



Integrated Medical Healthcare

Authorization for Access to Patient Information Through a Health Information Exchange Organization

New York State Department of Health

Patient Name	Date of Birth
Other Names Used (e.g., Maiden Name):	

I request that health information regarding my care and treatment be accessed as set forth on this form. I can choose whether or not to allow the Organization named above to obtain access to my medical records through the health information exchange organization called Health_eConnections. If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network. Health_eConnections is a not-for-profit organization that shares information about people's health electronically and meets the privacy and security standards of HIPAA and New York State Law. To learn more visit Health_eConnections website at <http://healthconnections.org/>.

The choice I make on this form will NOT affect my ability to get medical care. The choice I make on this form does NOT allow health insurers to have access to my information for the purpose of deciding whether to provide me with health insurance coverage or pay my medical bills.

<p>My Consent Choice. ONE box is checked to the left of my choice. I can fill out this form now or in the future. I can also change my decision at any time by completing a new form.</p>
<input type="checkbox"/> 1. I GIVE CONSENT for the Organization named above to access ALL of my electronic health information through Health_eConnections to provide health care services (including emergency care).
<input type="checkbox"/> 2. I DENY CONSENT for the Organization named above to access my electronic health information through Health_eConnections for any purpose, <i>even in a medical emergency.</i>

If I want to deny consent for all Provider Organizations and Health Plans participating in Health_eConnections to access my electronic health information through Health_eConnections, I may do so by visiting Health_eConnections website at <http://healthconnections.org/> or calling Health_eConnections at 315.671.2241 x5.

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

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

Details about the information accessed through Health_eConnections and the consent process:

- 1. How Your Information May be Used.** Your electronic health information will be used **only** for the following healthcare services:
 - **Treatment Services.** Provide you with medical treatment and related services.
 - **Insurance Eligibility Verification.** Check whether you have health insurance and what it covers.
 - **Care Management Activities.** These include assisting you in obtaining appropriate medical care, improving the quality of 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.
 - **Quality Improvement Activities.** Evaluate and improve the quality of medical care provided to you and all patients.
- 2. What Types of Information about You Are Included.** If you give consent, the Provider Organization and/or Health Plan listed may access ALL of your electronic health information available through Health_eConnections. This includes information created before and after the date this form is signed. 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 include sensitive health conditions, including but not limited to:

Alcohol or drug use problems	HIV/AIDS
Birth control and abortion (family planning)	Mental Health conditions
Genetic (inherited) diseases or tests	Sexually Transmitted diseases

If you have received alcohol or drug abuse care, your record may include information related to your alcohol or drug abuse diagnoses, medications and dosages, lab tests, allergies, substance use history, trauma history, hospital discharges, employment, living situation and social supports, and health insurance claims history.
- 3. Where Health Information About You Comes From.** Information about you comes from places that have provided you with medical care or health insurance. These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other organizations that exchange health information electronically. A complete, current list is available from Health_eConnections. You can obtain an updated list at any time by checking Health_eConnections website at <http://healthconnections.org/> or by calling 315.671.2241 x5.
- 4. Who May Access Information About You, If You Give Consent.** Only doctors and other staff members of the Organization(s) you have given consent to access, who carry out activities permitted by this form, as described above in paragraph one.
- 5. 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 Health_eConnections for these purposes without regard to whether you give consent, deny consent or do not fill out a consent form.
- 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 the Provider Organization directly by accessing their contact information on the Health_eConnections website at <http://healthconnections.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/>.
- 7. Re-disclosure of Information.** Any organization(s) you have given consent to access health information about you may re-disclose your health information, but only to the extent permitted by state and federal laws and regulations. Alcohol/drug treatment-related information or confidential HIV-related information may only be accessed and may only be re-disclosed if accompanied by the required statements regarding prohibition of re-disclosure.
- 8. Effective Period.** This Consent Form will remain in effect until the day you change your consent choice or until such time as Health_eConnections ceases operation (or until 50 years after your death, whichever occurs first). If Health_eConnections merges with another Qualified Entity your consent choices will remain effective with the newly merged entity.
- 9. Changing Your Consent Choice.** You can change your consent choice at any time and for any Provider Organization or Health Plan by submitting a new Consent Form with your new choice. Organizations that access your health information through Health_eConnections 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.
- 10. Copy of Form.** You are entitled to get a copy of this Consent Form.

Patient Consent FAQs

Even if you have relatively simple healthcare needs, coordinating information among your providers can be a daunting task. When all of your doctors and healthcare providers can share your health information through HealthConnections' services, each of them has access to more accurate and up-to-date information about your health and treatment. This enables your providers to make the best possible decisions, particularly in a crisis. Lab results aren't always available to providers at the time of your visit, resulting in repeated tests and procedures. In addition to the inconvenience and potential pain of some tests, the money spent can become overwhelming, resulting in higher costs to you in the form of larger bills or increased insurance premiums.

HealthConnections allows, with your consent, your participating providers' access to all of your information at once, including test results, reducing the potential for unnecessary and/or repeated tests. As the needs of patients are changing, so is the need to see various specialists. Adding providers to your circle of care can create confusion and lead to costly or harmful errors. By participating with HealthConnections, your provider is reducing the likelihood of making one of those errors.

Why do I need to consent to HealthConnections?

New York State Regulations require that patient consent be obtained prior to health care providers being allowed to access Protected Health Information (PHI) and clinical data via HealthConnections.

