

Please take the following steps in order to submit this form to Mount Sinai Health System:

Thoroughly read this *Cover Sheet*, the *Consent Form* (pages 1-2) and the _

_____ using a dark-colored pen. Do not use an 'x' or checkmark. You must fill in the oval completely. Complete the form by writing in your full name, date of birth, today's date and your signature in the appropriate areas. Submit your decision using one of the below options:

Submit the *Cover Sheet* and the *Consent Form*, completed and signed, to any Mount Sinai Health System patient registration location. You do not need to submit the *Fact Sheet*.

_____ : Mail the *Cover Sheet* and the *Consent Form*, completed and signed, to the following address:

Mount Sinai West
Release of Information Office
RM 1C-36
1000 Tenth Avenue
New York, NY 10019

The choices you make on this form will replace any previously recorded decision. If you wish to withdraw a previously submitted decision regarding the Enterprise Information Exchange program, please select the 4th consent choice on page 2 of the consent form, "*I do not wish to make a decision at this time*". Then follow the instructions above to submit the form.

If you choose to mail in this form, please note that your consent decision will only go into effect across Mount Sinai Health System once the form

Your consent choice on this form will apply jointly to all four platforms. You may change your decision at any time in the future by completing a new form. Please completely fill in only one choice out of the following 4 options:

I GIVE CONSENT to all of the Participants listed on the Mount Sinai HIE website to access my health information stored in the Mount Sinai HIE, to all of the Participants listed on the Epic and Carequality websites to access all of my MSHS electronic medical records, and to all employees, agents and members of the medical staff of MSHS to access all of my electronic health information available through Healthix in connection with any of the permitted purposes described in the fact sheet, including providing me any health care services and emergency care.

I DENY CONSENT, EXCEPT IN A MEDICAL EMERGENCY, to all of the providers listed on the Epic and Care6 (ha8.1 (l)2.6 (s5 0 11.04 259.Txt)-61b(t)-6.6 (2 (t)-6.6) (ar)es)-2 (P P)

- b. with respect to Healthix, until such time as Healthix ceases operation. If Healthix merges with another Qualified Entity your consent choices will remain effective with the newly merged entity; and
- c. with respect to Care Everywhere and Carequality, until Mount Sinai Health System no longer participates in these platforms.

10. Changing Your Consent Status . You can change your Consent Status at any time by signing a new Consent Form and selecting a new consent choice on page 1 of the form. You can get this Consent Form from your provider or on the Mount Sinai HIE website on the "Protecting Patient Health Information" page, <http://www.mountsinai.org/ms-connect/protecting-patient-health-information>. Once completed, please give the form to your provider and he or she will update our records appropriately.

Note: Participants that access your health information through these platforms 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, the

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