON THIS FORM 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. PLEASE CAREFULLY READ THE INFORMATION ON THE ATTACHED FACT SHEET, WHICH IS PART OF THIS CONSENT FORM, BEFORE MAKING YOUR DECISION.]

您的同意选择。 您可以现在或在将来填写本同意书。您可以在将来联系您的 NYU Langone Health 提供者，填写新同意书以改变您的决定。您拥有以下选择：

[Your Consent Choices. You can fill out this form now or in the future. You can change your decision in the future by contacting your NYU Langone Health provider and completing a new form. You have the following choices:]

请勾选以下方框之一 :

[Please check one box below:]

1. **本人同意**本知情同意书中所述的所有组织、提供者和计划访问本人在 NYU Langone Health 的所有电子健康信息，并且**本人同意** NYU Langone Health 及附属机构的所有员工、代理人和医务人员通过本知情同意书中所述的所有组织、提供者和计划（包括 Epic Nexus（根据 TEFCFA 创建的 QHIN）、Healthix、Care Everywhere、eHealth Exchange 和 Carequality）访问本人的所有电子健康信息，以实现《情况说明书》中所述的任何经许可的目的（包括为本人提供任何医疗保健服务）。

[1. **I GIVE CONSENT** to ALL of the organizations, providers, and programs explained in this Consent Form to access ALL of my NYU Langone Health electronic health information **I GIVE CONSENT** to ALL employees, agents and members of the medical staffs of NYU Langone Health and affiliated entities to access ALL of my electronic health information through all of the organizations, providers, and programs explained in this Consent Form, including Epic Nexus - a QHIN created under TEFCFA, Healthix, Care Everywhere, eHealth Exchange and Carequality, in connection with any of the permitted purposes described in the fact sheet, including providing me any health care services.]

2. **本人不同意**本知情同意书中所述的组织、提供者和计划在未经本人同意的情况下访问本人在 NYU Langone Health 病历中的电子健康信息，并且**本人不同意** NYU Langone Health 及其附属机构的员工、代理人和医务人员出于任何目的（**即使是急诊**）通过非 NYU Langone Health 参与者提供的 Healthix 访问本人的电子健康信息。

[2. **I DENY CONSENT** to the organizations, providers, and programs explained in this Consent Form, that would otherwise require my consent, to access my electronic health information in my NYU Langone Health medical record and **I DENY CONSENT** to employees, agents and members of the medical staffs of NYU Langone Health and affiliated entities to access my electronic health information through Healthix contributed by a non-NYU Langone participant for any purpose, **even in a medical emergency.**]

注意：除非您勾选“本人不同意”方框，否则纽约州法律允许在紧急情况下对您进行治疗的人员获取您的医疗记录，包括通过 Healthix 和本文所述的其他 HIE 和 QHIN 获取的记录。如果您不做选择，除非在纽约州法律允许的紧急情况下，否则不会共享和/或访问这些记录。

[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 Healthix and the other HIEs and QHINs described herein. IF YOU DON'T MAKE A CHOICE, the records will not be shared and/or accessed except in an emergency as allowed by New York State Law.]

患者正楷姓名
[Print Name of Patient]

患者出生日期
[Patient's Date of Birth]

日期
[Date]

患者或患者法定代表人签名
[Signature of Patient or Patient's
Legal Representative]

法定代表人正楷姓名和签名授权类型（如适用）
[Print Name of Legal Representative and Type of
Authority to Sign (if applicable)]

NYU Langone 健康信息交换机构
情况说明书
[NYU Langone Health Information Exchange
Fact Sheet]

有关通过 Healthix、Care Everywhere、eHealthexchange 和 Care Quality (HIE)、Epic Nexus (根据可信交换框架和共同协议 (“TEFCA”) 创建的合格健康信息网络)、城市、州、联邦、疫苗数据库、以及提供给社区健康组织的

电子转介和同意流程交换 (访问或共享) 的电子健康信息详情：

[Details about electronic health information exchanged (accessed or shared) through Healthix, Care Everywhere, eHealthexchange and Care Quality (the HIEs), Epic Nexus – a Qualified Health Information network created under the Trusted Exchange Framework and Common Agreement (“TEFCA”), city, state, federal, vaccine databases, and electronic referrals to community-based health organizations and the consent process:]

1. 如何使用您的信息。上述组织、提供者或计划仅会将您的电子健康信息用于以下目的：

[How Your Information May be Used. Your electronic health information will be used by the organizations, providers, or programs set forth above only to:]

