

To bring you the best possible care, NYSDOH made it possible for providers to exchange your health information through a computer network called a SHIN-NY (State Health Information Network for New York). VNS Health participates in the **SHIN-NY** as part of federal and state regulations allowing your health information to be transmitted so that other providers can view your information to improve the quality, coordination and efficiency of patient care while protecting your privacy and security.

The **SHIN-NY** is a “network of networks” that links New York's eight regional Qualified Entities (QEs) throughout the state. Each Qualified Entity (or RHIO) operates its own network that collects electronic health records from participating providers.

VNS Health works with the following not-for-profit Regional Health Information Organizations (RHIOs): Bronx RHIO and Healthix, to provide your demographic and health information to SHIN-NY.

We are asking you to sign a NYSDOH approved form to give VNS Health consent to access and receive information about you from SHIN-NY. VNS Health will access your medical information from SHIN-NY only if you have given VNS Health your written permission on our Consent Form to do so.

Your consent remains in effect until you withdraw it. You can withdraw your consent at any time by completing a new form in which you deny consent for VNS Health to access your information in the SHIN-NY.

For additional information you can go to: nyshealth.org/shin-ny/what-is-the-shin-ny

Frequently Asked Questions about Health Information Exchange

Which health care providers will share my information?

VNS Health participates in several Regional Health Information Organizations (RHIOs) in the New York City area. The list of providers that belong to each can be found on our website at vnshealth.org/health-information-exchange and is updated regularly.

Why would I want my health information shared?

When hospitals, doctors, nurses, and other health care providers have your health information, they can give you better care and treatment. SHIN-NY allows your providers to have access to your most up-to-date information—including lab tests, medical history, medicines, allergies, and other health reports—quickly and securely so they can deliver the best care possible.

How will sharing my health information improve the quality of care?

SHIN-NY improves the quality of care you receive because your providers will be able to offer coordinated care. Your medical records will be more complete, which may reduce errors and duplication of expensive tests or procedures. All of your physicians and other providers will get consistent information, allowing for more accurate diagnoses and more targeted treatment.

Is my health information private and confidential?

Absolutely. Providers obey federal and state laws about medical information privacy. SHIN-NY will not share your health information with anyone without your consent except in certain circumstances such as an emergency where access to your information is critical to your health, or for matters of public safety.

What are my rights?

As a patient/member, you have the right to decide to allow VNS Health to access your electronic health information or not. If you decide not to give your written permission, VNS Health will not access your information through Regional Health Information Organizations (RHIO's). If you give written permission and later change your mind, you can withdraw it by completing a new form in which you deny consent for VNS Health to access your information in the SHIN-NY.

If you choose not to consent, VNS Health may not have access to health information that might be important and helpful as we treat you. If you have questions about your privacy, please refer to the [Joint HIPAA Notice of Privacy Practices of VNS Health OHCA \(vnshealth.org/hipaa\)](https://vnshealth.org/hipaa) given to you during your admission. (If you need another copy, ask your VNS Health nurse or therapist for one.)

Whom can I contact for more information?

To ask questions or for information, contact the **VNS Health Privacy Officer:**
220 East 42nd Street, 6th Floor, New York, NY 10017;
VNSHealthCompliance@vnshealth.org.

Specific operations and/or health care provider participants of the Health Information Exchanges may change at times without notice, but the most current description is always available on our website at vnshealth.org/health-information-exchange.

Is there a risk of “identity theft”?

VNS Health shares only your medical information and any health insurance information necessary for billing. We will not submit your financial information to the Health Information Exchanges. In addition, the HIEs are used only by health care providers who view your health information to provide you with better care. Your information can be accessed only by providers who you have authorized and who have agreed to adhere to strict security measures and procedures to safeguard your privacy. Special technology keeps anyone who is not authorized from seeing any of your personal and private information.

A special message about sensitive information.

If you give consent, VNS Health may access all of your available electronic health information through the listed RHIOs, and the listed RHIOs may disclose all of your available electronic information to VNS Health. Your health-related information may include, but is not limited to, medical records and other related medical information such as: 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 be obtained from other providers and health care insurance plans. Additionally, other information about your care, such as personal and private information that may be used to identify you; information about you and your family; and financial/billing information, may all be available.

Please be aware that your health-related information may relate to sensitive health conditions, including but not limited to:

- Substance abuse (drug and alcohol use problems)
- Birth control and abortion (family planning)
- Cancer
- Genetic (inherited) diseases or tests, including predisposition genetic testing information
- HIV AIDS
- Mental illnesses; mental retardation and developmental disabilities
- Communicable diseases including sexually transmitted and venereal diseases.

Permission

Your written consent to participate in the Health Information Exchanges will be requested on a separate Consent Form.



