

## CONSENT FORM INFORMATION SHEET

### Details about patient information in Southern Tier HealthLink NY (STHL) and the consent process

**1. How will your information be used?** Your electronic health information will be used by the provider named on the form only to 1) provide you with medical treatment and related services, 2) check whether you have health insurance, and 3) evaluate and improve the quality of 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 will be shared?** If you give consent, the provider named on the form may access your electronic health information available through STHL. 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
- Genetic (inherited) diseases or tests
- HIV/AIDS
- Sexually transmitted diseases
- Mental health conditions
- Birth control and abortion (family planning)

**3. Where does your health information come from?** Information about you comes from places that have provided you with medical care. These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other health organizations that exchange health information electronically. A list of current information sources is available from STHL through their website at [www.sthlny.com](http://www.sthlny.com) or by calling 607-651-9150.

**4. Who may access your information if you give consent?** Only these people may access information about you: doctors and other health care providers who serve on the provider named on this form's medical staff who are involved in your medical care; health care providers who are covering or on call for this provider's doctors; and staff members who carry out activities permitted by this Consent Form as described above in #1.

**5. Are there penalties for improper access to or use of your information?** New York State and STHL can impose penalties on organizations found to have allowed inappropriate access to or use of your electronic health information. If you suspect that your records have been accessed by someone not authorized to do so (see #4 above), contact STHL at [www.sthlny.com](http://www.sthlny.com) or 607-651-9150 or the NYS Department of Health at 877-690-2211.

**6. Is re-disclosure of my information permitted?** 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 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, and special requirements must be followed whenever this kind of sensitive health information is disclosed. STHL and persons who access this information through the STHL must comply with these same requirements.

**7. How long will your consent be in effect?** This Consent Form will remain in effect until the day you withdraw your consent or until such time Southern Tier HealthLink ceases operation.

**8. How do you update or withdraw your consent?** You can change your consent choice any time by signing a new Consent Form. You can get these forms on STHL's website ([www.sthlny.com](http://www.sthlny.com)) or by calling 607-651-9150. **Forms must be presented in person with valid proof of identity.**

**Note:** Organizations that access your health information through STHL 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.

**9. You are entitled to get a copy of this Consent Form after you sign it.**