

Westchester Medical Center

Westchester Medical Center Health Network

HIE- Health Information Form that will allow you information regarding treatment and care through the WMC Network.

Authorization for Access to Patient Information Through Health Information Exchange Organizations

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Name	Date of Birth	Identification Number
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 employees, agents, or members of the medical staff of the Provider Organizations of WMCHHealth • to obtain access to my medical records through the following participating health information exchange organizations: HealtheConnections and Hixny. If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network called the SHIN-NY. HealtheConnections and Hixny are not-for-profit organizations that share information about people's health electronically and meet the privacy and security standards of HIPAA and New York State Law. To learn more, visit these websites:

www.healtheconnections.org

www.hixny.org

<https://www.nvehealth.org/shin-nv/what-is-the-shin-nv/>

The choice I make in this form will NOT affect my ability to get medical care. The choice I make in 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 bills. You can make that choice in a separate Consent Form that health insurers must use.

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.

- | | |
|--------------------------|---|
| ☐ | I GIVE CONSENT for WMCHHealth to access ALL of my electronic health information through the SHIN-NY to provide health care services (including emergency care). |
| ☐ | I DENY CONSENT EXCEPT IN A Medical Emergency for any of Westchester Medical Center affiliates to access your medical records. |
| ☐ | I DENY CONSENT for WMCHHealth to access ALL of my electronic health information through the SHIN-NY to provide health care services (including emergency care) in a medical emergency (except for minor patients). Unless you check this box, New York State law allows medical providers treating you in an emergency to get access to your medical records, including records that are available through the SHIN-NY. |

HIE – Below you select to either give consent, deny consent or Deny Consent **Except in a Medical Emergency for any of Westchester Medical Center affiliates to access your medical records.**

If I want to deny consent for all Provider Organizations and Health Plans participating in the Statewide Health Information Network for New York (SHIN-NY) that access my electronic health information through one of the following HIEs, I may do so by contacting each of the HIEs individually:

HealtheConnections
Hixny

www.healtheconnections.org
www.hixny.org

Signature- The patient/patient representative will be will sign to state that they either agreed or denied option to allow WMC affiliates access to communicate with the patient's health insurance.

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	Date of Birth
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative to Patient (if applicable)	