

NYU LANGONE HEALTH
健康資訊交換同意書

[HEALTH INFORMATION EXCHANGE CONSENT FORM]

在本同意書中，您可以選擇是否允許 NYU Langone Health 透過名為 Healthix 的健康資訊交換（「HIE」）組織取得您的醫療記錄。Healthix 是一個經紐約州認證與監管的非營利組織，它會收集和彙整您透過不同提供者所獲得醫療服務的相關資訊，並以電子方式提供給為您提供治療的提供者。如果您同意在此同意書透過 Healthix 分享您的資訊，則表示您允許 NYU Langone Health 及其附屬實體的員工、代理人 and 醫護工作人員查看和取得您在其他醫療保健提供者處的電子健康記錄，這些提供者有權基於隨附情況說明書所述目的透過 Healthix 揭露資訊。向 Healthix 提交臨床資料的最新授權 Healthix 提供者的完整名單已經公佈在 Healthix 網站上，網址為 <http://www.healthix.org>，或者您也可以致電 877-695-4749 聯絡 Healthix 索取。如果您不同意參與 Healthix 的所有提供者組織與健康計畫透過 Healthix 取得您的電子健康資訊，可以透過 compliance@healthix.org 聯絡 Healthix 或是致電 877-695-4749（分機號 2）聯絡 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.]

您也可以使用本同意書決定，基於隨附情況說明書所述目的，是否允許 NYU Langone Health 將您的醫療記錄分享給您的非 NYU Langone Health 提供者，以及是否允許 NYU Langone Health 使用其他非 NYU Langone Health 提供者透過 Epic Nexus（依據可信交換框架與共同協定（「TEFCA」）建立的合格健康資訊網路（「QHIN」））或是下列 HIE 向您提供的照護相關資訊：(1) Epic Care Everywhere 是透過 Epic（提供 NYU Langone Health 電子健康記錄系統的公司）提供的電子健康記錄分享計畫，允許使用 Epic 的其他組織的醫療保健提供者能夠使用您的 NYU Langone Health 電子健康記錄訊；(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).]

您在本同意書中所做的選擇不會影響您獲得醫療護理或醫療保險的能力。無論您選擇同意或不同意，都不是拒絕為您提供健康服務的依據。在做出決定之前，請仔細閱讀所附情況說明書中的資訊，該說明書是本同意書的一部分。

[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.]

您的同意選擇。您可現在或日後填寫本同意書。日後如果決定有所改變，可以聯絡您的 NYU Langone Health 提供者並且填寫新的同意書。您擁有以下選擇：

[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:]

勾選下面的一個方框 :

[Please check one box below:]

1. 我同意本同意書中說明的所有組織、提供者和計畫存取本人所有的 NYU Langone Health 電子健康資訊，並且我同意 NYU Langone Health 及其附屬實體的所有員工、代理人和醫護工作人員透過本同意書中說明的所有組織、提供者和計畫（包括 Epic Nexus（依據 TEFCA 建立的 QHIN）、Healthix、Care Everywhere、eHealth Exchange 和 Carequality）針對情況說明書所述的任何獲准目的（包括向我提供任何醫療護理服務）存取本人所有的電子健康資訊。

[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 TEFCA, 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. 我不同意本同意書中說明的所有組織、提供者和計畫在未經本人同意的情況下存取本人在 NYU Langone Health 醫療記錄中的電子健康資訊，並且我不同意 NYU Langone Health 及附屬實體的員工、代理人與醫護工作人員使用非 NYU Langone 參與者透過 Healthix 提供有關本人的電子健康資訊，即使是急診也不行。

[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：除非您勾選「我不同意」方框，否則紐約州法律允許您的急診治療人員存取您的醫療記錄，包括透過 Healthix 以及此處描述的其他 HIE 和 QHIN 提供的記錄。如果您並未作出選擇，除紐約州法律承認的急診外，不會共享和/或存取該等記錄。

[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簽名
[Signature of Patient or Patient's
Legal Representative]

