A Member of Cayuga Health System
101 Dates Dr.
Ithaca, NY 14850
(607)274-4011

A00082793308
BLAYK,BONZE ANNE ROSE

Consent to Shared Electronic Medical Information

Cayuga Medical Center is implementing a patient portal, My Cayuga Health, that will allow electronic medical information (Shared Medical Information) about you to be shared among Cayuga Medical Center and its affiliates, including Cayuga Medical Associates, Schuyler Hospital, the Schuyler Hospital Physician Group, and community physicians participating in CAP (collectively, the Participating Providers). The purpose for providing access to the Shared Medical information is to enhance patient safety and improve the quality of care. It is important that your medical and professional providers have all the information they need when planning for and providing your care.

Who May Access Information?

The only people who are permitted access to the Shared Medical Information about you are individuals providing services and care to you through a Participating Provider. These people may include your primary care providers, on call or after hour providers, pharmacies, clinical laboratories, hospitals, emergency department medical staff, and/or other specialty groups, practices and departments.

The Participating Providers are committed to protecting your privacy in accordance with applicable state and federal laws. Only authorized individuals at each Participating Provider are permitted access to your Shared Medical Information, and those individuals are permitted to access only that which is necessary for them to provide care or service to you. Each Participating Provider has policies in place to protect your confidentiality. There are penalties for inappropriate access to or use of your health information, including the Shared Medical Information.

If you consent to Participating Providers accessing your Shared Medical Information, you will have the ability to allow or deny access to your Shared Medical Information on an individual provider by provider basis by changing your access settings within My Cayuga Health. It is your responsiblity to change these settings if you want to deny access to the Shared Medical Information to any individual provider.

at Types of Information About You Are Included?

In an effort to provide complete and accurate medical information, the Shared Medical Information includes all types of medical information about you, including sensitive health information. This may include information created before and after the date of this Consent form. This also means that regardless of which Participating Provider you see, the individual providing care to you will have health information available to him/her before or at the time of your visit.

Your health information may include a history of illnesses, or injuries you have had, such as diabetes or a broken bone; test results, such as x-rays or blood tests; and lists of medicines you have taken.

This information may also relate to sensitive health conditions, including but not limited to:

* Alcohol or drug use
* Birth control, pregnancy, and abortion (family planning)
* Genetic (inherited) diseases or tests
* HIV/AIDS
* Mental health conditions
* Sexually transmitted diseases

Any health information about you may be re-disclosed to others only to the extent permitted by state and federal laws and regulations. New York State and federal laws provide special protections for some types of sensitive health information, including HIV/AIDS, Mental health and drug/alcohol treatment. Those special requirements must be followed whenever people receive that type of sensitive heatlh information.

Where Can I Get Additional Information?

If you have questions regarding this Consent or how your health information may be used and disclosed or if you would like to know which providers have access to the Shared Medical Information, please contact the individual provider who requested that you sign this Acknowledgement or Health Information Management at 607-274-4313.

A00082793308
BLAYK,BONZE ANNE ROSE

[illegible]hat Happens if I Withdraw My Consent?

You can withdraw your consent at any time by giving written notice of your withdrawal to any Participating Provider providing care or treatment to you at the time you wish to withdraw your consent. If you withdraw your consent, your Participating Providers may continue to have access to Shared Medical Information created prior to the date that your consent is withdrawn. You are entitled to a copy of this consent form after you sign it.

You Have Two Consent Choices - Please carefully consider the above information before making your decision

☑ **I GIVE CONSENT** for my Shared Medical Information to be disclosed to the Participating Providers for the purposes of providing me medical care.

☐ **I DENY CONSENT** for my Shared Medical Information to be disclosed to the Participating Providers for the purposes of providing me medical care *even in a medical emergency.*

Patient Name: BLAYK,BONZE ANNE ROSE

Patient Date of Birth 05/01/1956

Please write your email address here to receive an invitation to the Patient Portal: bonzesaunders@gmail.com

Patient Signature: [signature] Date/Time: 2/10/13

(Patient Signature Only)

A Member of Cayuga Health System

101 Dates Dr.
Ithaca, NY 14850
(607)274-4011

A00088571823
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Patient Name: **BLAYK,BONZE ANNE ROSE**

Patient Date of Birth **05/01/1956**

Please write your email address here to receive an invitation to the Patient Portal: ______________________

Patient Signature: Pt. Declined. Date/Time: 9-26-18(1030)

(Patient Signature Only)