- 为您提供治疗及相关服务。
[Provide you with medical treatment and related services.]
- 检查您是否有健康保险以及保险涵盖哪些项目。
[Check whether you have health insurance and what it covers.]
- 进行护理管理活动，以协助您获得适当的医疗服务、改善为您提供的服务质量、协调为您提供的多种医疗保健服务或支持您遵循医疗护理计划。
[Conduct care management activities to assist 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.]
- 护理管理活动，包括转介给社区健康组织，以获得某些与健康无关的服务。
[Care management activities including referrals to community based health organizations for certain non-health related services.]
- 评估并改善为所有患者提供的医疗护理质量。
[Evaluate and improve the quality of medical care provided to all patients.]
- 仅限 Epic Care Everywhere：在公共卫生紧急事件持续期间并在法律允许的情况下，支持与 COVID-19 公共卫生紧急事件直接相关的研究。
[Limited to Epic Care Everywhere: Support research directly related to the COVID-19 Public Health Emergency, as permitted by law through the duration of the public health emergency.]
- 疫苗接种信息，用于公共卫生目的。
[Vaccination information for public health purposes.]

除非州和联邦法律另行许可，并经 Healthix 许可，否则 NYU Langone Health 医疗保险计划应仅出于以下目的披露、访问和使用您的电子健康信息：

[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:]

- 提供护理管理活动。相关活动包括协助您获得适当的医疗护理、改善为您提供的医疗保健服务质量、协调为您提供的多种医疗保健服务或支持您遵循医疗护理计划。
[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.]

- 提供质量改善活动。相关活动包括评估和改善为您和 NYU Langone Health 所有患者和会员提供的医疗护理质量。

[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.]

注意：您在本知情同意书中所做的选择不允许健康保险公司以决定是否向您提供健康保险或支付您的账单为目的而获取您的信息。您可以在健康保险公司必须使用的单独的知情同意书中进行选择。

[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. 包含您的哪些类型的信息。如果您同意，上述 HIE 可以访问您在参与组织的电子病历中的全部电子健康信息，并且 NYU Langone Health System 及其附属机构的所有员工、代理人 and 医务人员可以访问您通过上述所有 HIE 提供的全部电子健康信息。这包括在本知情同意书日期之前和之后创建的信息。您的健康记录可能包括您患病或受伤的历史记录（如糖尿病或骨折）、检查结果（如 X 光检查或血液检测）以及您服用过的药物清单。这些信息可能与敏感健康状况有关，包括但不限于：

[What Types of Information About You Are Included. If you give consent, the HIEs listed above may access ALL of your electronic health information available in your electronic medical records of participating organizations 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 all of the HIEs described above. 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"> • 酒精或药物使用问题 [Alcohol or drug use problems] • 节育与堕胎（计划生育） [Birth control and abortion (family planning)] • 基因（遗传性）疾病或检查 [Genetic (inherited) diseases or tests] • HIV/AIDS [HIV/AIDS] • 精神健康状况 [Mental health conditions] • 性传播疾病 [Sexually transmitted diseases] • 药物和剂量 [Medication and Dosages] • 诊断信息 [Diagnostic Information] • 过敏症 [Allergies] 	<ul style="list-style-type: none"> • 药物滥用史摘要 [Substance use history summaries] • 临床记录 [Clinical notes] • 出院摘要 [Discharge summary] • 就业信息 [Employment Information] • 生活状况 [Living Situation] • 社会支持 [Social Supports] • 申请理赔的就诊数据 [Claims Encounter Data] • 实验室化验 [Lab Test] • 免疫接种（同意书不适用于纽约 19 岁以下的患者）。 [Immunizations (consent not applicable in New York for patients under 19 years of age).]
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3. 您的健康信息来自哪里。您的信息来自为您提供医疗护理或健康保险的机构（以下称“信息资源”）。这些机构可能包括医院、医生、药房、临床实验室、健康保险公司、医疗补助计划以及其他以电子方式交换健康信息的健康组织。HIE 提供了 HIE 信息来源的完整列表。您可以查看 Healthix 网站 (<http://www.healthix.org>) 或致电 Healthix（电话号码 877-695-4749），以获取完整的 Healthix 特定列表。

[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 health organizations that exchange health information electronically. A complete list of HIE Information Sources is available from the HIE. You may obtain a **complete Healthix-specific list by checking the Healthix web site at <http://www.healthix.org> or by calling Healthix at 877-695-4749.]**

4. 如果您选择同意，谁可以访问您的信息。只有医生、医务人员、员工、受训人员、医学生、志愿者和您授予同意的组织的代理人才能访问您的健康信息，以进行本同意书允许的上述活动。

[Who May Access Information About You, If You Give Consent. Only doctors, medical staff members, employees, trainees, students, volunteers and agents of the Organization(s) you have given consent to access your health information to carry out activities permitted in this form as described above.]