What happens when I sign a consent form?

When you provide consent to a hospital or physician office, you are allowing them access to all of your health information that resides in HealthConnections.

What does it mean to me?

By consenting to allow your health care professionals to access your medical information, you are giving them instant access to information that could improve the quality of your care and could save money through the elimination of duplicate testing. It also saves you the "hassle" of having to remember the dates and specifics of previous medical tests and the prescriptions you are currently, or had previously taken. This saves you time and ensures the medical professional providing services to you has the most current, up to date information about you.

How is my personal health information protected?

Protection of your PHI is of the utmost concern at HealthConnections. HealthConnections uses state-of-the-art security features that include password protection to ensure authorized user access (authentications), strong encryption, and restricted access. HealthConnections has satisfied HITRUST CSF v9.1 Certification criteria for the myConnections provider portal, NextGen/Mirth health information exchange (HIE), and supporting infrastructure, with the regulatory requirements to support Centers for Medicare and Medicaid Services (CMS) Minimum Acceptable Risk Standards for Exchanges (MARS-E). In short, we have proven that our security satisfies the gold-standard of certification in the country.





Unlike a paper chart, every time your medical information is accessed via HealthConnections by any user, it is logged electronically and can be audited. Authorized users are individuals who have fulfilled training requirements and whose organization has signed a participation agreement with HealthConnections.

What about privacy and security of the information?

HealthConnections complies with all New York state and Federal regulations and policies that are applicable to healthcare information. Each of our participating organizations are required to sign agreements and to fulfill the terms and conditions to allow authorized users of that organization to access medical records. Audits of the accesses are conducted on a regular frequency (see below).

Who is participating in HealthConnections?

Patient data is provided to the health information exchange (HIE) by hospitals, laboratories, radiology centers, doctors' offices, and other healthcare organizations.

To view a list of our current participating organizations and those who contribute data, please visit healthconnections.org.

Can I change my consent status?

Yes. Your consent to HealthConnections can be changed at any time by simply filling out a new consent form granting or denying consent and giving the signed form to your healthcare provider.

Can I access my personal medical record?

HealthConnections does not provide a patient portal for patients to access their data. By providing consent to your doctor, you can contact him/her to get copies of your data.

Patients may request to see audit reports at no cost once every 12 months to view which authorized users have viewed their medical records. See below for audit report types. To request a report, contact HealthConnections Support: 315-671-2241 x5.

Any inquiries or disputes over the accuracy or integrity of a patient's PHI should be handled through a discussion with the patient's healthcare provider. HealthConnections is not responsible for the accuracy or integrity of the patient data provided to the HIE.

How do I give consent for HealthConnections?

Providing consent to HealthConnections can be easily done at any of our participating hospitals or physician's offices. They will present you with the HealthConnections consent form, and you simply select your consent choice for that participating organization. You must give your consent at every participating organization at which you receive care. Visit healthconnections.org under the Patients tab for consent selection choices.

If you want to deny consent for all Provider Organizations and Health Plans participating in HealthConnections, you may do one of the following:

1. Visit HealthConnections' office, located at 443 North Franklin Street, Suite 001, Syracuse, NY 13204 with photo identification and complete form **B-9.1 – Community-wide Deny Consent**.
2. Visit your provider and complete form **B-9.1 – Community-wide Deny Consent**. Your provider will forward the form to HealthConnections for processing.



Does HealthConnections audit the access to patient data?

Yes, HealthConnections generates daily, weekly, and monthly audit reports that are provided to their participating organizations through a secure, on-line process. HealthConnections' participants are required to review and attest to their audit reports, as follows:

- **Daily Audits**
 - *Break-the-Glass (BTG) report* – a Break-the-Glass event is when an Authorized User gains one-time access to patient information used by a HealthConnections participating organization in an emergency situation when the patient has selected “Emergency Only” consent or in a life-threatening medical emergency when a patient has not yet consented to that participant. Participants who have used the BTG functionality are notified on the next business day to review and attest to these events.

- **Weekly Audits**
 - *Public Health and Organ Procurement Services* – public health authorities, health oversight agencies, and federally designated organ procurement organizations are allowed to view patient records without the patient’s consent for purposes of public health activities, health oversight activities, and for facilitating organ, eye, or tissue donation and transplantation. The participants that are designated as public health or organ procurement organizations are notified at the beginning of each week to review and attest to their user accesses for the previous week.

- **Monthly Audits**
 - *Patient Records Accessed report* – this report includes the participating organization name, the participant’s authorized user who accessed a patient record, patient’s name, patient’s date of birth, the type of patient information that was accessed, and the date and time of access.
 - *Consent Sample report* – this is a random sample of up to 40 affirmative patient consents that have been entered for a participating organization. In addition to validating the affirmative patient consents, the participating organization must return a copy of the patient-signed consent form for the first five (5) entries on the report.
 - These reports are available to all participating organizations every month; however, each organization is only required to attest once per year.

What if I suspect my data has been accessed improperly?

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, you may call your Provider’s office; or contact HealthConnections at 315.671.2241; or call the NYS Department of Health at 518-474-4987; or follow the complaint process of the federal Office for Civil Rights at www.hhs.gov/ocr/privacy/hipaa/complaints.

If you have questions about your consent, we encourage you to talk with your providers. To learn more about the HealthConnections and our mission, please visit us at healthconnections.org.