法定代表正楷姓名和簽名授權類型（如適用）
[Print Name of Legal Representative and Type of
Authority to Sign (if applicable)]

**NYU Langone 健康資訊交換
情況說明書
[NYU Langone Health Information Exchange
Fact Sheet]**

有關透過 Healthix、Care Everywhere、eHealthexchange 和 Care Quality (HIE)、Epic Nexus (依據可信任交換框架與共同協定(「TEFCA」)建立的合格健康資訊網路)、市、州、聯邦、疫苗資料庫,以及社區衛生組織電子轉介和同意流程交換(獲取或共享)的電子健康資訊的詳情:

[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. 如何使用您的資訊。您的電子健康資訊將僅供上述組織、醫護提供者或計畫用來:

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

- 向您提供醫療治療及相關服務。

[Provide you with medical treatment and related services.]

- 核對您是否擁有醫療保險及其承保範圍。

[Check whether you have health insurance and what it covers.]

- 實施護理管理活動,以協助您獲得適當的醫療護理、提高您所獲服務的品質、協調您所獲得的多項健康護理服務或在遵從醫療護理計畫方面為您提供支援。

[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.]

- 護理管理活動,包括轉介至社區衛生組織,以獲取特定的非健康相關服務。

[Care management activities including referrals to community based health organizations for certain non-health related services.]

2. 評估及提升提供予所有患者的醫療護理品質。

[Evaluate and improve the quality of medical care provided to all patients.]

3. 僅限於 Epic Care Everywhere: 在法律允許的情況下,在公共衛生緊急事件期間支援與 COVID-19 公共衛生緊急事件直接相關的研究。

[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.]

4. 基於公共衛生目的的疫苗接種資訊。

[Vaccination information for public health purposes.]

除非以其他方式獲得州及聯邦法律的允許,並且經 Healthix 允許,否則您的電子健康資訊只能由 NYU Langone Health 健康護理保險計畫出於以下目的披露、存取及使用:

[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:]

- 提供護理管理活動。該等活動包括幫助您獲得適當的醫療護理、提高您所獲健康護理服務的品質、協調您所獲得的多項健康護理服務或在遵從醫療護理計畫方面為您提供支援。

[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.]

- 提供品質改善活動。該等活動包括評估及改善您以及所有 NYU Langone Health 患者及成員所獲的醫療護理的品質。

[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：您在本同意書中作出的選擇不會允許醫療保險公司存取您的資訊，以便決定是否向您提供醫療保險或支付您的帳單。您可在醫療保險公司必須使用的單獨同意書中作出該選擇。

[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. 包含您的哪類資訊。如果您同意，上面所列的 HIE 可以存取參與組織的電子病歷中提供的所有電子健康資訊，同時 NYU Langone Health System 及其附屬實體的所有員工、代理人 and 醫護工作人員都可以存取您透過上述所有 HIE 提供的所有電子健康資訊。這包括本同意書日期之前及之後所產生的資訊。您的健康記錄可包括您已擁有的病史或受傷史（例如糖尿病或骨折）、檢測結果（例如 X 光或血液檢測）及您已採用的醫藥之列表。該資訊可能與敏感健康狀況相關，包括但不限於：

