



HIE - SCAN, HIE CONSENT, 9/2/19

**CATHOLIC HEALTH SERVICES OF LONG ISLAND HEALTH INFORMATION EXCHANGE (HIE), CARE EVERYWHERE, CAREQUALITY AND HEALTHIX CONSENT FORM**

The Catholic Health Services of Long Island ("CHS") Data Warehouse (the "Data Warehouse"), Care Everywhere, Carequality and Healthix share information about people's health electronically and securely to improve the quality of health care services. This kind of sharing is called ehealth or health information technology ("Health IT"). To learn more about Health IT in New York State, read the brochure, "Better Information Means Better Care." You can ask your health care provider for it, or go to the website [www.ehealth4ny.org](http://www.ehealth4ny.org).

In this Consent Form, you can choose whether to allow CHS to share your medical records with your non-CHS health care providers and to allow CHS to access information about care provided to you by non-CHS providers through the following health information technology platforms. These platforms can help collect the medical records you have in different places where you get health care and make them available electronically to the providers treating you. Your consent choice on this form will apply to all of the platforms.

**CHS Data Warehouse:** You can Give or Deny consent to allow the participants (their employees, agents or members of their medical staff) with which CHS has established connectivity ("HIE Participants") to access your electronic health information maintained in the CHS Data Warehouse, including records from your other healthcare providers authorized to disclose information through the CHS HIE.

**Epic Care Everywhere, Sequoia Project, and Carequality:** You can give consent to allow the health care providers, their employees, agents or members of their medical staff, listed on the Epic website [www.epic.com/careeverywhere](http://www.epic.com/careeverywhere) and Sequoia Project website <https://carequality.org/active-sites-search/> to access your health information maintained in the CHS electronic medical record systems.

**Healthix:** You can Give or Deny consent to allow CHS (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. **Healthix** is a Health Information Exchange or Regional Health Information Organization (RHIO), a not-for-profit organization recognized by the State of New York. 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.

Upon request, your provider will print the participating provider/information sources lists for you from the websites. The lists are updated regularly.

**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.**

**Your Consent Choices:** You can fill out this form now or in the future. You can also change your decision at any time by completing a new form. You have the following choices below. Please check Box 1, 2 or 3:

- 1. I GIVE CONSENT to ALL of the HIE Participants with which CHS has established connectivity to access ALL of my electronic health information available through the CHS Data Warehouse, to ALL of the providers listed on the Epic and Sequoia Project websites to access ALL of my CHS electronic health records, and to ALL employees, agents and members of the medical staff of CHS to access ALL of my electronic health information through HEALTHIX in connection with any of the permitted purposes described in the fact sheet, including providing me any health care services, including emergency care.**
- 2. I DENY CONSENT to ALL of the HIE Participants with which CHS has established connectivity to access my electronic health information through the CHS Data Warehouse, except for information they created, and I DENY CONSENT to ALL employees, agents and members of the medical staff of CHS to access ANY of my electronic health information through HEALTHIX contributed by a non-CHS participant for any purpose, even in a medical emergency. I understand that I may be asked by Care Everywhere and Carequality providers at the point of care for authorization to access my CHS electronic health information and they may access my information in an emergency as allowed by applicable law.**
- 3. I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY to ALL of the HIE Participants with which CHS has established connectivity to access my health information through the CHS Data Warehouse, to ALL of the**



**CATHOLIC HEALTH SERVICES OF LONG ISLAND HEALTH  
INFORMATION EXCHANGE (HIE), CARE EVERYWHERE,  
CAREQUALITY AND HEALTHIX CONSENT FORM**

providers listed on the Epic and Sequoia websites to access All of my CHS electronic health records, and to ALL employees, agents and members of the medical staff of CHS to access ALL of my electronic health information through HEALTHIX.

**NOTE: UNLESS YOU CHECK THE "I DENY CONSENT" BOX,** New York State law allows health care providers treating you in an emergency to gain access to your health information available through the CHS Data Warehouse and Healthix. IF YOU DON'T MAKE A CHOICE, the records will not be shared except in an emergency as allowed by applicable law. **Checking the "I DENY CONSENT" box will not prohibit Epic Care Everywhere and Carequality providers from accessing your CHS electronic health information in an emergency as allowed by applicable law.**

If I want to deny consent for all Provider Organizations and Health Plans participating in Healthix to access my electronic health information through Healthix, I may do so by visiting Healthix's website at [www.healthix.org](http://www.healthix.org) or calling Healthix at 877-695-4749.

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

Print Name of Patient

Patient Date of Birth

Signature of Patient or Patient's Legal Representative

Date

Time

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient  
(if applicable)

**CHS HIE Care Everywhere and Healthix  
Fact Sheet**

**Details about patient information in the CHS Data Warehouse, Care Everywhere and Healthix and the consent process:**

**1. Definitions.**

- "The Catholic Health Services of Long Island" refers to:
  - Beacon Health Partners, LLP
  - Beacon IPA, LLC
  - Catholic Home Care
  - CHS Physician Partners ACO II, LLC
  - CHS Physicians medical practices
  - Good Samaritan Hospital Medical Center
  - Good Samaritan Nursing Home
  - Good Shepherd Hospice
  - Maryhaven Center of Hope
  - Mercy Medical Center
  - Our Lady of Consolation Nursing & Rehabilitative Care Center
  - St. Catherine of Siena Medical Center
  - St. Catherine of Siena Nursing & Rehabilitation Care Center
  - St. Charles Hospital & Rehabilitation Center
  - St. Francis Hospital
  - St. Joseph Hospital
- "Participants" refers to the entities with which CHS has established connectivity through Epic, Sequoia Project and Healthix.