Authorization for Access to Patient/Member Information Through a Health Information Exchange Organization

Patient/Member Name	Date of Birth	Patient/Member Identification Number
Patient/Member Address		

I request that health information regarding my care and treatment be accessed as set forth on this form. I can choose whether or not to allow VNS Health healthcare service providers and healthcare insurance plans to obtain access to my medical records through the health information exchange organizations called the Bronx RHIO and Healthix. The healthcare service providers called VNS Health Home Care, VNS Health Hospice Care, VNS Health Personal Care, Medical Care at Home, P.C. and VNSNY Care Management IPA, as well as the VNS Health Health Plans, are collectively referred to in this form as "VNS Health". If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network. The Bronx RHIO and Healthix are not-for-profit organizations that share information about people's health electronically, meet the privacy and security standards of HIPAA and New York State Law, and participate in the SHIN-NY (State Health Information Network for New York). To learn more, visit their websites at:

- BronxRHIO.org
- Healthix.org

The choice I make in this form will NOT affect my ability to get medical care. The choice I make in this form does NOT allow health insurers to have access to my information for the purpose of deciding whether to provide me with health insurance coverage or pay my medical bills.

<p>My Consent Choice. ONE box is checked to the left of my choice. I can fill out this form now or in the future. I can also change my decision at any time by completing a new form.</p>
<p><input type="checkbox"/> 1. I GIVE CONSENT for VNS Health to access ALL of my electronic health information through the Bronx RHIO and Healthix to provide health care.</p>
<p><input type="checkbox"/> 2. I DENY CONSENT for VNS Health to access my electronic health information through the Bronx RHIO and Healthix for any purpose.</p>

If I want to deny consent for all Provider Organizations and Health Plans participating in the Bronx RHIO and/or Healthix to access my electronic health information through the Bronx RHIO and/or Healthix, I may do so by visiting their websites or calling them directly:

- BronxRHIO.org (718) 708-6630
- Healthix.org (877) 695-4749

My questions about this form have been answered and I have been provided a copy of this form.

Signature of Patient/Member or Patient/Member's Legal Representative	Date
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative to Patient/Member (if applicable)

Details about the information accessed through the Bronx RHIO and Healthix and the consent process:

- 1. How Your Information May be Used.** Your electronic health information will be used **only** for the following healthcare services:
 - **Treatment Services.** Provide you with medical treatment and related services.
 - **Insurance Eligibility Verification.** Check whether you have health insurance and what it covers.
 - **Care Management Activities.** These include assisting you in obtaining appropriate medical care, improving the quality of services provided to you, coordinating the provision of multiple health care services provided to you, or supporting you in following a plan of medical care.
 - **Quality Improvement Activities.** Evaluate and improve the quality of medical care provided to you and all patients.
- 2. What Types of Information about You Are Included.** If you give consent, the Provider Organization(s) and/or Health Plan(s) listed may access ALL of your electronic health information available through the Bronx RHIO and Healthix. This includes information created before and after the date this form is signed. 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 include sensitive health conditions, including but not limited to:

• Alcohol or Drug Use Problems & Diagnosis	• Medication & Dosages	• Living Situation
• Birth control & abortion (family planning)	• Diagnostic Information	• Social Supports
• Genetic (inherited) diseases or tests	• Allergies	• Claims Encounter Data
• HIV/AIDS	• Substance Use History Summaries	• Lab Test
• Mental health conditions	• Clinical Notes	• Trauma History
• Sexually transmitted diseases	• Discharge Summary	• Health Insurance Claims History
	• Employment Information	
- 3. Where Health Information About You Comes From.** Information about you comes from places that have provided you with medical care or health insurance. These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other organizations that exchange health information electronically. A complete, current list is available from the Bronx RHIO and Healthix. You can obtain an updated list at any time by checking their websites or calling them directly.
 - BronxRHIO.org (718) 708-6630
 - Healthix.org (877) 695-4749
- 4. Who May Access Information About You, If You Give Consent.** Only doctors and other staff participants of the Organization(s) you have given consent to access who carry out activities permitted by this form as described above in paragraph one.
- 5. Public Health and Organ Procurement Organization Access.** Federal, state or local public health agencies and certain organ procurement organizations are authorized by law to access health information without a patient's consent for certain public health and organ transplant purposes. These entities may access your information through the Bronx RHIO and Healthix for these purposes without regard to whether you give consent, deny consent or do not fill out a consent form.
- 6. 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 the Visiting Nurse Service of New York at (212) 290-4773 or visit the Bronx RHIO, and/or Healthix websites listed above; or call the NYS Department of Health at (518) 474-5423; or follow the complaint process of the federal Office for Civil Rights at the following link: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>
- 7. Re-disclosure of Information.** Any organization(s) you have given consent to access health information about you may re-disclose your health information, but only to the extent permitted by state and federal laws and regulations. Alcohol/drug treatment-related information or confidential HIV-related information may only be accessed and may only be re-disclosed if accompanied by the required statements regarding prohibition of re-disclosure.
- 8. Effective Period.** This Consent Form will remain in effect until the day you change your consent choice or until such time as the Bronx RHIO and/or Healthix ceases operation (**or until 50 years after your death whichever occurs first**). If the Bronx RHIO and/or Healthix merge with another Qualified Entity your consent choices will remain effective with the newly merged entity.
- 9. Changing Your Consent Choice.** You can change your consent choice at any time and for any Provider Organization or Health Plan by submitting a new Consent Form with your new choice. Organizations that access your health information through the Bronx RHIO and/or Healthix while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to change your consent decision, they are not required to return your information or remove it from their records.
- 10. Copy of Form.** You are entitled to get a copy of this Consent Form.