



Name of Entity Receiving Consent

Southern Tier HealthLink NY (STHL) Health Information Exchange
CONSENT FORM: Multi-Provider

In this Consent Form, you can choose whether to allow the organizations named on the attached List of Participating Providers to obtain access to your medical records through a computer network operated by STHL. STHL is a not-for-profit organization which is part of a statewide computer network that collects the medical records you have in different places and makes them available electronically to the providers rendering services to you. STHL shares 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 ehealth in New York State, read the brochure, "Better Information Means Better Care". You can ask a Participating Provider for it, or go to www.ehealth4ny.org.

You can give or deny consent to some or all of the organizations named on the attached List of Participating Providers, and this form may be filled out now or at a later date. Your choice will not affect your ability to get medical care or health insurance coverage. Your choice to give or to deny consent may not be the basis for denial of health services.

You can fill out this form now or in the future. You have three choices:

- If you check the "I GIVE CONSENT" box, you are saying, "Yes, the staff involved in my care at the organizations named on the attached List of Participating Providers may have access to my medical records through STHL."
If you check the "I DENY CONSENT" box, you are saying, "No, none of the staff involved in my care at the organizations named on the attached List of Participating Providers may have access to my medical records through STHL even in a medical emergency."
If you check the "I CHOOSE NOT TO CONSENT or CANNOT DECIDE AT THIS TIME" box, you are saying, "No, none of the organizations named on the attached List of Participating Providers may be given access to my medical records through STHL EXCEPT in a medical emergency."

Please read the information on the back of this form carefully before making your decision.

- 1) [] I GIVE CONSENT for all of the organizations named on the attached List of Participating Providers to access my electronic health information through STHL in connection with providing me any health care services, including emergency care, and to carry out quality improvement, care management and pre-authorization activities, EXCEPT that I deny consent to the following provider organization(s) even in a medical emergency:

___ Check here if additional providers are listed on an attachment

- 2) [] I DENY CONSENT for all of the organizations named on the attached List of Participating Providers to access my electronic health information through STHL for any purpose, EVEN in a medical emergency.
3) [] I CHOOSE NOT TO CONSENT or CANNOT DECIDE AT THIS TIME. The organizations named on the attached List of Participating Providers will have access to my information ONLY in a medical emergency.

NOTE: Unless you DENY consent EVEN in a medical emergency (Option #2 above), New York State law allows the people treating you in an emergency to get access to your medical records, including records available through STHL.

Patient Name (Please Print)

Date of Birth (MM/DD/YYYY)

Signature of Patient or Patient's Legal Representative

Date of Signature

Print Name of Patient's Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)