

Universal Denial of Consent Form

For Access to Health Information through Bronx RHIO

Bronx RHIO, Inc is a not-for-profit organization that shares information about people’s health electronically and securely to improve the quality of health care services. This kind of sharing is called ehealth or health information exchange. To learn more about ehealth in New York State, read the brochure, “Better Information Means Better Care.” You can review this brochure by going to the website www.ehealth4ny.org.

If you want to deny consent for **all** Provider Organizations and Health Plans participating in the Bronx RHIO to access your electronic health information through Bronx RHIO, you should complete this form. If you only want to deny consent for a specific Provider Organization or Health Plan to access your electronic health information through Bronx RHIO, you can do that by signing a consent form for that Provider Organization or Health Plan and selecting “Deny Consent”.

Understand that by signing this form, you are DENYING CONSENT for all Provider Organizations and Health Plans participating in the Bronx RHIO to access your electronic health information through the Bronx RHIO for any purpose, even in a medical emergency.

Understand that signing this form will not prevent a Public Health Agency or an Organ Procurement Organization from accessing your electronic health information through the Bronx RHIO in accordance with New York State Policies and Procedures.

Understand that:

1. One or more Provider Organizations or Health Plans may have accessed your health information if you’ve previously signed a consent, and may have copied or included this information in their records. Although you have decided to withdraw your consent, Provider Organizations or Health Plans are not required to return this information or remove the information from their records.
2. This Universal Denial applies to all Bronx RHIO participating Provider Organizations and Health Plans.
3. If you wish to reinstate consent for any participating Provider Organization or Health Plan, you may do so at any time by signing and completing a new Bronx RHIO Consent form at that organization. Any consent form signed after the date on this form will become the prevailing legal document and negate this Universal Denial.

For a complete list of Bronx RHIO participating Provider Organizations and Health Plans visit www.BronxRHIO.org

Please note that you must have your identity verified for this form to take effect. You can do so by contacting the Bronx RHIO at (718) 708-6630 or visiting your local Bronx RHIO participating Provider Organization.

Patient Full Name

Patient Date of Birth

Patient Address/ City/ State/ Zip

Patient Phone/ Email

Patient Signature

Date

Please complete in person in conjunction with an Identity Verification Form