

**NYU LANGONE HEALTH
HEALTH INFORMATION EXCHANGE
CONSENT FORM**

_____ Lastname	_____ Firstname
_____ MRN	_____ Sex _____ DOB
_____ ACCT	_____ Pt Type

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.

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 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).

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.

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:

Please check one box below:

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 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. 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.**

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 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.

Print Name of Patient

Patient’s Date of Birth

Date

Signature of Patient or Patient’s Legal Representative

Print Name of Legal Representative and Type of Authority to Sign (if applicable)

NYU Langone Health Information Exchange Fact Sheet

Details about electronic health information exchanged (accessed or shared) through Healthix, Care Everywhere, eHealthexchange and Care Quality (the HIEs) and the consent process:

- 1. How Your Information May be Used.** Your electronic health information will be used by the organizations, providers, or programs set forth above only to:
- Provide you with medical treatment and related services.
 - Check whether you have health insurance and what it covers.
 - 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.
 - Evaluate and improve the quality of medical care provided to all patients.
 - 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.

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:

- 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.
- 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.

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, 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">• Alcohol or drug use problems• Birth control and abortion (family planning)• Genetic (inherited) diseases or tests• HIV/AIDS• Mental health conditions• Sexually transmitted diseases• Medication and Dosages• Diagnostic Information• Allergies	<ul style="list-style-type: none">• Substance use history summaries• Clinical notes• Discharge summary• Employment Information• Living Situation• Social Supports• Claims Encounter Data• Lab Test
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- 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 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. **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.

“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. **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. **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. **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. **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. **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.

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