

HEALTH INFORMATION EXCHANGE CONSENT FORM

In this Consent Form, you can choose whether to allow the health care providers listed on the attachment to the Consent Form ("Participating Providers") to obtain access to your medical records through a computer network operated by NYU Langone Medical Center ("NYULMC HIE") and for NYU Hospitals Center to access your medical records through a computer network operated by NYCLIX, 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 the providers treating you.

You may use this Consent Form to decide whether or not to allow NYU Hospitals Center and the Participating Providers 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.**

The NYULMC HIE and NYCLIX 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 (health IT). 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.

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 the following choices:

Please check Box 1 or 2:

- ☐ **1. I GIVE CONSENT to ALL of the Participating Providers listed on the attachment to this Consent Form to access ALL of my electronic health information through the NYULMC HIE in connection with providing me any health care services, including emergency care and I GIVE CONSENT to NYU Hospitals Center to access ALL of my electronic health information through NYCLIX in connection with providing me any health care services, including emergency care.**
- ☐ **2. I DENY CONSENT to ALL of the Participating Providers listed on the attachment to this Consent Form to access my electronic health information through the NYULMC HIE for any purpose, *even in a medical emergency* and I DENY CONSENT to NYU Hospitals Center to access ALL of my electronic health information through NYCLIX 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 NYULMC HIE and NYCLIX.

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)