

(HEALTH INFORMATION EXCHANGE)

(CARE EVERYWHERE)

HEALTHIX

HEALTH INFORMATION EXCHANGE, CARE EVERYWHERE
AND HEALTHIX CONSENT FORM

(NYU Langone Health System)

Health

Information Exchange
HIE

HIE

<http://health-connect.med.nyu.edu/>

HIE

HIE

/

HIE

In this Consent Form, you can choose whether to allow the health care providers listed on the NYU Langone Health System Health Information Exchange (HIE) website <http://health-connect.med.nyu.edu/> (HIE Participants) and non-NYU Langone health providers who may request access to your medical records for purposes of current treatment, to obtain access to your medical records through a computer network operated by the HIE. In order for a Care Everywhere Provider to know that information may be available through the HIE, you must tell them that you were/are a patient of an HIE Participant and that such information may be available upon request. This can help collect the medical records you have in different places where you get health care, and make them available to the providers treating you.

Healthix

Healthix

Healthix

<http://www.healthix.org>

877-695-4749

Healthix

You may also use this Consent Form to decide whether or not to allow employees, agents or members of the medical staffs

PLEASE CAREFULLY READ THE INFORMATION ON THE FACT SHEET BEFORE MAKING YOUR DECISION.
Your Consent Choices. You can fill out this form now or in the future. You have the following choices:

Please check one box below:

1. **HIE** **HIE** **HIE**
HEALTHIX

1. **I GIVE CONSENT** to ALL of the HIE Participants **listed on the HIE website** and Care Everywhere Providers to access ALL of my electronic health information through the HIE and **I GIVE CONSENT** to ALL employees, agents and members of the medical staffs of NYU Langone Health System and affiliated entities to access ALL of my electronic health information through HEALTHIX in connection with any of the permitted purposes described in the fact sheet, including providing me any health care services, including emergency care.

2. **HIE** **HIE** **HIE**
HEALTHIX

2. **I DENY CONSENT** to the HIE Participants **listed on the HIE website** and Care Everywhere Providers to access my electronic health information through the HIE and **I DENY CONSENT** to employees, agents and members of the medical staffs of NYU Langone Health System and affiliated entities to access my electronic health information through HEALTHIX for any purpose, *even in a medical emergency*.

HIE

HEALTHIX

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 the HIE and HEALTHIX. **IF YOU DON'T MAKE A CHOICE**, the records will not be shared except in an emergency as allowed by New York State Law.

Print Name of Patient

Patient's Date of Birth

Date

Signature of Patient [Illegible]

Print Name of Legal Representative and Relationship (if applicable)

HIE

Healthix

HIE

Healthix

1.

HIE

Healthix

2.

HIE

HIE

Healthix

X

or

	HIV/AIDS
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3.

Medicaid

HIE

HIE

HIE

<http://health-connect.med.nyu.edu/>

(NYU Langone Health Privacy Officer) NYU Langone Health, Privacy Officer, One

Park Ave, 3rd Floor, New York, NY 10016 %

(NYU Winthrop Medical Affiliates)

HIE

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HIE

HIE

5.

HIE

	HIE	http://health-connect.med.nyu.edu/	
877-690-2211		Healthix	
Healthix 877-695-4749	Healthix	http://www.healthix.org	
877-690-2211			

6.

HIE