

**RHIO CONSENT FORM**

**PROVIDER:** ROCHESTER URGENT CARE

Using this Consent Form, you can choose whether to allow the above-named provider to obtain access to your medical records through a computer network operated by the Rochester RHIO, 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 decide whether or not to allow the Provider named above to see and obtain access to your electronic health records by using this form. You can give consent or deny consent. This form may be filled out now or at a later date. **Your decisions will not affect your ability to get medical care or health insurance coverage. In addition, your choice to give or 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, the above named Provider's staff involved in my care may see and get access to all of my medical records through the Rochester RHIO."

If you check the **"I DENY CONSENT"** box below, you are saying "No, the Provider named above may NOT have access to my medical records through the Rochester RHIO for any purpose."

The Rochester RHIO is a not-for-profit organization. It shares information about peoples' health electronically and securely to improve the quality of health care services. This kind of sharing is called e-health or health information technology (HIT). To learn more about e-health in New York State, read the brochure, "Better Information Means Better Care." You can ask this provider for it, or go to the website [www.ehealth4ny.org](http://www.ehealth4ny.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 the Provider named above to access ALL** of my electronic health information through the Rochester RHIO in connection with providing me any health care services, including emergency care.
- I DENY CONSENT for the Provider named above to access** my electronic health information through the Rochester RHIO 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 the Rochester RHIO.**

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Legal Representative

\_\_\_\_\_  
Relationship of Legal Representative to Patient (if applicable)

\_\_\_\_\_  
Signature of Legal Representative