[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">• 酒精或藥物使用問題 [Alcohol or drug use problems]• 節育及墮胎（家庭計劃） [Birth control and abortion (family planning)]• 基因（遺傳）疾病或檢測 [Genetic (inherited) diseases or tests]• HIV/AIDS [HIV/AIDS]• 心理健康狀況 [Mental health conditions]• 性傳播疾病 [Sexually transmitted diseases]• 藥物與劑量 [Medication and Dosages]• 診斷資訊 [Diagnostic Information]• 過敏 [Allergies]	<ul style="list-style-type: none">• 藥物使用史摘要 [Substance use history summaries]• 臨床記錄 [Clinical notes]• 出院摘要 [Discharge summary]• 就業資訊 [Employment Information]• 居住情況 [Living Situation]• 社會支援 [Social Supports]• 索賠遭遇資料 [Claims Encounter Data]• 實驗室化驗 [Lab Test]• 疫苗接種（在紐約州，此類知情同意不適用於 19 歲以下患者）。 [Immunizations (consent not applicable in New York for patients under 19 years of age).]
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3. 您的健康資訊來自何處。您的相關資訊來自於曾向您提供醫療護理或醫療保險的機構（「資訊來源」）。該等來源可包括醫院、醫師、藥房、臨床實驗室、醫療保險公司、聯邦 Medicaid 計畫及其他透過電子方式交換健康資訊的健康組織。可透過 HIE 取得 HIE 資訊來源的完整清單。您可以造訪 Healthix 網站 <http://www.healthix.org> 或是撥打 877-695-4749 聯絡 Healthix，取得 Healthix 特定的完整清單。

[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. 如您同意，誰可存取您的資訊。只有您同意其存取您健康資訊的醫師、醫護工作人員、員工、受訓人員、學生、志工和機構代理人才能進行本同意書允許的上述活動。

[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.]

本同意書中使用的「NYU Langone Health」包括 NYU Langone Hospitals、NYU Grossman School of Medicine 以及位於 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. **公共衛生和器官獲取組織存取。**聯邦、州或地方公共衛生機構以及某些器官獲取組織得根據法律授權，基於某些公共衛生和器官移植目的，在未經患者同意的情況下存取健康資訊。這些實體得基於這些目的透過 Healthix 存取您的資訊，無論您是否同意、拒絕同意或者並未填寫同意書。

[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. **不當存取或使用您資訊的處分。**不當存取或使用您電子健康資訊者會受到處分。如果您在任何時候懷疑有人在未獲授權的情形下，逕行查看或存取您的相關資訊，**可以透過寫信至以下地址以聯絡 NYU Langone Health 隱私專員：NYU Langone Health, Privacy Officer, One Park Ave, 3rd Floor, New York, NY 10016 或撥打電話 212-404-4079。**如果您在任何時候懷疑有人透過 Healthix 查看或存取有關您的資訊，而其本不應這樣做，您可以傳送電子郵件至 Compliance@healthix.org 或撥打 1877-695-4749；或者撥打 518-474-4987 與紐約州衛生署 (NYS Department of Health) 聯絡。

[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. **資訊的重新披露。**您在本同意書中同意其存取您的相關健康資訊的任何組織都可以重新揭露您的健康資訊，惟僅限於州和聯邦法律法規允許範圍內的資訊。與酒精/藥物治療相關資訊或機密的 HIV 相關資訊，只有在附帶相關禁止重新揭露的必要聲明的情況下才能存取與重新揭露。

[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. **有效期限。**本同意書將持續生效，直到您變更同意選項當日、死亡或適用 HIE 停止運作為止。如果同意書由未成年人的父母或法定監護人簽署，則同意決定將在未成年人 18 歲生日的成年時失效，患者必須提交新的同意決定。如果 HIE 與另一個健康資訊交換組織合併，您的同意選項將對新合併的實體持續生效。

[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. **變更您的同意選項。**透過簽署包含新選項的全新同意書，可在任何時間變更您的同意。您可以透過提供者取得同意書，或是寄送電子郵件至 HIMCareEverywhere@nyulangone.org (# HIMCareEverywhere) 或撥打 516-663-8746，與 NYU Langone Health 健康資訊管理辦公室 (Office of Health Information Management) 聯絡。完成後，請提交給您的提供者。

[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：在您同意生效的情況下，按照本同意書中的規定存取您健康資訊的組織（包括參與上述 HIE 的任何提供者）可以保存、複製您的資訊或將其包含在他們本身的醫療記錄中。即使您隨後決定撤銷您的同意，他們亦無需將其退還或從他們的記錄中刪除該資訊。

[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. 同意書副本。您有權隨時獲得本同意書的副本。

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