

Trusted Exchange Framework and Common Agreement (TEFCA) HHHN, CommonWell, and HIXNY Fact Sheet

Details about the Trusted Exchange Framework and Common Agreement™, known as TEFCA™, and the sharing of patient information by Hudson Headwaters Health Network ("HHHN"), the CommonWell Health Alliance ("CommonWell") and the Health Information Xchange of New York ("HIXNY ") and the consent process:

TEFCA, operates in the United States as a nationwide framework for health information sharing. TEFCA was created by the U.S. Department of Health & Human Services Assistant Secretary for Technology Policy (ASTP) to remove barriers for sharing health records electronically among healthcare providers, patients, public health agencies, and payers. CommonWell is a key participant in TEFCA, acting as a Qualified Health Information Network that connects to the national TEFCA network. HIXNY is a regional health information exchange (HIE) that aligns with and leverages the national interoperability standards set by TEFCA.

- 1. How Your Information Will be Used.** Your electronic health information will be used by HHHN and Providers associated with CommonWell ("CommonWell Providers") only to:
 - Provide you with medical treatment and related services
 - Check whether you have health insurance and what it covers.
 - Evaluate and improve the quality of medical care provided to all patients.
 - Unless otherwise permitted by state and federal law and if permitted by HIXNY, your electronic health information shall be disclosed, accessed and used by HHHN and healthcare insurance plans only to:
 - Provide Care Management Activities. These include assisting you in obtaining appropriate medical care, improving the quality of healthcare services provided to you, coordinating the provision of multiple health care services provided to you, or supporting you in following a plan of medical care
 - Provide Quality Improvement Activities. These include evaluating and improving the quality of medical care provided to you and all HHHN patients and members.

NOTE: The choice you make in this Consent Form does NOT allow health insurers to have access to your information for the purpose of deciding whether to give you health insurance or pay your bills. You can make that choice in a separate Consent Form that health insurers must use.

- 2. What Types of Information About You Are Included.** If you give consent, HHHN and authorized CommonWell Providers may access All of your electronic health information available through CommonWell and all employees, agents, and members of the medical staff of HHHN may access ALL of your electronic health information available through HIXNY. This includes information created before and after the date of this Consent Form. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may relate to sensitive health conditions, including but not limited to:

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

***If you have received alcohol or drug abuse care, your record may include information related to your alcohol or drug abuse diagnoses, such as medications and dosages, lab test results, allergies, substance use history, trauma history, hospital discharges, employment, living situation and social support, and health insurance claims history.**

- 3. Where Health Information About You Comes From.** Information about you comes from places that have provided you with medical care or health insurance ("Information Sources") These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other health organizations that exchange health information electronically. Hudson Headwaters Patient Rights, Responsibilities and Privacy Practices which outline how your information is shared is available on HHHN's website at www.hhpn.org or you can contact the HHHN Privacy Officer by writing to HHHN, Privacy Officer, 9 Carey Road, Queensbury, NY 12804 or calling: 518-761-0300. A complete list of approved CommonWell Providers is available from CommonWell, at any time by checking Common Well's website at <https://www.commonwellalliance.org/who-is-connected/>. A complete list of current HIXNY Information Sources is available at any time by checking the HIXNY website at <https://www.hixny.org/healthcare-community/partners/> or by calling HIXNY at **518-640-0021**.
- 4. Who May Access Information About You, If You Give Consent.** CommonWell participates in the Trusted Exchange Framework and Common or TEFCA, which is a federal initiative that aims to create a national backbone of organizations called Qualified Health Information Networks (QHINs) that will connect to each other to improve nationwide data exchange. Only these people may access information about you: doctors and other health care providers who serve on the medical staff of HHHN or an approved CommonWell Providers who are involved in your medical care; health care providers who are covering or on call for one of HHHN's doctors or a CommonWell Provider's doctors; designated staff involved in quality improvement or care management activities, and staff members of HHHN or an approved CommonWell Provider who carry out activities permitted by this Consent Form described above in paragraph one. CommonWell offers Identity and Access Services (IAS) that enables health applications to access your health information with your authorization.

5. **Penalties for Improper Access to or Use of Your Information.** There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gotten access to information about you has done so, contact our Risk Management & Compliance Department at 518-409-8642 or via email at patientconcerns@hhhn.org. You can also contact one of the CommonWell Providers you have approved to access your records; or call the NYS Department of Health at 877-690-2211. If at any time you suspect that someone should not have seen or had access to information about you call HIXNY at: **518-640-0021**; or visit HIXNY's website <http://www.hixny.org>; or call the NYS Department of Health at 877-690-2211.
6. **Re-disclosure of Information.** Any electronic health information about you may be re-disclosed by HHHN or CommonWell Providers to others only to the extent permitted by state and federal laws and regulations. This is also true for health information about you that exists in a paper form. As stated in #2 above, if you give consent, ALL your electronic health information including sensitive health information will be available through CommonWell. Some state and federal laws provide special protections for certain kinds of sensitive health information related to (i) your assessment, treatment or examination of a health condition by certain providers; (ii) HIV/AIDS; (iii) mental illness; (iv) mental retardation and developmental disabilities; (v) substance abuse, and (vi) predisposition genetic testing. These specific requirements must be followed whenever people receive these kinds of sensitive health information. HHHN, HIXNY, people and entities including CommonWell Providers, who access this information through these health information exchanges must comply with these requirements.
7. **Effective Period.** This Consent Form will remain in effect until the day you withdraw your consent or until such time as HIXNY ceases operation, whichever is first.
8. **Withdrawing Your Consent.** You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to HHHN. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms on the resource hub at www.hhhn.org. Once completed you can fax or bring it to your provider.