本知情同意书中使用的“NYU Langone Health”包括 NYU Langone Hospitals、NYU Grossman School of Medicine 和 NYU Langone 的 Family Health Center。

["NYU Langone Health" as used in this Consent Form includes NYU Langone Hospitals, NYU Grossman School of Medicine, and the Family Health Centers at NYU Langone.]

5. **公共卫生和器官获取组织访问。**法律授权联邦、州或地方公共卫生机构和某些器官获取组织出于某些公共卫生和器官移植目的，在未经患者同意的情况下访问其健康信息。这些机构可以出于这些目的通过 Healthix 访问您的信息，而无需考虑您是否同意、拒绝同意或未填写知情同意书。

[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. **对不当访问或不当使用您的信息的处罚。**不当访问或使用您的电子健康信息将受到惩处。如果您在任何时候怀疑有人未经授权查看或访问过有关您的信息，您可以写信至以下地址联系 NYU Langone Health 的健康隐私官：**NYU Langone Health, Privacy Officer, One Park Ave, 3rd Floor, New York, NY 10016**，或致电 **212-404-4079**。如果您在任何时候怀疑有人未经授权通过 Healthix 查看或访问过有关您的信息，您可以联系 Compliance@healthix.org 或致电 1877-695-4749；或致电 518-474-4987 联系纽约州卫生署 (NYS Department of Health)。

[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, **you can contact the NYU Langone Health Privacy Officer by writing to: NYU Langone Health, Privacy Officer, One Park Ave, 3rd Floor, New York, NY 10016 or by calling 212-404-4079.** If at any time you suspect that someone should not have seen or gotten access to information about you has done so through Healthix, you can contact Compliance@healthix.org or call 1877-695-4749; or call the NYS Department of Health at 518-474-4987.]

7. **信息的再次披露。**您在本知情同意书中授权访问有关您的健康信息的任何组织均可再次披露您的健康信息，但仅限于州和联邦法律法规允许的范围。与酒精/药物治疗相关的信息或与 HIV 相关的机密信息只有在附有必要的禁止再披露声明的情况下才可以访问和再次披露。

[Re-disclosure of Information. Any organization(s) you have given consent to access health information about you in the Consent Form 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. **有效期。**本知情同意书在您更改同意选择、去世或相关 HIE 停止运营之前一直有效。如果同意书由未成年人的父母或法定监护人签署，则同意决定将在该未成年人满 18 岁（成年）时失效，患者必须重新提交同意决定。如果 HIE 与另一家健康信息交换机构合并，您的同意选择对于新合并的机构仍然有效。

[Effective Period. This Consent Form will remain in effect until the day you change your consent choice, death or until such time as the applicable HIE ceases operation. If consent is signed by a parent or legal guardian of a minor the consent decision will expire on the 18th birthday when the minor becomes an adult and the patient will have to file a new consent decision. If a HIE merges with another health information exchange, your consent choices will remain effective with the newly merged entity.]

9. **改变您的同意书选择。** 您可以签署一份新的知情同意书并选择新的选项，以随时更改您的同意。您可以从您的提供者处获取知情同意书，或者联系 NYU Langone Health 健康信息管理办公室 (Office of Health Information Management)，电子邮件：HIMCareEverywhere@nyulangone.org (# HIMCareEverywhere) 或电话号码：516-663-8746。填写完成后，请提交给您的提供者。

[Changing Your Consent Choice. You can change your consent at any time by signing a new Consent Form with your new choice. You can get the Consent Form from your provider or by contacting the NYU Langone Health Office of Health Information Management at HIMCareEverywhere@nyulangone.org (# HIMCareEverywhere) or 516-663-8746. Once completed please submit to your provider.]

注意：在本知情同意书有效期内，按同意书所述方式访问您的健康信息的组织（包括参与上述 HIE 的任何提供者）可以保存、复制您的信息或将其纳入自己的医疗记录。即使您后来决定撤消同意，他们也不需要归还或者从他们的记录中删除这些信息。

[Note: Organizations, including any providers that participate in the HIEs noted above, that access your health information as noted in this Consent Form, while your consent is in effect, may save, 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. **同意书副本。** 您有权随时获得本知情同意书的副本。

[Copy of Form. You are entitled to get a copy of this Consent Form at any time.]