NYU LANGONE MEDICAL CENTER

NYU Hospitals Center and NYU School of Medicine
Consent for Electronic Health
Information System

I have received the NYU Langone Medical Center Electronic Health Information System Fact Sheet. It describes (1) the purpose of the NYU Langone Medical Center Electronic Health Information System; (2) how it works; and (3) how the providers participating in the NYU Langone Medical Center Electronic Health Information System will record and access my health information.

I acknowledge receipt of the Electronic Health Information System Fact Sheet. I have read and understand the Fact Sheet.

I also understand that by signing this form, I am agreeing to permit all NYULMC providers directly involved in my care to create, access, use and/or share my health information (including my electronic prescription records) for treatment, payment and healthcare operations and, to permit my health information to be available to my other health care providers, all as described in the attached Electronic Health Information Fact Sheet.

I also understand that there are other uses and disclosures of Protected Health Information that are permitted under applicable law and are outlined in the Notice of Privacy Practices.

I understand that this consent will remain in effect unless revoked in writing. Upon revocation, I understand that, except in an emergency, I can no longer be treated at NYU Langone Medical Center or by NYU providers who use the NYULMC EHR in their office practice.

Signature: _____ Date: _____ Time: _____ AM/PM
(Patient or person authorized to sign)
If the consenting party is other than the patient, print name and relation to patient:
_____