MOUNT SINAI ENTERPRISE INFORMATION EXCHANGE CONSENT FORM

In this consent form, you can choose whether to allow Mount Sinai Health System (MSHS) to share your medical records with your non-Mount Sinai healthcare providers and to allow MSHS to access information about care provided to you by non-Mount Sinai providers through four health information technology platforms: the Mount Sinai Health Information Exchange ("Mount Sinai HIE"), Epic Care Everywhere, Carequality, and Healthix. These platforms can help collect the medical records you have in different places where you receive healthcare services and make them available electronically and securely to the providers treating you, thereby improving the quality of your healthcare services. To learn more about this kind of sharing in New York State, ask your provider for the "Better Information Means Better Care" brochure or find it under Resources on the ehealth4ny.org website. Upon request, your provider will print the participating provider/information sources lists for you from the websites mentioned below.

(**1**) **Mount Sinai HIE:** Give or deny consent to allow the participants (their employees, agents or members of their medical staff) listed on the Mount Sinai HIE website https://www.mountsinai.org/ms-connect ("HIE Participants") to access your electronic health information maintained in the Mount Sinai HIE, including records from your other healthcare providers authorized to disclose information through the Mount Sinai HIE.

(**2**) **Epic Care Everywhere** and (**3**) **Carequality**: Give or deny consent to allow the healthcare providers, their employees, agents or members of their medical staff, listed on the Epic website at epic.com/careeverywhere and the Carequality website at carequality.org/active-sites-search to access your health information maintained in the MSHS electronic medical record systems. **Regardless of your choice on this form, a provider at another participating organization may still ask for your authorization at the point of care to access information in your Mount Sinai electronic medical record.**

(**4**) **Healthix**: Healthix is a Health Information Exchange or Qualified Entity (QE), a not-for-profit organization certified and regulated by the New York State Department of Health to collect and aggregate information about medical services you received. Give or deny consent to allow MSHS (our employees, agents or members of our medical staff) to see and obtain access to your electronic health records from your other healthcare providers authorized to disclose information through Healthix. A list of the current authorized providers can be obtained on the Healthix website at healthix.org or by calling Healthix at 877-695-4749. You can deny consent to ALL provider organizations and health plans participating in Healthix to access your electronic health information available through Healthix at the same website or phone number.

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.

(continued on next page)

Your consent choice on this form will apply jointly to all four platforms. You may change your decision at any time in the future by completing a new form. **Please completely fill in only one choice out of the following 4 options**:

◯ **I GIVE CONSENT** to all of the Participants listed on the Mount Sinai HIE website to access my health information stored in the Mount Sinai HIE, to all of the Participants listed on the Epic and Carequality websites to access all of my MSHS electronic medical records, and to all employees, agents and members of the medical staff of MSHS to access all of my electronic health information available through Healthix in connection with any of the permitted purposes described in the fact sheet, including providing me any health care services and emergency care.

◯ **I DENY CONSENT, EXCEPT IN A MEDICAL EMERGENCY**, to all of the providers listed on the Epic and Carequality websites to access my Mount Sinai electronic medical records. I also deny consent to all the Participants listed on the Mount Sinai HIE website to access my health information stored in the Mount Sinai HIE, except for information they provided themselves, and to all employees, agents and members of the medical staff of MSHS to access any of my electronic health information available through Healthix contributed by a non-Mount Sinai participant, except in a medical emergency.

◯ **I DENY CONSENT, EVEN IN A MEDICAL EMERGENCY**, to the Participants listed on the Mount Sinai HIE website to access my electronic health information stored in the Mount Sinai HIE, except for information they provided themselves, and to all employees, agents and members of the medical staff of MSHS to access any of my electronic health information available through Healthix contributed by a non-Mount Sinai participant for any purpose. I also deny consent to the Participants listed on the Epic and Carequality websites to access my MSHS electronic medical record, but **I understand that the Epic Care Everywhere and Carequality Participants may still access my information in an emergency as allowed by applicable law.**

◯ **I DO NOT WISH TO MAKE A DECISION AT THIS TIME**. I understand that Epic Care Everywhere and Carequality participants may be able to access information in my MSHS electronic medical record in a medical emergency as allowed by applicable law. MSHS providers may be able to access my information via Healthix in an emergency as allowed by applicable law.

My questions about this form have been answered and I have been given the choice to receive a copy of this form.

Print Name of Patient	Signature of Patient (or Patient's Legal Representative)
Patient Date of Birth	Date
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative to Patient (if applicable)

Healthix

Mount Sinai

MOUNT SINAI ENTERPRISE INFORMATION EXCHANGE FACT SHEET

Details about patient information in the Mount Sinai HIE, Care Everywhere and Healthix and the EIE consent process:

1. Definitions.

- "The Mount Sinai Health System" refers to:
  - Mount Sinai Beth Israel
  - Mount Sinai Brooklyn
  - Mount Sinai Downtown
  - Mount Sinai Doctors
  - The Mount Sinai Hospital
  - Mount Sinai Morningside
  - Mount Sinai Queens
  - Mount Sinai South Nassau
  - Mount Sinai West
  - New York Eye and Ear Infirmary of Mount Sinai
  - Icahn School of Medicine at Mount Sinai

- "Participants" refers to the entities listed on the websites of Mount Sinai Connect, Epic, Carequality and Healthix.

2. **How Your Information Will Be Used**. Consistent with New York State and Federal law, your electronic health information may be used by the 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.
   - Mount Sinai Health System will make available on the Care Everywhere and Carequality platform that you may have health information at Mount Sinai, unless the only services you receive are related to Mental Health/Psychiatric Treatment or Substance Abuse Treatment.

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.

3. **What Types of Information About You Are Included.** Your electronic health information may include where you have received health services, a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), office and progress notes by your providers, and lists of medicines you have taken. This includes information created before and after the date of this Consent Form. 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 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 https://www.mountsinai.org/ms-connect. You can also contact the Mount Sinai HIE Privacy Officer by writing to: HIPAA Compliance Office, Mount Sinai Health System, 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. Your information may also come from the organizations listed on the Epic website at epic.com/careeverywhere and the Carequality website at carequality.org/active-sites-search.

5. **Who May Access Information About You, If You Give Consent.** Only these people may access information about you: doctors who serve on the medical staff and other health care providers of an approved Participant, and who are involved in your medical care; health care providers who are covering or on call for an approved Participant; staff involved in quality improvement or care management activities for the approved Participant; and staff members of an approved Participant, who carry out activities permitted by this Consent Form as described above in paragraph 2.

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 or Care Everywhere Providers 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 https://www.hhs.gov/ocr. 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 a 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 paragraph 3 above, if you give consent, ALL of your electronic health information, including sensitive health information will be available through these health information technology platforms. 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 Federal and New York State requirements. Care Everywhere and Carequality participants must comply with Federal requirements and the requirements of their State, which may be less protective or more protective than New York State.

9. **Effective Period**. This Consent Form will remain in effect until the day you withdraw your consent or :
   a. with respect to the Mount Sinai HIE until such time the Mount Sinai HIE ceases operation, or until 50 years after your death, whichever is later;

b. with respect to Healthix, 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; and
c. with respect to Care Everywhere and Carequality, until Mount Sinai Health System no longer participates in these platforms.

10. **Changing Your Consent Status**. You can change your Consent Status at any time by signing a new Consent Form and selecting a new consent choice 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: Participants that access your health information through these platforms 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.

Copy of Form. You are entitled to get a copy of this Consent Form after you sign it, if you so request**.**