



MOUNT SINAI HEALTH INFORMATION EXCHANGE (HIE) AND HEALTHIX CONSENT FORM



The Mount Sinai Health Information Exchange (“Mount Sinai HIE”) 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 (“Health IT”). To learn more about Health IT 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.

In this Consent Form, you can choose whether to allow the health care providers listed on the Mount Sinai HIE website www.mountsinaiconnect.org (“HIE Participants”) to obtain access to your medical records through a computer network operated by the Mount Sinai HIE. 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. The list of HIE Participants is updated regularly.

You may also use this Consent Form to decide whether or not to allow employees, agents or members of the medical staff of “The Mount Sinai Health System” (defined in MS HIE Fact Sheet) to see and obtain access to your electronic health records through Healthix, which is a Health Information Exchange, or Regional Health Information Organization (RHIO), a not-for-profit organization recognized by the State of New York. This can also help collect the medical records you have in different places where you get healthcare, and make them available electronically to the providers treating you. This consent gives your permission for any Mount Sinai program in which you are a patient to access your records from your other healthcare providers authorized to disclose information through Healthix. 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. Upon request, your provider will print this list for you from the Healthix website.

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 ATTACHED FACT SHEET, WHICH IS PART OF THIS CONSENT FORM, BEFORE MAKING YOUR DECISION.

Your Consent Choices. You can fill out this form now or in the future. I can also change my decision at any time by completing a new form. You have the following choices below. Please check Box 1 or 2:

- 1. I GIVE CONSENT to ALL of the HIE Participants listed on the Mount Sinai HIE website to access ALL of my electronic health information through the Mount Sinai HIE and I GIVE CONSENT to ALL employees, agents and members of the medical staff of Mount Sinai 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. I DENY CONSENT to ALL of the HIE Participants listed on the Mount Sinai HIE website to access my electronic health information through the Mount Sinai HIE or and I DENY CONSENT to ALL employees, agents and members of the medical staff of Mount Sinai to access ANY of my electronic health information through HEALTHIX for any purpose, even in a medical emergency.**

NOTE: UNLESS YOU CHECK THE “I DENY CONSENT” BOX, New York State law allows health care providers treating you in an emergency to gain access to your medical records, including records that are available through the Mount Sinai HIE and Healthix. IF YOU DON'T MAKE A CHOICE, the records will not be shared except in an emergency as allowed by applicable law.

If I want to deny consent for all Provider Organizations and Health Plans participating in Healthix to access my electronic health information through Healthix, I may do so by visiting Healthix’s website at www.healthix.org or calling Healthix at 877-695-4749.

My questions about this form have been answered and I have been provided a copy 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)

Mount Sinai HIE and Healthix Fact Sheet

Details about patient information in the Mount Sinai HIE and Healthix and the consent process:

1. Definitions.

- “The Mount Sinai Health System” refers to Mount Sinai Doctors Faculty Practice, the Icahn School of Medicine at Mount Sinai, and the following 7 Member Hospitals:
 - Mount Sinai Beth Israel
 - Mount Sinai Beth Israel Brooklyn
 - The Mount Sinai Hospital
 - Mount Sinai Queens
 - Mount Sinai Roosevelt
 - Mount Sinai St. Luke's
 - New York Eye and Ear Infirmary of Mount Sinai

2. How Your Information Will be Used. Consistent with New York State and Federal law, your electronic health information may be used by the HIE and Healthix Participants to:

- Provide you with medical treatment and related services.
- Check whether you have health insurance and what it covers.
- Improve Payers and Insurers ability to meet quality and performance program requirements by having a more complete view of a patient's clinical information.
- Provide Care Management Activities. These include assisting you in obtaining appropriate medical care, improving the quality of healthcare 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.
- Provide Quality Improvement Activities. These include evaluating and improving the quality of medical care (and related services) provided to you and all Mount Sinai patients and Healthix members and participating organizations.

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.

3. What Types of Information About You Are Included. If you give consent, the HIE Participants may access ALL of your electronic health information available through the Mount Sinai HIE and all employees, agents and members of the medical staff of Mount Sinai 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	• Mental health conditions
• Birth control and abortion (family planning)	• HIV/AIDS
• Genetic (inherited) diseases or tests	• Sexually transmitted diseases

4. 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 Mount Sinai or your HIE Participant health care provider, as applicable. You can obtain an updated list of Information Sources at any time by checking the Mount Sinai HIE website <http://www.mountsinaiconnect.org>. You can also contact the Mount Sinai HIE Privacy Officer by writing to: HIPAA Compliance Office, The Mount Sinai Medical Center, 1 Gustave L . Levy Place, Box 1016, New York, NY 10029 or calling: 212-241-4669. 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.

- 5. 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 the medical staff of an approved HIE or Healthix Participant and who are involved in your medical care; health care providers who are covering or on call for an approved HIE or Healthix Participant; designated staff involved in quality improvement or care management activities; and staff members of an approved HIE or Healthix Participant who carry out activities permitted by this Consent Form as described above in paragraph one.
- 6. 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 Healthix for these purposes without regard to whether you give consent, deny consent or do not fill out a consent form.
- 7. 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 are concerned that someone who should not have seen or gotten access to information about you has done so via the Mount Sinai HIE, call one of the HIE Participants you have approved to access your records, visit the Mount Sinai HIE website: <http://www.mountsinaiconnect.org>, contact the Mount Sinai HIE Privacy Officer at the address and number above, call the NYS Department of Health at 877-690-2211, or contact the Federal Office of Civil Rights at www.hhs.gov/ocr/hipaa.gov. If your concern relates to access to your information via Healthix, call The Mount Sinai Health System at 212-241-4669; or visit Healthix's website: www.healthix.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/>.
- 8. Re-disclosure of Information.** Any electronic health information about you may be re-disclosed by an HIE or Healthix 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. As stated in #2 above, if you give consent, ALL of your electronic health information, including sensitive health information will be available through the Mount Sinai 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) genetic testing. Their special requirements must be followed whenever people receive these kinds of sensitive health information. The Mount Sinai HIE, Healthix and persons, who access this information through these health information exchanges must comply with these requirements.
- 9. Effective Period.** This Consent Form will remain in effect until the day you withdraw your consent or until such time the Mount Sinai HIE ceases operation, or, with respect to Healthix, until the day you change your consent choice or until such time as Healthix ceases operation. If Healthix merges with another Qualified Entity your consent choices will remain effective with the newly merged entity.
- 10. Changing Your Consent Status.** You can change your Consent Status at any time by signing a new Consent Form and selecting the "I DENY CONSENT" on page 1 of the form. You can get this Consent Form from your provider or on the Mount Sinai HIE website on the "Protecting Patient Health Information" page, <http://www.mountsinai.org/ms-connect/protecting-patient-health-information>. Once completed, please give the form to your provider and he or she will update our records appropriately.

Note: Organizations, including Providers, that access your health information through the Mount Sinai 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 the information or remove it from their records.
- 11. Copy of Form.** You are entitled to get a copy of this Consent Form after you sign it if you so request.