



**HEALTHIX CONSENT FORM**  
**Catholic Health Services of Long Island**

In this Consent Form, you can choose whether to allow Catholic Health Services of Long Island to obtain access to your medical records through a computer network operated by Healthix, Inc., which is part of a statewide computer network. This can help collect the medical records you have in different places where you get health care, and make them available electronically to our office.

You may use this Consent Form to decide whether or not to allow Catholic Health Services of Long Island to see and obtain access to your electronic health records in this way. You can give consent or deny consent, and this form may be filled out now or at a later date. **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.**

If you check the **"I GIVE CONSENT"** box below, you are saying "Yes, Catholic Health Services of Long Island's staff involved in my care may see and get access to all of my medical records through Healthix, Inc."

If you check the **"I DENY CONSENT"** box below, you are saying "No, Catholic Health Services of Long Island may not be given access to my medical records through Healthix, Inc. for any purpose."

Healthix, Inc. 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 Healthix for it, or go to the website [www.ehealth4ny.org](http://www.ehealth4ny.org).

**Please carefully read the information on the back of this form before making your decision.**

**Your Consent Choices.** You can fill out this form now or in the future. You have two choices.

- I GIVE CONSENT for Catholic Health Services of Long Island to access ALL of my electronic health information** through Healthix, Inc. in connection with providing me any health care services, including emergency care.
- I DENY CONSENT for Catholic Health Services of Long Island to access my electronic health information** through Healthix, Inc. for any purpose, *even in a medical emergency.*

**NOTE: UNLESS YOU CHECK THIS BOX, New York State law allows the people treating you in an emergency to get access to your medical records, including records that are available through Healthix, Inc..**

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 visiting Healthix's website at [www.healthix.org](http://www.healthix.org) or by calling Healthix at 877-695-4749.

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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)