



CONSENT FOR RELEASE OF HEALTH INFORMATION through the Long Island Patient Information eXchange (LIPIX)

In this Consent Form, you can choose whether to allow the health care providers listed on the attachment to this Consent Form ("Participating Providers") to share your medical records through a computer network operated by LIPIX, which is part of a statewide computer network. This 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.

You may use this Consent Form to decide whether or not to allow the Participating Providers to see and obtain access to your electronic health records in this way. You must check the box next to the name of each Participating Provider to allow that provider to access your records. You can give consent or deny consent to some or all of the 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.**

LIPIX 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 ask a participating LIPIX provider for it, or go to the website www.ehealth4ny.org.

Please carefully read the information on page 3 of this form before making your decision.

Your Consent Choices. You can fill out this form now or in the future. You have FOUR choices.

SELECT ONE Please note that it may take up to 7 days for your choices to take effect within the LIPIX system

- 1. **I GIVE CONSENT for ALL Participating Providers to access ALL of my electronic health information through LIPIX in connection with providing me health care services.**
- 2. **I GIVE CONSENT for the Participating Providers whose names I have checked off on the reverse side of this Consent Form to access ALL of my electronic health information through LIPIX in connection with providing me health care services. All other Participating Providers may access my electronic health information through LIPIX ONLY IN THE CASE OF AN EMERGENCY.**
- 3. **I DENY CONSENT for any Providers to access my electronic health information through LIPIX, EXCEPT IN THE CASE OF AN EMERGENCY.**
- 4. **I DENY CONSENT for any Providers to access my electronic health information through LIPIX for any purpose, even in a medical emergency.**

Signature of Patient or Patient's Authorized Representative

Date

Print Name of Authorized Representative and the relationship to Patient (if applicable)

Email Address (Optional)

Printed Name of Patient
Patient Date of Birth

Authorized Staff Only:

Facility: _____

MRN #: _____

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Your email address will ONLY be used by LIPIX and/or your care providers for the purpose of contacting you about your medical treatment or personal health information. You will receive an email link to set up a free, secure account. Email address provided should only be a personal account accessible only to you. We will NEVER sell or share your email address.

or

Authorized Staff Only Place Stamp or Sticker Here



Patient Name: _____ Date: _____

Participating Providers

Please note if you selected the first option on page 1 you DO NOT need to complete this page

HEALTH SYSTEMS

<input type="checkbox"/>	Catholic Health Services of Long Island - includes the following:		
	Catholic Home Care	St. Catherine of Siena Nursing Home	
	Good Samaritan Hospital Medical Center	St. Catherine of Siena Medical Center	
	Good Samaritan Nursing Home	St. Charles Hospital	
	Good Shepherd Hospice	St. Francis Hospital – The Heart Center	
	Mercy Medical Center	St. Joseph Hospital (formally New Island Hospital)	
	Our Lady of Consolation Nursing & Rehabilitation		
<input type="checkbox"/>	North Shore - Long Island Jewish Health System - includes the following:		
	Forest Hills Hospital	North Shore-LIJ Radiology Services, PC	
	Franklin Hospital	North Shore Ophthalmology, PC	
	Glen Cove Hospital	North Shore Radiology at Glen Cove, PC	
	Hospice Care Network, Inc	North Shore University Hospital Manhasset & Syosset Campus	
	Huntington Hospital Association	NSUH Stern Family Ctr. for Extended Care & Rehabilitation	
	Huntington Hospital - Dolan Family Health Center, Inc.	ORZAC Ctr. for Extended Care & Rehabilitation (division of Franklin Hosp)	
	Lenox Hill Hospital	Plainview Hospital	
	Long Island Jewish Medical Center (LIJ)	Region Care, Inc.	
	North Shore - Long Island Jewish Health Care, Inc.	Southside Hospital	
	North Shore - Long Island Jewish Health System, Inc.	Steven and Alexandra Cohen Children's Medical Center of NY	
	North Shore - Long Island Jewish Health System Laboratories	Sports Physical Therapy & Rehabilitation of the North Shore, PLLC	
	North Shore Cardiovascular and Thoracic Surgery, PC	Staten Island University Hospital	
	North Shore Imaging Associates, PC	The Elmezzi Graduate School of Molecular Medicine	
	North Shore - Long Island Jewish Medical Care, PLLC	The Feinstein Institute for Medical Research	
<input type="checkbox"/>	NuHealth - includes the following:		
	Nassau University Medical Center	Long Island Federally Qualified Health Centers, Inc.:	
	A. Holly Patterson Extended Care Facility	Elmont Family Health Center	Roosevelt/Freeport Family Center
	South Ocean Care	Hempstead Health Center	Westbury Health Center
		Roosevelt High School	
<input type="checkbox"/>	Sound Shore Medical Center of Westchester - includes the following:		
	Sound Shore Medical Center	Helen and Michael Schaffer Extended Care	
	The Mount Vernon Hospital		

