

**NO ACCESS FOR HEALTH PLAN
RHIO CONSENT FORM
BRONX RHIO, INC**

In this Consent Form, you can choose to deny your health plan access to your medical records through a computer network operated by the Bronx RHIO, Inc, which is part of a statewide computer network.

Your choice will not affect your ability to get medical care or health insurance coverage. Your choice to deny consent to your health plan may not be the basis for denial of health services.

If you check the “**I DENY CONSENT**” box below, you are saying “No, my health plan, specified below, may not be given access to my medical records through Bronx RHIO, Inc for any purpose.” This choice will be promptly communicated to Bronx RHIO and your health plan by the provider collecting the form or, if you download the form from the website you are responsible to send it to your health plan and/or Bronx RHIO.

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/>.

- I DENY CONSENT for my health plan, specified below, to access** my electronic health information through Bronx RHIO, Inc for any purpose, even in a medical emergency.

My health plan is: _____

My member ID in the above health plan is: _____

This consent form denies access only for the health plan identified on this form. If you change health plans and wish to deny for your new Health Plan as well, you’ll need to sign a new No Access for Health Plan consent form.

Note that if at a later date you sign a consent form with your health plan that *allows* access, this form will no longer be in effect.

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)

If there is any problem confirming my enrollment in the health plan or completing my requested denial of access, I authorize the Bronx RHIO to contact me to provide clarifying information:

Phone: _____

E-Mail: _____

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 by your health plan only to:

- Provide you with medical treatment and related services
- Check whether you have health insurance and what it covers
- Evaluate and improve the quality of medical care provided to 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.

2. What Types of Information about You Are Included. If you give consent, your health plan 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
- Birth control and abortion (family planning)
- Genetic (inherited) diseases or tests
- HIV/AIDS
- Mental health conditions
- Sexually transmitted diseases

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 Bronx RHIO. 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 your health plan’s staff who are involved in your medical care; health care providers who are covering or on call for your health plan’s doctors; and staff members who carry out activities permitted by this Consent Form as described above in paragraph one.

5. Public Health and Organ Procurement Organization Access. Because 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 Bronx RHIO 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, 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 877-690-2211.

7. Re-disclosure of Information. Any electronic health information about you may be re-disclosed by your health plan 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.

8. 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.

9. Withdrawing Your Consent. You can change your mind at any time by completing and signing a new Consent Form and giving it to your health plan. You can get a sample of 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.**

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