

# COMMUNITY HEALTHCARE NETWORK

## UNIVERSAL CONSENT: INFORMATION EXCHANGE CONSENT FORM

In this consent form, you can choose whether to allow Community Healthcare Network (CHN) to share your medical records with your non-CHN providers and to allow CHN to access information about care provided to you by outside providers through information technology platforms. These platforms collect the medical records from the different places where you receive healthcare services and make them available electronically and securely to the providers treating you.

More information is available on the next page. 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 2 options:**

<input type="radio"/>	<b>I GIVE CONSENT:</b> For all of the participants included in the Carequality, CommonWell, CIR networks and future partners, to access all of my CHN electronic medical records, and for all employees, agents and members of the medical staff of CHN to access all of my electronic health information available through Healthix, Care Quality, CommonWell, the CIR and future partners, I understand this sharing may be done in connection with any of the permitted purposes described in the fact sheet, including providing me any health care services and emergency care.
<input type="radio"/>	<b>I DENY CONSENT:</b> To all of the participants included in the Carequality, CommonWell, CIR networks and future partners to access my CHN electronic medical records. I also deny consent to all employees, agents, and members of the medical staff of CHN to access any of my electronic health information available through Healthix, Care Quality, CommonWell, the CIR and future partners, contributed by a non-CHN participant.

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

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Print Name of Patient

Signature of Patient (or Patient's Legal Representative)

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Patient Date of Birth

Patient's Medical Record Number

Date

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Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)

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Patient Address

## COMMUNITY HEALTHCARE NETWORK

### UNIVERSAL CONSENT: INFORMATION EXCHANGE CONSENT FORM (Continued)

Your consent choice on this form will apply jointly to four platforms: Carequality, CommonWell, Healthix and the Citywide Immunization Registry (CIR), if you are 19 years or older. Additionally, this applies to data sharing with other HIPAA-compliant partners that CHN contracts with in the future. A complete, current list of CHN's partners can be found on our website at [www.chnnyc.org/privacy-policy/](http://www.chnnyc.org/privacy-policy/)

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](http://ehealth4ny.org) website. Upon request, your provider will print the participating provider/ information sources lists for you from the websites mentioned below.

**(1) Carequality and CommonWell:** You may give or deny consent for CHN to release your health information maintained in the CHN electronic medical record system to other healthcare providers, who are part of these networks. You may give or deny consent to allow CHN (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 these platforms. A list of the current authorized providers can be obtained as follows:

- a. Carequality website at [carequality.org/active-sites-search](http://carequality.org/active-sites-search)
- b. CommonWell website at [commonwellalliance.org/who-is-connected](http://commonwellalliance.org/who-is-connected)

**(2) CIR:** The New York Citywide Immunization Registry (CIR) is a confidential, computerized system that allows authorized users access to a person's immunization records. Strict federal and state laws protect the privacy of personal information in the system. Here are some benefits of participating in the CIR:

- a. Your health care provider can use the CIR to ensure that you receive all needed immunizations.
- b. The CIR provides you with a permanent and easily accessible record of your immunizations.

Participation in the CIR is voluntary for people 19 and older, so immunizations you receive after 18 years of age will not be included unless you give consent. For additional information you may call the New York City Department of Health and Mental Hygiene Citywide Immunization Registry at (347) 396-2400

**(3) 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. You may give or deny consent to allow CHN (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 as follows:

- a. Healthix website at [healthix.org](http://healthix.org)
- b. Healthix phone number 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 by contacting Healthix at 877-695-4749 or emailing [compliance@healthix.org](mailto:compliance@healthix.org).

