



**Weill Cornell
Medicine**

**NewYork-
Presbyterian**



COLUMBIA

HEALTH INFORMATION EXCHANGE (HIE), CARE EVERYWHERE, AND HEALTHIX CONSENT FORM

The Health Information Exchange (HIE), Care Everywhere, and Healthix share 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 technology. To learn more about eHealth in New York State, read the brochure, "Better Information Means Better Care". You can ask your health care provider for it, or go to the website www.ehealth4ny.org.

Columbia University (CU), Weill Cornell Medicine (WCM) and New-York Presbyterian Hospital (NYP) participate in an Organized Health Care Arrangement (OHCA). This allows us to share health information to carry out treatment, payment and joint health care operations relating to the OHCA, including integrated information system management, health information exchange, financial and billing services, insurance, quality improvement, and risk management activities. Organizations that will follow this consent include Weill Cornell Medicine, NewYork-Presbyterian sites, Columbia University and their entities.

In this Consent Form, you can choose to allow OHCA providers to share your medical records with non-OHCA providers and to allow OHCA providers to access care information about care provided to you by non OHCA providers through the following health care technology platforms. These platforms can help collect the medical records you have in different places where you receive health care and make them available electronically to the providers treating you. Your consent choice on this form will apply to all of the platforms.

Epic Care Everywhere: You can give consent to allow the OHCA health care providers, their employees, agents or members of their medical staff, listed on the Epic website www.epic.com/careeverywhere.

Healthix: You can Give or Deny consent to allow (our employees, agents or members of our medical staff) to see and obtain access to your electronic health records from your non-OHCA healthcare providers through Healthix. **Healthix** is a Health Information Exchange a not-for-profit organization certified and regulated by the New York State Department of Health. A complete list of current Healthix Information Sources is available from Healthix and can be obtained at any time by checking the Healthix website at <http://www.healthix.org> or by calling Healthix at 877-695-4749.

YOUR CHOICE TO GIVE OR TO DENY CONSENT MAY NOT BE THE BASIS FOR DENIAL OF HEALTH SERVICES OR HEALTH INSURANCE COVERAGE

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:

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1. **I GIVE CONSENT** to ALL of the HIE Participants **listed on the OHCA website** and Care Everywhere Providers listed on the **Epic website** to access ALL of my electronic health information through Care Everywhere and **I GIVE CONSENT** to OHCA members, including employees, agents, affiliated entities, and members of the medical staffs, 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..

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2. **I DENY CONSENT** to the HIE Participants **listed on the OHCA website** and Care Everywhere Providers listed on the **Epic website** to access my electronic health information through Care Everywhere and **I DENY CONSENT** to OHCA members, including employees, agents, affiliated entities, and members of the medical staffs, to access my electronic health information 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 the HIE and HEALTHIX. IF YOU DO NOT 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 or Patient's Legal Representative

Print Name of Legal Representative and Relationship (if applicable)



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HEALTH INFORMATION EXCHANGE (HIE), CARE EVERYWHERE, AND HEALTHIX Fact Sheet

Details about patient information exchanged through the Care Everywhere, and Healthix and the consent process:

1. **How Your Information Will Be Used.** Your electronic health information will be used by the HIE Participants and Care Everywhere Providers 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.
2. **What Types of Information About You Are Included?** If you give consent, the HIE Participants and Care Everywhere Providers may access ALL of your electronic health information available through the HIE and all employees, agents and members of the medical staff of OHCA and their affiliated entities may access ALL of your electronic health information available through Healthix. 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 including, but not limited to, diagnosis, medication, diagnostic information, history and summaries, clinical notes, and discharge summary
 - Birth control and abortion (family planning)
 - Mental health treatment
 - Allergies
 - Genetic (inherited) diseases or tests
 - Sexually transmitted diseases
 - HIV/AIDS
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 HIE Information Sources is available from the OHCA or your HIE Participant health care provider, as applicable. **A complete list of current Healthix Information Sources is available from Healthix and can be obtained at any time by checking the Healthix website at <http://www.healthix.org> or by calling Healthix at 877-695- 4749.**
4. **Who May Access Information About You, If You Give Consent.** The organizations who are part of the OHCA and include Weill Cornell Medicine, New-York Presbyterian Hospital (NYP) sites, Columbia University and their affiliated entities. Only these people from these locations may access information about you from the HIE: doctors and other health care providers who serve on the medical staff of an approved HIE Participant, Healthix Participant or Care Everywhere Provider who are involved in your medical care; health care providers who are covering or on call for an approved HIE Participant or Care Everywhere Provider's doctors; designated staff involved in quality improvement or care management activities; and staff members of an approved HIE Participant or Care Everywhere Provider who carry out activities permitted by this Consent Form as described above in paragraph one. Only these people from these locations may access information about you from Healthix: doctors and other health care providers who serve on the medical staff of the OCHA who are involved in your medical care; health care providers who are covering or on call for doctors in the OCHA; designated staff of the OCHA involved in quality improvement or care management activities; and staff members of the OCHA who carry out activities permitted by this Consent Form as described above in paragraph one.
5. **Refusing to Check a Box (make a choice).** 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. If you do not make a choice, the records will not be accessed except in an emergency as allowed by New York State Law.

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 one of the HIE Participants or Care Everywhere Providers you have approved to access your records; email Weill Cornell Medicine at privacy@med.cornell.edu or call 646-962-6930; NewYork-Presbyterian at privacy@nyp.org or by calling: 212-746-1644; Columbia University at hipaa@cumc.columbia.edu or by calling: 212-305-7315. If at any time you suspect that someone should not have seen or gotten access to information about you has done so through Healthix, call Healthix at: 877-695-4749; or visit Healthix' s website: <http://www.healthix.org>; or call the NYS Department of Health at 877-690-2211 or follow the complaint process of the federal Office for Civil Rights at the following link: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
7. **Re-disclosure of Information.** Any electronic health information about you may be re-disclosed by an HIE Participant or Care Everywhere Provider 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. As stated in #2 above, if you give consent, ALL of your electronic health information, including sensitive health information will be available through the HIE and Healthix. Some state and federal laws provide special protections for some kinds of sensitive health information, including related to: (i) your assessment, treatment or examination of a health condition by certain providers; (ii) HIV/AIDS; (iii) mental illness; (iv) mental retardation and developmental disabilities; (v) substance abuse; and (vi) predisposition genetic testing. Their special requirements must be followed whenever people receive these kinds of sensitive health information. The HIE, Healthix and persons, including Care Everywhere Providers, who access this information through these health information exchanges, 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 HIE or Healthix ceases operation, or until 50 years after your death, whichever is later.
9. **What if I change my mind later and want to take back my consent?** You can take back your consent by submitting a new consent form with your new choice. Organizations that access your health information through the SHIN-NY while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to change your consent decision they are not required to return your information or remove it from their records.
- Once completed the form can be returned to your provider's office or sent via email to HIE for:
- Weill Cornell Medicine - privacy@med.cornell.edu
 - NewYork-Presbyterian - privacy@nyp.org
 - Columbia University - hipaa@cumc.columbia.edu
- Note: Organizations, including Care Everywhere Providers, that access your health information through the HIE and/or Healthix 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.
11. **Risks of Denying Consent.** If you deny consent for HIE Participants and Care Everywhere Providers to access your information through the HIE and Healthix, your healthcare providers may not be able to access critical health information about you, obtained during a prior encounter, in a timely manner except in an emergency as allowed by New York State.
12. **If you deny consent, you will need to notify us directly before we can release any information to a non-OHCA health care provider.**