

What is a Regional Health Information Organization?

A Regional Health Information Organization (RHIO) is made up of groups that share health care-related information electronically.

Depending on your *health care provider**, the following health information exchanges are RHIOs that serve Suffolk County:

- *Healthix* www.Healthix.org/for-patients
- *HealthlinkNY* www.HealthlinkNY.com
- *NY Care Information Gateway (NYCIG)* www.NYCIG.org/for_patients

* A health care provider can be any of the following examples:

Doctors or Physicians
Health Clinics
Home Care Agencies
Home Health Aides
Hospitals and Emergency Departments
Mental and Behavioral Health Providers
Nurse Practitioners
Nurses
Pharmacists
Physical Therapists
Physician Assistants
Skilled Nursing Facilities
Social Service Providers



About the Suffolk Care Collaborative (SCC)

SCC is an alliance of health care providers in Suffolk County, Long Island, NY, formed to support New York State's Delivery System Reform Incentive Payment (DSRIP) initiative. Under the guidance and leadership of Stony Brook Medicine, SCC established a Population Health Management Service Organization to improve county-wide health by addressing a wide range of challenges to health in order to improve outcomes by encouraging wellness, making health care more accessible and reducing costs by decreasing unnecessary hospital utilization.

For more information on SCC, visit our website:
www.suffolkcare.org/community

To complete the RHIO Client Consent Process, please contact:

YOUR CARE, EVERYWHERE



RHIO Client Consent Form
Frequently Asked Questions
(FAQs)

Which health care providers can access your health information?

You, as the client, decide which health care providers can see your health information. You do this by filling out a **Client Consent Form**. At any time, you can change who can see your health information by completing a new **Client Consent Form**. You can also get a report of who has looked at your record by calling your RHIO.

How secure is a RHIO?

RHIOs must follow strict national and New York State laws that protect your health information. Only people you approve can see your information in the RHIOs. Safety passwords and codes will keep your records from being looked at without approval.

If unapproved access happens, the RHIO will study the problem and report to you and your health care provider. The RHIO will take steps to prevent unapproved viewing from happening again.

What are the benefits of completing the consent form?

- **YOU** are in **control!** By picking which health care provider(s) can see your health information, you have a voice in your care.
- A consent form will help your health care providers have the information they need to take care of you.
- Having your visits, care, and medicine in one place improves your health care experience and gives your health care provider(s) your full medical history.



Example of a Client Consent Form

New York State Department of Health Authorization for Access to Patient Information
Through a Health Information Exchange Organization

PROVIDER: _____

Patient Name	Date of Birth	Patient Identification Number
Patient 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 the above-named Provider Organization or Health Plan; or reference to a list of specific Provider Organizations and/or Plans attached to this form to obtain access to my medical records through the health information exchange organization which is my local RHIO. If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network. The HIE or RHIO is a not-for-profit organization that shares information about people's health electronically and meets the privacy and security standards of HIPAA and New York State Law.

My information may be accessed in the event of an emergency, unless I complete this form and check box #2, which states that I deny consent even in a medical emergency.

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"/> I GIVE CONSENT for above-named Provider Organization, or Health Plan or reference to a list of specific Provider Organizations and/or Plans to access ALL of my electronic health information through the RHIO to provide health care services (including emergency care).</p> <p><input type="checkbox"/> I DENY CONSENT for above-named Provider Organization, or Health Plan or reference to a list of specific Provider Organizations and/or Plans to access my electronic health information through the RHIO for any purpose, even in a medical emergency (except for minor patients).</p>
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If I want to deny consent for all Provider Organizations and Health Plans who are connected to the RHIO to access my electronic health information, I may do so by contacting my local RHIO via email or phone.

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

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

How can you give your health care provider(s) access?

You can let your health care provider(s) see your information in two ways:

1. During your visit:

- Tell your health care provider that you want your health information shared with them and you would like a **Client Consent Form**
- Review and complete a **Client Consent Form**
- Return your completed **Client Consent Form** to your health care provider's office

2. From home:

- Call your health care provider, and tell them you would like to fill out a **Client Consent Form**

