

PSYCKES CONSENT FORM
Newburgh Child and Family Clinic

In this Consent Form, you can choose whether to allow your provider to obtain access to your MEDICAID medical records electronically through PSYCKES. This can help coordinate all the different types of health services you have received through MEDICAID and make them available electronically to this provider.

You may use this Consent Form to decide whether or not to allow this provider to see and obtain access to your electronic health information 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, this provider's staff involved in my care may see and get access to all of my medical information through PSYCKES."

If you check the **"I DENY CONSENT"** box below, you are saying "No, this provider may not see or be given access to my medical information through PSYCKES," THIS DOES NOT MEAN YOUR PROVIDER IS COMPLETELY BARRED FROM ACCESSING YOUR MEDICAL INFORMATION IN ANY WAY. FOR EXAMPLE, IF THE MEDICAID PROGRAM HAS A QUALITY CONCERN ABOUT YOUR HEALTHCARE, THEN UNDER FEDERAL AND STATE REGULATIONS YOUR PROVIDER MAY BE GIVEN ACCESS TO YOUR DATA TO ADDRESS THE QUALITY CONCERN. THERE ARE ALSO EXCEPTIONS TO THE CONFIDENTIALITY LAWS THAT MAY PERMIT YOUR PROVIDER TO OBTAIN NECESSARY INFORMATION DIRECTLY FROM ANOTHER PROVIDER FOR TREATMENT PURPOSES UNDER STATE AND FEDERAL LAWS AND REGULATIONS.

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 The Orange County Department of Mental Health to access ALL of my electronic health information through PSYCKES in connection with providing me any health care services.

I DENY CONSENT for The Orange County Department of Mental Health to access my electronic health information through PSYCKES; however, I understand that my provider may be able to obtain my information even without my consent for certain limited purposes if specifically authorized by state and federal laws and regulations.

Print Name of Patient

Date of Birth of Patient

Patient's Medicaid ID
Number

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative
to Patient (if applicable)

Signature of Witness

Print Name of Witness

Details about patient information in PSYCKES and the consent process:

1. How Your Information Will be Used. Your electronic health information will be used by only to:

- Provide you with medical treatment and related services
- Evaluate and improve the quality of medical care provided to all patients.
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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 *Orange County Mental Health* may access ALL of your electronic health information available through PSYCKES. 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:

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

3. Where Health Information About You Comes From. Information about you in PSYCKES comes from the New York State MEDICAID program.

4. Who May Access Information About You, If You Give Consent. Only these people may access information about you: doctors and other health care providers who serve on *Orange County Mental Health's* medical staff who are involved in your medical care; health care providers who are covering or on call for *Orange County Mental Health's* doctors; and staff members who carry out activities permitted by this Consent Form as described above in paragraph one.

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, call *Lacey Trimble* at 845-291-2600; or call the NYS Office of Mental Health Customer Relations at 800-597-8481.

6. Re-disclosure of Information. Any electronic health information about you may be re-disclosed by *Orange County Mental Health* 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. Some state and federal laws provide special protections for some kinds of sensitive health information, including HIV/AIDS and drug and alcohol treatment. Their special requirements must be followed whenever people receive these kinds of sensitive health information.

7. Effective Period. This Consent Form will remain in effect until 3 years after the last date you received any medical services from *Orange County Mental Health*, or until the day you withdraw your consent, whichever comes first.

8. Withdrawing Your Consent. You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to *Orange County Mental Health*. You can also change your consent choices by signing a new Consent Form at any time. You can get these forms from this provider or from the PSYCKES website at www.psyckes.com, or by calling *Lacey Trimble* at 845-291-2600. Note: Organizations that access your health information through *Orange County Mental Health* while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to withdraw your consent, they are not required to return it or remove it from their records.

9. Copy of Form. You are entitled to receive a copy of this Consent Form after you sign it.