NYU LANGONE HEALTH HEALTH INFORMATION EXCHANGE CONSENT FORM

In this Consent Form, you can choose whether to allow NYU Langone Health to obtain access to your medical records

Healthix is a not-for-profit organization certified and

regulated by the State of New York that collects and aggregates information about the medical services you receive from different providers and makes it available electronically to the providers treating you. If you consent to share your information through Healthix on this form, you are giving your permission for employees, agents, and members of the medical staff of NYU Langone Health and affiliated entities to see and obtain access to your electronic health records from your other health care providers that are authorized to disclose information through Healthix for the purposes described in the attached fact sheet. A complete list of current authorized Healthix providers who submit clinical data to Healthix is posted on the Healthix website at http://www.healthix.org or may be obtained by calling Healthix at 877-695-4749. If you want to deny consent for all Provider Organizations and Health Plans participating in Healthix to access your electronic health information through Healthix, you may do so by contacting Healthix at compliance@healthix.org or calling Healthix at 877-695-4749 Ext 2.

You may also use this Consent Form to decide whether or not to allow NYU Langone Health to share your medical records with your

NYU Langone Health Information Exchange Fact Sheet

Details about electronic health information exchanged (accessed or shared) through Healthix, Care Everywhere, eHealthexchange and Care Quality (the HIEs),

physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other health organizations that exchange health information electronically. A complete list of HIE Information Sources is available from the HIE. You may obtain a **complete Healthix-specific list by checking the Healthix web site at http://www.healthix.org or by calling Healthix at 877-695-4749.**

4. Who May Access Information About You, If You Give Consent. Only doctors, medical staff members, employees, trainees, students, volunteers and agents of the Organization(s) you have given consent to access your health information to carry out activities permitted in this form as described above.

Grossman School