



# HSS Consent Form

## Epic Care Everywhere and Carequality

In this Consent Form, you can choose whether to allow Hospital for Special Surgery, its affiliated entities, and members of its medical staff and their practices (collectively, “HSS”) to share medical information from your HSS electronic medical record (“HSS Electronic Health Information”) with your non-HSS providers through the health information exchanges listed below (“HIEs”). HIEs allow health care providers to securely share your medical information electronically. The purpose is to improve your care by making sure your doctors, hospitals and other health care providers have a complete and recent picture of your health when and where it is needed for your treatment or care.

- **Epic Care Everywhere**, an electronic medical record sharing platform through Epic (the company that provides HSS’s electronic medical record system). Epic Care Everywhere allows non-HSS providers that use Epic to access your HSS Electronic Health Information for the Permitted Purposes described in the Additional Information section below. You can review a list of Epic Care Everywhere providers at <https://www.epic.com/careeverywhere/> (referred to in this document as the “**Care Everywhere Providers**”). This list is subject to change.
- **Carequality**, a nationwide registry of healthcare providers who share health data via the Carequality Interoperability Framework. Carequality allows non-HSS providers—regardless of whether such providers use Epic—to access your HSS Electronic Health Information for the Permitted Purposes described in the Additional Information section below. You can review a list of Carequality providers at <https://carequality.org/active-sites-search/> (referred to in this document as the “**Carequality Providers**”). This list is subject to change.

### ADDITIONAL INFORMATION

Details about HSS Electronic Health Information disclosed through Care Everywhere and Carequality, and the consent process:

#### 1. Definitions.

- “Care Everywhere Providers” means the Epic Care Everywhere providers listed at <https://www.epic.com/careeverywhere/>. This list is subject to change.
- “Carequality Providers” means Carequality providers listed at <https://carequality.org/active-sites-search/>. This list is subject to change.
- “Consent Form” means this HSS Consent Form for Epic Care Everywhere and Carequality.
- “HIEs” means the following health information exchanges: Epic Care Everywhere and Carequality.
- “HSS” means Hospital for Special Surgery, its affiliated entities, and members of its Medical Staff and their practices.
- “Participants” means Care Everywhere Providers and Carequality Providers.

#### 2. Permitted Purposes (How Your Information May be Used). HSS Electronic Health Information will be disclosed to Participants only for the purposes of:

- Providing you with medical treatment and related services.
- Conducting care management activities to assist you in obtaining appropriate medical care, improving the quality of 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.

#### 3. What Types of Information About You Are Disclosed. If you give consent on this Consent Form, the Participants may access ALL of your HSS Electronic Health Information. This includes information created before and after the date of this Consent Form. Your HSS Electronic Health Information may include a history of illnesses or injuries you have had



# HSS Consent Form

## Epic Care Everywhere and Carequality

(like diabetes or a broken bone), test results (including but not limited to X-rays, other images, 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
- Birth control and abortion (family planning)
- Genetic (inherited) diseases or tests
- HIV/AIDS
- Mental health conditions
- Sexually transmitted diseases
- Medication and Dosages
- Diagnostic Information
- Allergies
- Substance use history summaries
- Clinical notes
- Discharge summary
- Employment Information
- Living Situation
- Social Supports
- Claims Encounter Data
- Lab Test

4. **Who May Access Information About You, If You Give Consent.** Only doctors, medical staff members, employees, trainees, students, volunteers, and agents of the Participants may access your health information to carry out activities in the "Permitted Purposes" section above.
5. **Public Health and Organ Procurement Organization Access.** Federal, state, or local public health agencies and certain organ procurement organizations are authorized by law to access health information without a patient's consent for certain public health and organ transplant purposes. These entities may access your information for these purposes without regard to whether you give consent, deny consent, or do not fill out a Consent Form.
6. **Penalties for Improper Access to or Use of Your Information.** There are penalties for inappropriate access to or use of your HSS 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, you can contact the HSS Privacy Officer by writing to: HSS, Privacy Officer, 535 E. 70th St., New York, NY 10021 or by calling 212-774-7500.
7. **Re-disclosure of Information.** Participants may re-disclose your health information, but only to the extent permitted by state and federal laws and regulations. Alcohol/drug treatment-related information or confidential HIV-related information may only be accessed and may only be re-disclosed if accompanied by the required statements regarding prohibition of re-disclosure.
8. **Effective Period.** This Consent Form will remain in effect until the day you revoke this consent, change your consent choice or until such time as the applicable HIE ceases operation. If the Consent Form is signed by a parent or legal guardian of a minor, the consent decision will expire on the 18th birthday when the minor becomes an adult, and the patient will have to file a new Consent Form. If a HIE merges with another health information exchange, your consent choices will remain effective with the newly merged entity.
9. **Changing Your Consent Choice.** To revoke this consent or change your consent choice, please contact HIMReleaseofInformationTeam@HSS.EDU, or write to HSS, 535 East 70th Street, New York, NY 10021, Attn.: HIM Release of Information Team or send a customer service message via MyHSS.  
**Note:** Participants that access your health information as noted in this Consent Form, while your consent is in effect, may save, copy, or include your information in their own medical records. Even if you later decide to withdraw your consent, Participants are not required to return it or remove it from their records.
10. **Copy of Form.** You are entitled to get a copy of this Consent Form at any time.



# HSS Consent Form

## Epic Care Everywhere and Carequality

### CONSENT CHOICE

You have a right to refuse to give consent on this Consent Form. You do not need to give consent on this Consent Form to receive care at HSS. Your health care, the payment for your health care, and your health care benefits will not be affected if you do not consent via this Consent Form, but HSS will not be permitted to disclose your information as described on this Consent Form without you checking "I Give Consent" and signing below.

Your choice on this Consent Form will apply jointly to both Epic Care Everywhere and Carequality. You may change your decision at any time in the future by completing a new Consent Form.

Please check one box below:

**I GIVE CONSENT** for HSS to share my HSS Electronic Health Information with the Care Everywhere Providers and Carequality Providers, and for the Care Everywhere Providers and Carequality Providers to access all of my HSS Electronic Health Information in connection with any of the permitted purposes described in the Additional Information section below.

**I DENY CONSENT** to HSS to share my HSS Electronic Health Information with the Care Everywhere Providers and Carequality Providers. In a medical emergency, providers may be able to access my HSS Electronic Health Information regardless of my choice on this form.

**I DO NOT WISH TO DECIDE AT THIS TIME** whether to allow to HSS to share my HSS Electronic Health Information with the Care Everywhere Providers and Carequality Providers. In a medical emergency, providers may be able to access my HSS Electronic Health Information regardless of my choice on this form. I also acknowledge I may be prompted at future visits to review this form again. *(By selecting this option you will be Opted Out of Sharing)*

Patient Signature	Print Name
Date	Time
[only if applicable] Personal Representative Signature*	Date of Birth (mm/dd/yyyy)
Print	Authority
Address	
Date	Tel. No

\*Personal Representative may sign only if the patient (a) is a minor, or (b) lacks capacity and Personal Representative is a legally authorized representative of the patient. To revoke this authorization, please contact HIMReleaseofInformationTeam@HSS.EDU, or write to HSS, 535 East 70th Street, New York, NY 10021, Attn.: HIM Release of Information Team or send a message via the MyHSS Communications Center.