



## Patient Denial of Consent to ALL Healthix Participating Organizations

### What You Should Know Before Signing This Form

Healthix is a RHIO, or regional health information organization, devoted to developing, deploying and operating innovative uses of interoperable health information technology and analytics to facilitate patient-centric care and promote improved health care quality, affordability and outcomes for New Yorkers. I understand that I have the right to grant or deny access to my protected health information via the Healthix portal. **I understand that Denial of Consent to all Healthix Participating Providers means my healthcare providers, insurers or other organizations participating in Healthix will not have access to my protected health information via Healthix.** To fulfill your request via mail please have this form notarized and return to Healthix. To reinstate access, I must contact Healthix at 1- 877-695-4749 and sign a new authorization form for the Healthix Participant to whom I wish to grant consent. By denying my consent, I understand that:

1. Health care providers and health insurers that are providing services to me will not be able to access my medical information about me through Healthix, **even in an emergency.**
2. My Denial of Consent will not affect the exchange of my medical information that occurred while my Consent was in effect.
3. No Healthix participating provider will deny me medical care and my insurance eligibility will not be affected based on my Denial of Consent.
4. My Denial of Consent does not prevent my health care providers from submitting claims to my health insurer for reimbursement for services rendered to me.

---

Patient Name

---

Patient Date of Birth

---

Patient Signature Date of

---

Signature

---

Patient Address

---

City/ State/ Zip Code

Print Name of Patient's Legal Representative (if applicable) Authority to sign on behalf of patient (e.g., parent, guardian, other, please explain: \_\_\_\_\_)

---

Signature of Legal Representative

---

Date of Signature