

Behavioral Health Care Collaborative (BHCC) Patient Information Sharing Withdrawal of Consent

Name of Behavioral Health Care Collaborative/Legal Entity

By signing this form I am saying that I no longer want my health information shared with the _____ BHCC.

By signing this form I am also taking away my permission for the BHCC and providers within the BHCC to share my personal health information with the other participating providers within the BHCC network, including information from the Regional Health Information Organization (RHIO) and/or the Office of Mental Health (OMH) PSYCKES computer systems. If I signed a separate consent form with an individual provider organization, the RHIO, and/or PSYCKES, my permission to share my personal information with providers and others through the RHIO and/or PSYCKES will continue. I understand that the providers who already have my health information do not have to give it back to me or take it out of their records.

I am aware that my personal health information will still be protected under New York State and U.S. laws and rules. The BHCC participating providers that currently have my health information must obey all of these rules.

Any previously signed consent forms for the _____ BHCC signed by me are hereby revoked.

Print Name of Patient

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 Patient Information and the Withdrawal of Consent Process

1. What will happen to my health information?

Your health information will be kept by providers who already have your information, but still must protect it by following all New York State and U.S. laws and rules.

2. What laws and rules cover how my health information can be shared?

These laws and regulations are New York State Education Law Section 6530(23), Mental Hygiene Law Section 33.13, New York Public Health Law Article 27-F, the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 CFR Parts 160 and 164 and the federal confidentiality regulations in 42 CFR part 2.

3. Who can get and see my information after I withdraw my consent?

People who can see health information already disclosed are: those that were part of the BHCC before you withdrew consent, like doctors and other people who work for a BHCC participating provider and who were involved in your health care; health care providers who are working for a BHCC provider who gave you care to help them check your health insurance or to study and make health care better for all patients. Also, when you got care from a person who was not your usual doctor or provider, like a new drugstore, new hospital, or other provider, some information, like what your health plan pays for or the name of your BHCC provider may have been given to them or seen by them. Health care providers involved in your care are not completely barred from accessing your medical information. For example, if you have Medicaid as your insurance and the Medicaid program has a quality concern about your healthcare, then under federal and state regulations your provider may be given access to your data to address that quality concern.

4. What if a person uses my information and I didn't agree to let them use it?

If this happens, you can contact your healthcare provider, the BHCC _____ at _____, the United States Attorney's Office at (212) 637-2800, or the NYS Office of Mental Health Customer Relations at 800-597-8481.

5. How long does my withdrawal of consent last?

Your withdrawal of consent will last until the day you sign a new consent to a BHCC.

6. What if I change my mind later and want to have my health information shared?

If you change your mind and wish to reinstate consent, you may do so by signing a new Behavioral Health Care Collaborative (BHCC) Patient Information Sharing Consent form.

7. How do I get a copy of this form?

After you sign this Withdrawal of Consent Form, ask for a copy and it will be provided to you.