

**RHIO CONSENT FORM
BRONX RHIO, INC**

In this Consent Form, you can choose whether to allow Name of Participant to obtain access to your medical records through a computer network operated by the Bronx RHIO, Inc, which is part of a statewide computer network. This can help collect the medical records you have in different places where you get health care, and make them available electronically to our office.

You may use this Consent Form to decide whether or not to allow Name of Participant to see and obtain access to your electronic health records in this way. You can give consent or deny consent, and this form may be filled out now or at a later date. **Your choice 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.**

If you check the “**I GIVE CONSENT**” box below, you are saying “Yes, Name of Participant staff involved in my care may see and get access to all of my medical records through Bronx RHIO, Inc.”

If you check the “**I DENY CONSENT**” box below, you are saying “No, Name of Participant may not be given access to my medical records through Bronx RHIO, Inc for any purpose.”

If you check the “**I GIVE CONSENT ONLY FOR EMERGENCIES**” box below, you are saying “No, Name of Participant may not be given access to my medical records through Bronx RHIO, Inc. unless it is a medical emergency.”

Bronx RHIO, Inc is a not-for-profit organization. It shares information about people’s health electronically and securely to improve the quality of health care services and participates in the Statewide Health Information Network for New York (SHIN-NY). For more information, please refer to <https://nyhealth.org/shin-ny/what-is-the-shin-ny/>.

Please carefully read the information on the back of this form before making your decision.

Your Consent Choices. You can fill out this form now or in the future. You have three choices.

- I GIVE CONSENT for Name of Participant to access ALL of my electronic health information through Bronx RHIO, Inc in connection with providing me any health care services, including emergency care.**
- I DENY CONSENT for Name of Participant to access my electronic health information through Bronx RHIO, Inc for any purpose, *even in a medical emergency.***
- I GIVE CONSENT ONLY FOR EMERGENCIES for the Name of Participant to access my electronic health information through the Bronx RHIO, Inc. I do not give consent for non emergency access to my health information.**

If you do not indicate otherwise, 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 Bronx RHIO, Inc.

If you want to deny consent for all Provider Organizations and Health Plans participating in the Bronx RHIO, Inc to access your electronic health information through Bronx RHIO, Inc, you may do so by visiting Bronx RHIO, Inc’s website at www.bronxrhio.org or by calling Bronx RHIO, Inc at 718-708-6630.

I understand that upon my request, Bronx RHIO, Inc is required to provide me with a list of individuals and organizations who have received my electronic health information under the terms of this form.

Print Name of Patient

Patient Date of Birth

Signature of Patient or Patient’s Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)

Details about patient information in Bronx RHIO, Inc and the consent process:

- 1. How Your Information Will be Used.** Your electronic health information will be used **only** for the following healthcare services:
 - **Treatment Services.** Provide you with medical treatment and related services, including making your information available to other health care providers that treat you, to help them make sure that you get the medical treatment you need.
 - **Insurance Eligibility Verification.** Check whether you have health insurance and what it covers.
 - **Care Management Activities.** These include assisting 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.
 - **Quality Improvement Activities.** Evaluate and improve the quality of medical care provided to you and all patients.

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, Name of Participant may access ALL of your electronic health information available through the RHIO. 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:

Alcohol or drug use problems	HIV/AIDS
Birth control and abortion (family planning)	Mental health conditions
Genetic (inherited) diseases or tests	Sexually transmitted diseases

If you have received alcohol or drug abuse care, your record may include information related to your alcohol or drug abuse diagnoses, medications and dosages, lab tests, allergies, substance use history, trauma history, hospital discharges, employment, living situation and social supports, and health insurance claims history.

- 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 ehealth organizations that exchange health information electronically. A complete list of current Information Sources is available from the Bronx RHIO, Inc. You can obtain an updated list of Information Sources at any time by checking the Bronx RHIO, Inc's website at www.bronxrhio.org or by calling 718-708-6630.

- 4. Who May Access Information About You, If You Give Consent.** Only these people may access information about you: doctors and other health care providers who serve on Name of Participant medical staff who are involved in your medical care; health care providers who are covering or on call for Name of Participant doctors; and staff members who carry out activities permitted by this Consent Form as described above in paragraph one. In addition, Name of Participant may make your information available to other health care providers that treat you, to help them make sure that you get the medical treatment you need. _

- 5. 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, call the Bronx RHIO, Inc. at: 718-708-6630; or visit Bronx RHIO, Inc's website: www.bronxrhio.org; or call the NYS Department of Health at 518-474-4987; or follow the complaint process of the federal Office for Civil Rights at the following link: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>

- 6. Re-disclosure of Information.** Any electronic health information about you may be re-disclosed by Name of Participant to others only to the extent permitted by state and federal laws and regulations. This is also true for health information about you that exists in a paper form. Some state and federal laws provide special protections for some kinds of sensitive health information, including HIV/AIDS and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information. Bronx RHIO, Inc and persons who access this information through the Bronx RHIO, Inc must comply with these requirements.

- 7. Effective Period.** This Consent Form will remain in effect until the day you withdraw your consent or until such time the RHIO ceases operation or until 50 years after your death, whichever is later.

- 8. Withdrawing Your Consent.** You can change your mind at any time by completing and signing a new Consent Form and giving it to Name of Participant. You can get this form on the Bronx RHIO, Inc's website at www.bronxrhio.org or from your provider. **Note: Organizations that access your health information through Bronx RHIO, Inc while your consent is in effect may 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.**

- 9. Copy of Form.** You are entitled to get a copy of this Consent Form after you sign it.

- 10. 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 the Bronx RHIO, Inc for these purposes without regard to whether you give consent, deny consent or do not fill out a consent form.

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