Note: Organizations, including CommonWell Providers, that access your health information through CommonWell and/or HIXNY while your consent is in effect may copy or include your information in their own medical records. Even if you decide to withdraw your consent later, they are not required to return it or remove it from their records.
9. **Refusing to Check a Box (make a choice).** Unless you check the "I DENY CONSENT" 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 CommonWell. If you do not make a choice, the records will not be shared except in an emergency as allowed by New York State Law.
10. **Copy of Form.** You are entitled to get a copy of this Consent Form after you sign it.
11. **Right of Denying Consent** If you deny consent for HHHN and CommonWell Providers to access your information through CommonWell, your healthcare providers may not be able to access critical health information about you, obtained during a prior encounter, in a timely manner for treatment.

HHHN, COMMONWELL AND HIXNY CONSENT FORM

In this Consent Form, you can choose whether to allow Hudson Headwaters Health Network ("HHHN") health care providers and non-HHHN health care providers who may request access to your medical records for purposes of current treatment ("Providers") to obtain access to your medical records and/or health information through a computer network operated by the CommonWell Health Alliance ("CommonWell"). In order to enable HHHN and other providers to know what information may be available about you through CommonWell, you must enroll in CommonWell and verify all other providers where you were or are a patient. This can help your Providers collect the medical records you have in different places where you get health care, and make them available electronically to the Providers treating you. A complete list of approved CommonWell Providers is available from CommonWell, at any time by checking CommonWell's website at <https://www.commonwellalliance.org/who-is-connected/>

You may also use this Consent Form to decide whether or not to allow employees, agents or members of the medical staff of HHHN to see and obtain access to your electronic health records through HIXNY, which is a Health Information Exchange, or Regional Health Information Organization (RHIO), a not-for-profit organization recognized by the state of New York. This can also help collect the medical records you have in different places where you get healthcare, and make them available electronically to the Providers treating you. This consent also gives your permission for any HHHN program in which you are a patient or member, to access your records from your other health care providers who have you have authorized to disclose information through HIXNY. A complete list of current HIXNY Information Sources is available from HIXNY and can be obtained at any time by checking the HIXNY website at <https://www.hixny.org/healthcare-community/partners/> or by calling HIXNY at 518-640-0021. Upon request your provider will print this list for you from the HIXNY website.

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.**

HHHN and HIXNY share 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 your health care provider for it or go to the website www.ehealth4ny.org. HHHN and other Providers also share information about people's health with CommonWell to provide you with medical treatment and related services. To learn more about CommonWell read the information sheet entitled "For the Best Care, Enroll to Share" or visit the CommonWell website at www.commonwellalliance.org/

PLEASE CAREFULLY READ THE INFORMATION ON THE FACT SHEET BEFORE MAKING YOUR DECISION.

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

HIXNY AND COMMONWELL SHARING OF INFORMATION FOR TREATMENT PURPOSES

- 1. I GIVE CONSENT to ALL employees, agents and members of the medical staff of HHHN to access ALL of my electronic health information through CommonWell and Carequality and I GIVE CONSENT to ALL employees, agents and members of the medical staff of HHHN to access ALL of my electronic health information through HIXNY in connection with any of the permitted purposes described in the fact sheet, including providing me any health care services, including emergency care.**
- 2. I DENY CONSENT to ALL employees, agents and members of the medical staff of HHHN to access and share my electronic health information through CommonWell or HIXNY for any purpose, even treatment of a medical emergency.**

NOTE: Unless you check the "I DENY CONSENT" 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 CommonWell. If you don't make a choice, the records will not be shared except in an emergency as allowed by New York State Law.

SHARING OF INFORMATION FOR PERSONAL HEALTH RECORD APPS

Individual Access Services allows patients to initiate requests for their medical records from athenahealth through CommonWell, using your preferred Personal Health Record (PHR) application. While you can already access their medical records through the patient portal or the athenaPatient application, providing consent will enable you to query all athenahealth medical records with a single request via CommonWell.

- 1. I GIVE CONSENT to share my electronic health information through TEFCA & CommonWell to enable IAS and personal Health Record App usage.**
- 2. I DENY CONSENT to share my electronic health information TEFCA & CommonWell to enable IAS and personal Health Record App usage.**

NOTE: IF YOU DON'T MAKE A CHOICE, the records will not be shared for Personal Health Record App usage.

Print Name of Patient

Patient Date of Birth

Signature of Patient or Patient's Legal Representative

Date

Relationship of Legal Representative

Print Name of Legal Representative (if applicable)