ROCHESTER RHIO

Regional Health Information Organization

RHIO CONSENT FORM

PROVIDER: _____

Using this Consent Form, you can choose whether to allow the above-named provider to obtain access to your medical records through a computer network operated by the Rochester RHIO, 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 our office.

You may decide whether or not to allow the Provider named above to see and obtain access to your electronic health records by using this form. You can give consent or deny consent. This form may be filled out now or at a later date. **Your decisions will not affect your ability to get medical care or health insurance coverage. In addition, your choice to give or deny consent may not be the basis for denial of health services.**

If you check the **"I GIVE CONSENT"** box below, you are saying "Yes, the above named Provider's staff involved in my care may see and get access to all of my medical records through the Rochester RHIO."

If you check the **"I DENY CONSENT"** box below, you are saying "No, the Provider named above may NOT have access to my medical records through the Rochester RHIO for any purpose."

The Rochester RHIO is a not-for-profit organization. It shares information about peoples' health electronically and securely to improve the quality of health care services. This kind of sharing is called e-health or health information technology (HIT). To learn more about e-health in New York State, read the brochure, "Better Information Means Better Care." You can ask this 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 two choices:

- ☐ **I GIVE CONSENT for the Provider named above to access ALL** of my electronic health information through the Rochester RHIO in connection with providing me any health care services, including emergency care.
- ☐ **I DENY CONSENT for the Provider named above to access** my electronic health information through the Rochester RHIO for any purpose, *even in a medical emergency*.

  NOTE: UNLESS YOU CHECK THIS 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 Rochester RHIO.

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

Details about patient information in the Rochester RHIO and the consent process:

1. **How Your Information Will be Used**. Your electronic health information will be used by your healthcare provider named on this form **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.

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.

2. **What Types of Information about You Are Included**. If you give consent, the provider named on this form may access ALL of your electronic health information available through the RHIO. 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
   - Birth control and abortion (family planning)
   - Genetic (inherited) diseases or tests
   - HIV/AIDS
   - Mental health conditions
   - Sexually transmitted diseases

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, community-based eldercare services, emergency medical services and other ehealth organizations that exchange health information electronically. A complete list of current Information Sources is available from the Rochester RHIO. You can obtain an updated list of Information Sources at any time by checking the Rochester RHIO's website at www.grrhio.org or by calling 877.865.RHIO (7446).

4. **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 provider named on this form's medical staff who are involved in your medical care; health care providers who are covering or on call for this provider's doctors; and staff members who carry out activities permitted by this Consent Form as described above in paragraph one.

5. **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 named on this form at:_____; or visit the Rochester RHIO's website:www.grrhio.org; or call the NYS Department of Health at 1-877-690-2211 .

6. **Re-disclosure of Information.** Any electronic health information about you may be re-disclosed by the provider named on this form 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. Some state and federal laws provide special protections for some kinds of sensitive health information, including HIV/AIDS and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information. The Rochester RHIO and persons who access this information through the Rochester RHIO must comply with these requirements.

7. **Effective Period**. This Consent Form will remain in effect until the day you withdraw your consent or until the RHIO is no longer operational

8. **Withdrawing Your Consent**. You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to the Rochester RHIO. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms on the Rochester RHIO's website at www.grrhio.org, or by calling 877.865.RHIO (7446). **Note: Organizations that access your health information through the Rochester RHIO 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.**

9. **Copy of Form**. You are entitled to get a copy of this Consent Form after you sign it**.**