



Southern Tier HealthLink NY (STHL) Health Information Exchange
RHIO CONSENT FORM

PROVIDER:

In this Consent Form, you can choose whether to allow the provider named above to obtain access to your medical records through a computer network operated by Southern Tier HealthLink (STHL), the Regional Health Information Organization (RHIO) of the Southern Tier of New York.

You may use this Consent Form to decide whether or not to allow the provider named above to see and obtain access to your electronic health records in this way. You can give consent or deny consent, 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.

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 Southern Tier HealthLink.

If you check the "I DENY CONSENT" box below, you are saying "No, the above named provider may not be given access to my medical records through Southern Tier HealthLink for any purpose."

If you check the "I CHOOSE NOT TO CONSENT or CANNOT DECIDE AT THIS TIME" box, you are saying, "No, the above named provider may not be given access to my medical records through STHL EXCEPT in a medical emergency."

Southern Tier HealthLink is a not-for-profit organization. It 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 manage your consent options online for all participating providers and review who has accessed your information using the Southern Tier HealthLink Patient Portal (www.sthlny.com). By providing an email address below you will be automatically enrolled. You will be contacted by Southern Tier HealthLink with your username and password.

Please carefully read the STHL Information Sheet before making your decision. You have three choices.

- I GIVE CONSENT for the Provider named above to access ALL of my electronic health information through Southern Tier HealthLink in connection with providing me health care services, including emergency care.
I DENY CONSENT for the Provider named above to access my electronic health information through Southern Tier HealthLink for any purpose, even in a medical emergency.
I CHOOSE NOT TO CONSENT or CANNOT DECIDE AT THIS TIME. The Provider named above will have access to my information ONLY in a medical emergency.

Print Name of Patient

Patient Date of Birth

Email address

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)