HOSPITALS

<input type="checkbox"/>	Brookhaven Memorial Hospital Medical Center
<input type="checkbox"/>	John T. Mather Memorial Hospital
<input type="checkbox"/>	Long Beach Medical Center
<input type="checkbox"/>	South Nassau Communities Hospital
<input type="checkbox"/>	The New York Hospital Medical Center of Queens

EXTENDED CARE PROVIDERS

<input type="checkbox"/>	Cold Spring Hills Center for Nursing and Rehabilitation
<input type="checkbox"/>	Huntington Hills Center for Health & Rehabilitation
<input type="checkbox"/>	Parker Jewish Institute for Health Care and Rehabilitation
<input type="checkbox"/>	The Long Island Home / Broadlawn Manor Nursing & Rehabilitation Center
<input type="checkbox"/>	The Silvercrest Center for Nursing & Rehabilitation
<input type="checkbox"/>	Visiting Nurse Service of New York

AMBULATORY CARE and BEHAVIORAL HEALTH PRACTICES

<input type="checkbox"/>	Allied Pediatrics of New York, P.L.L.C.
<input type="checkbox"/>	Family Service League, Inc.
<input type="checkbox"/>	Fountain Medical Group
<input type="checkbox"/>	ProHEALTH Care Associates LLP
<input type="checkbox"/>	Queens-Long Island Medical Group, P.C

OTHER PRACTICES

<input type="checkbox"/>	Gramercy MRI and Diagnostic Radiology, PC
<input type="checkbox"/>	Lenox Hill Radiology and Medical Imaging Associates, PC
<input type="checkbox"/>	Metropolitan Diagnostic Imaging, PC
<input type="checkbox"/>	NRAD
<input type="checkbox"/>	Park West Radiology, PC
<input type="checkbox"/>	Queens Medical Imaging, PC
<input type="checkbox"/>	Regency Medical Imaging, PC

Details about patient information in LIPIX and the consent process:

1. **How Your Information Will be Used.** Your electronic health information will be used by the Participating Providers you approve only to:
 - Provide you with medical treatment and related services.
 - Evaluate and improve the quality of medical care provided to all patients.**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. You can make that choice in a separate Consent Form that health insurers must use.**
2. **What Types of Information about You Are Included.** If you give consent, the Participating Providers you approve may access ALL of your available electronic health information available through LIPIX. This includes information created before and after the date of this Consent Form. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may relate to sensitive health conditions, including but not limited to:
 - Alcohol or drug use problems
 - Birth control and abortion (family planning)
 - Genetic (inherited) diseases or tests
 - HIV/AIDS
 - Mental health conditions
 - Sexually transmitted diseases
3. **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 ehealth organizations that exchange health information electronically. Information about you may also come from an electronic personal health record (PHR), if you have entered and released information from a PHR that works with LIPIX. A complete list of current Information Sources is available from LIPIX. Depending upon internal policies and the current status of their integration to LIPIX, information sources may be sharing only some or none of the information they have about you. LIPIX Policy dictates that the Participants listed in the attachment will share your information in non-emergent situations only if you have also selected them to access your electronic health information through LIPIX. You can obtain an updated list of Information Sources at any time by checking the LIPIX website at www.lipix.org or by calling (877) MY-LIPIX [877-695-4749].
4. **Who May Access Information About You, If You Give Consent.** Only these people may access information about you: doctors and other health care providers who serve on the medical staff of an approved Participating Provider who are involved in your medical care; health care providers who are covering or on call for an approved Participating Provider’s doctors; and staff members of an approved Participating Provider who carry out activities permitted by this Consent Form as described above in paragraph one.
5. **Penalties for Improper Access to or Use of Your Information.** There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gotten access to information about you has done so, call one of the Participating Providers you have approved to access your records; visit the LIPIX website: www.lipix.org; or call the NYS Department of Health at (877)690-2211.
6. **Re-disclosure of Information.** Any electronic health information about you may be re-disclosed by a Participating Provider 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. Some state and federal laws provide special protections for some kinds of sensitive health information, including HIV/AIDS and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information. LIPIX and persons who access this information through LIPIX must comply with these requirements.
7. **Withdrawing Your Consent.** You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to one of the Participating Providers or returning it directly to LIPIX. You can also change your consent choices by signing a new Consent Form at any time. Please note that it may take up to 7 days for your withdrawal or changes to take effect. You can get these forms on the LIPIX website at www.lipix.org, or by calling (877) MY-LIPIX [877-695-4749]. **Note: Organizations that access your health information through LIPIX 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 it or remove it from their records.**
8. **Copy of Form.** You are entitled to get a copy of this Consent Form after signing, to do so contact LIPIX at (877) MY-LIPIX [877-695-4749].
9. **Effective Period.** This Consent Form will remain in effect until you withdraw your consent or until such time LIPIX ceases operation.
10. **LIPIX Address and Fax:** 347 W. 36th St, Suite 201, New York, NY 10018. Fax: 212-409-8614.