

HIXNY ELECTRONIC DATA ACCESS CONSENT FORM
Albany & Saratoga Centers for Pain Management

In this Consent Form, you can choose whether to allow Albany Saratoga Pain Management to obtain access to your medical records through a computer network operated by the Healthcare Information Xchange of New York (HIXNY), 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 Albany Saratoga Pain Management 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, Albany Saratoga Pain Management’s staff involved in my care may see and get access to all of my medical records through HIXNY.”

If you check the **“I DENY CONSENT”** box below, you are saying “No, Albany Saratoga Pain Management may not be given access to my medical records through HIXNY for any purpose.”

HIXNY 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 HIXNY and ehealth in New York State, read the brochure, “Your Health Information – Always at Your Doctor’s Fingertips.” You can ask Albany Saratoga Pain Management for it, or go to the website www.hixny.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 Albany & Saratoga Centers for Pain Management to access ALL of my electronic health information through HIXNY in connection with providing me any health care services, including emergency care.**

- I DENY CONSENT for Albany & Saratoga Centers for Pain Management to access my electronic health information through HIXNY 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 HIXNY.

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)