



HealthConnections™ Consent Form
CNY Diagnostic Imaging Associates

HealthConnections™ 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 CNY Diagnostic Imaging Associates for it, or go to the website <http://healthconnections.org>. **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. Please carefully read the information on the laminated attachment before making your decision.** You can fill out this form now or in the future. You have two choices.

- I GIVE CONSENT** for CNY Diagnostic Imaging Associates **to access ALL of** my electronic health information through HealthConnections™ in connection with providing me any health care services, including emergency care.
- I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY** for CNY Diagnostic Imaging Associates to access my electronic health information through HealthConnections™
- I DENY CONSENT** for CNY Diagnostic Imaging Associates **to access** my electronic health information through HealthConnections™ for any purpose, *even in a medical emergency*.

If I want to deny consent for all Provider Organizations and Health Plans participating in HealthConnections™ to access my electronic health information through HealthConnections™, I may do so by visiting HealthConnections™ website at <http://healthconnections.org/> or calling HealthConnections™ at 315.671.2241 x5.

Print Name of Patient

Patient Date of Birth

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)

Details about patient information in Health_eConnections™ and the consent process:

1. How Your Information Will be Used. Your electronic health information will be used by CNY Diagnostic Imaging Associates **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, CNY Diagnostic Imaging Associates may access ALL of your electronic health information available through the RHIO. 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/treatment
- Birth control and abortion (family planning)
- Genetic (inherited) diseases or tests
- Any mention of 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. A complete list of current Information Sources is available from Health_eConnections™. You can obtain an updated list of Information Sources at any time by checking the Health_eConnections™ website at www.healthconnections.org or by calling (315) 671-2241.

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 CNY Diagnostic Imaging Associates ‘medical staff who are involved in your medical care; health care providers who are covering or on call for CNY Diagnostic Imaging Associates’ doctors; and staff members 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 CNY Diagnostic Imaging Associates at: (315) 269-9729; or visit Health_eConnections™ website: www.healthconnections.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 CNY Diagnostic Imaging Associates 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, mental health information and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information. Health_eConnections™ and persons who access this information through Health_eConnections™ must comply with these requirements.

7. Effective Period. This Consent Form will remain in effect until the day you withdraw your consent or Health_eConnections™ ceases all operations.

8. Withdrawing Your Consent. You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to CNY Diagnostic Imaging Associates. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms on the Health_eConnections™ website at www.healthconnections.org, or by calling (315) 671-2241. **Note:** Organizations that access your health information through Health_eConnections™ 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. Copy of Form. You are entitled to get a copy of this Consent Form after you sign it.