



Clinical Integration Privacy Notice & Consent Form

Northeast Pediatrics and Adolescent Medicine is pleased to be part of the Cayuga Area Preferred ("CAP") Clinical Integration Program. Clinical Integration is intended to improve the safety, efficiency, and quality of health care by allowing all health care providers participating in the CAP Clinical Integration Program to have access to and share data in your medical record in order to provide care to you and for purposes of improving the quality of care in the community. To learn more about Clinical Integration please talk to your physician. You can also call CAP at (607)274-4616.

Providers participating in the Clinical Integration Program are able to access protected health information (PHI) about you collected from all places where you get health care and from the insurance companies that pay for your health care. The collected information is only to be used in connection with providing care to you and for purposes of improving the quality of care in the community and is only open to providers participating in the CAP Clinical Integration Program and their staffs. You may decide whether or not to allow CAP participating providers and their staffs to access your protected health information. **Your choice to give or deny consent will not affect your ability to get medical care or health insurance coverage and will not be the basis for denial of health services.**

Furthermore, under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), you have certain rights to privacy regarding protected health information. With my permission, Northeast Pediatrics & Adolescent Medicine may use and disclose protected health information (PHI) about my child to carry out treatment, payment and healthcare operations (TPO). I also authorize the release of PHI (immunization records, medication consents, school physical/daycare health forms) to my child's school/daycare, _____. Please refer to Northeast Pediatrics & Adolescent Medicine's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Northeast Pediatrics & Adolescent Medicine reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to the Privacy Officer.

With my permission, the office of Northeast Pediatrics & Adolescent Medicine may call my home or other designated locations and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my permission, the office of Northeast Pediatrics & Adolescent Medicine may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards as long as they are marked Personal and/or Confidential.

By signing this form, you give consent for purposes of providing care to you for all providers participating in the CAP Clinical integration Program as well as Northeast Pediatrics and Adolescent Medicine and their staffs to access ALL of your protected health information available through the CAP database. You further acknowledge that you have received each provider's *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of your protected health information.

Print Name of Patient

Date of Birth

Signature of Patient or Patient's Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative
to Patient (if applicable)



Details About the CAP Clinical Integration Database.

1. How Will Information be Used?

Your electronic health information will be used by providers participating in the CAP Clinical Integration Program **only** to:

- Provide you with medical treatment and related services
- Evaluate and improve the quality of medical care provided to all patients.

2. What Types of Information Are Included?

The information in the database comes from electronic records of participating healthcare providers, facilities, and claims submitted to and/or paid by your health insurance company. This includes information created before and after the date you sign this form and may also include information that relates to sensitive health conditions, such as:

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

3. Who May Access Information About You, If You Give Consent.

Only doctors and other health care providers and their staffs who are involved in your medical care and who participate in the CAP Clinical Integration Program may access your Personal Health Information contained in the CAP database.

4. Penalties for Improper Access to or Use of Your Information. There are penalties for inappropriate access to or use of your protected health information. If, at any time, you suspect that someone who should not have seen or gotten access to information about you in the CAP database has done so, call CAP at: (607) 274-4616; or call the NYS Department of Health at 877-690-2211.

5. Re-disclosure of Information.

Persons who access information through the CAP database must comply with all the federal and state privacy laws which restrict re-disclosure about your health information. Access to information in the CAP database does not change these restrictions.

6. Effective Period. This consent will remain in effect until the day you withdraw your consent or the CAP Clinical Integration Program ceases all operations.

7. Withdrawing Your Consent. You can withdraw your consent at any time by signing a Withdrawal of Consent Form and giving it to any provider participating in the CAP Clinical Integration Program. You can get these forms from your healthcare provider or by calling CAP at (607)-274-4616.