**YOUR CHOICE TO GIVE OR TO NOT GIVE 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.

# COMMUNITY HEALTHCARE NETWORK

## UNIVERSAL CONSENT: INFORMATION EXCHANGE FACT SHEET

### 1. About this Fact Sheet.

- This sheet provides details about the consent process for sharing patient information in Carequality, CommonWell, Healthix, the CIR, and CHN’s future partners.
- When you see “Participants” in this sheet, it refers to the entities (like, providers, hospitals, payers, etc) listed on the websites of Carequality, CommonWell, and Healthix. You can access more information and see which centers share patient data with these platforms by going to their websites.
  - Carequality - [carequality.org/active-sites-search](https://carequality.org/active-sites-search)
  - CommonWell - [commonwellalliance.org/who-is-connected](https://commonwellalliance.org/who-is-connected)
  - Healthix - [healthix.org](https://healthix.org) Phone: 877-695-4749
  - CIR- [nyc.gov/health/cir](https://nyc.gov/health/cir) Phone: 347-396-2400
- On this form you can choose to let CHN share and access your records through Carequality, CommonWell and the CIR. Sharing of your data by CHN with Healthix does not require your consent; however, CHN’s access to Healthix aggregated data will be based on your consent decision.

### 2. How Your Information Will Be Used. Consistent with New York State and Federal law, your electronic health information may be used by the CHN, 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 CHN patients, Healthix members and participating organizations.
- CHN will connect with Carequality, CommonWell and the CIR, letting them know that you have a CHN health record.

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	○ Immunizations
○ Allergies	○ Lab Tests
○ Birth control and abortion (family planning)	○ Living Situation

○ Claims Encounter Data	○ Medication and Dosages
○ Clinical notes and Claims Encounter Data	○ Mental health conditions
○ Diagnostic information	○ Sexually transmitted diseases
○ Discharge summary	○ Social Supports
○ Employment information	○ Substance use history summaries
○ Genetic (inherited) diseases or tests	○ Trauma history summary
○ HIV/AIDS	

**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 health information sources, called ‘Accounting of Disclosures’ list, is available from the CHN Privacy Officer by emailing [privacy@chnnyc.org](mailto:privacy@chnnyc.org) or by writing to: Community Healthcare Network, Attn: Privacy Officer, 60 Madison Avenue, 5<sup>th</sup> Floor, New York, NY 10010 . You can obtain additional information from our ‘Notice of Privacy Practice’ form by checking the CHN website: <https://www.chnnyc.org/frequently-asked-questions/>

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 Carequality website at [carequality.org/active-sites-search](http://carequality.org/active-sites-search) and CommonWell website at <https://www.commonwellalliance.org/who-is-connected>.

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

**6. How to Change Your Consent.** You can change your Consent Status at any time by signing a new Consent Form and selecting a new consent choice on the form. You can get this Consent Form from your provider or on the CHN website at: <https://www.chnnyc.org/for-patients/patient-forms/> . Once completed, please give the form to the front desk, and they 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.

**7. 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.

**8. Protection from misuse of your health 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 CHN, you may:

- Call one of the offices or hospitals you have approved to access your records; or
- Contact the CHN Privacy Officer at [privacy@chnnyc.org](mailto:privacy@chnnyc.org)

- 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:

- Contact Healthix Compliance Department by email at [compliance@healthix.org](mailto:compliance@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>.

**9. Re-disclosure of Information.** Any electronic health information about you may be re-disclosed by a Participant (practice) 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. intellectual disabilities and developmental disabilities;
- v. alcohol/drug treatment-related information
- vi. substance abuse; and
- vii. genetic testing.

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. Their special requirements must be followed whenever people receive these kinds of sensitive health information. Healthix, and persons who access this information through these health information exchanges, must comply with Federal and New York State requirements. Carequality and CommonWell participants must comply with Federal requirements and the requirements of their State, which may be less protective or more protective than New York State.

**10. Effective Period.** This Consent Form will remain in effect until the day you withdraw your consent or in case of a minor until he/she turns 18 years of age. Or until 50 years after your death.

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 with respect to Carequality and CommonWell, until CHN no longer participates in these platforms.

**You can ask for a copy of this form.** You are entitled to get a copy of this Consent Form after you sign it, if you request it. If you have any more questions on what is shared, why and how it is shared, or other questions please speak to office staff at your CHN health center.