



Your Health Information . . . Always at Your Doctor's Fingertips

To give you the safest, best care, your doctor usually needs a lot of information: your medical history, allergies, prescriptions, specialist visits, lab tests and more. Hixny (pronounced HIX-KNEE) is an easy way for your doctors to get this information.

Hixny has created a secure, electronic service for exchanging health information among hospitals and doctors in the Capital Region. This service allows your doctor to view and share information like medication history, allergies, and test results. It also lets doctors write prescriptions online and send them to your pharmacy.

The benefits of having accurate, up-to-date information include fewer repeated tests, reduced risk of mistakes, easier second opinions, and less chance of drug interactions.

Why does my doctor need online access to my medical information?

At a routine office visit, your doctor needs to have your current records. In a medical emergency, the doctors treating you may not have time to track down critical information that could affect your treatment – and you may not be able to provide it. If you sign up with Hixny to make your information available online to the doctors who need it, Hixny can literally save lives.

How do doctors get my information now?

Your doctors rely on phone calls, faxes, mail, and you to provide information they need. When you sign up for Hixny, your doctor will get a lot of your information from others who treat you using a secure online service. By spending less time tracking down information, doctors can spend more time on patient care.

Will my medical information be safe?

By law, Hixny uses the most advanced security to protect your privacy. Access to your information will be limited to doctors treating you, and Hixny tracks every person who accesses information. This service just makes it more efficient to get the information that is already being shared via telephone, faxes, and mail. There is no database that stores your information, just a secure way to share information between your doctors.

How do I sign up?

All you need to do is sign the *Hixny Consent Form* and return it to the registration desk.

What if I don't want some of my medical information shared through Hixny?

Hixny is not set up to exclude specific information, such as mental health information or sexually transmitted diseases. However, your information is kept private and secure. Only medical professionals who help provide your care can see your information.

What should I do if I change my mind?

If you change your mind, ask for another *Hixny Consent Form* to change your decision.

Why can't my teenager participate in Hixny?

New York State law allows teenagers to seek care for some conditions without parental knowledge or consent. Having their information accessible through Hixny could compromise the confidentiality protection guaranteed to teenagers by those laws.

What area does Hixny cover?

HIXNY includes 17 upstate counties: Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Warren, and Washington.

Get More Information: Ask us or contact Hixny: (518) 783-0518 or visit www.hixny.org.



Hixny Electronic Data Access Consent Form DeLuca Plastic Surgery

In this Consent Form, you can choose whether to allow DeLuca Plastic Surgery to obtain access to your medical records through a computer network operated by the Healthcare Information Xchange of New York (Hixny), 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 use this Consent Form to decide whether or not to allow DeLuca Plastic Surgery to see and obtain access to your electronic health records 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, DeLuca Plastic Surgery’s staff involved in my care may see and get access to all of my medical records through Hixny.”

If you check the “**I DENY CONSENT**” box below, you are saying “No, DeLuca Plastic Surgery may not be given access to my medical records through Hixny for any purpose.”

Hixny is a not-for-profit organization. It shares information about people’s health electronically and securely to improve the quality of health care services.

Please carefully read the information on both pages of this form before making your decision.

You have two choices:

- I GIVE CONSENT for DeLuca Plastic Surgery to access ALL of my medical records** through Hixny in connection with providing me any health care services, including emergency care.

- I DENY CONSENT for DeLuca Plastic Surgery to access my medical records** through Hixny for any purpose, *even in a medical emergency*. Unless you check this box, New York State law allows medical providers treating you in an emergency to get access to your medical records, including records that are available through Hixny.

Print Name of Patient

Date of Birth

Date

Signature of Patient or Patient’s Legal Representative

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)