

Children's Single Point of Access (C-SPOA) Patient Information Sharing Consent

Details About Patient Information and the Consent Process

1. How will SPOA providers use my information?

If you agree, SPOA providers will use your health information to:

- Coordinate your health care and manage your care;
- Check if you have health insurance and what it pays for; and
- Study and make health care for patients better.

The choice you make does NOT let health insurers see your information to decide whether to give you health insurance or pay your bills.

2. Where does my health information come from?

Your health information comes from places and people that gave your health care or health insurance in the past. These may include hospitals, doctors, drugstores, laboratories, health plans (insurance companies), the Medicaid program, and other groups that share health information. For a list of the information available in PSYCKES, visit the PSYCKES website at www.psyckes.org and see "About PSYCKES" or ask your treatment provider to print the list for you.

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

These laws and regulations include New York Mental Hygiene Law Section 33.13, New York Public Health Law Article 27-F, and federal confidentiality rules, including 42 CFR Part 2 and 45 CFR Parts 160 and 164 (which are the rules referred to as "HIPAA").

4. If I agree, who can get and see my information?

The only people who can see your health information are those who you agree can get and see it, like doctors and other people who work for the SPOA and who are involved in your health care and people who work for a SPOA provider who is giving you care to help them check your health insurance or to study and make health care better for all patients.

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

If you think a person used your information, and you did not agree to give the person your information, call one of the providers you have said can see your records, the SPOA at 518-828-9446 ext. 1280, the United States Attorney's Office at (212) 637-2800, or the NYS Office of Mental Health Customer Relations at 800-597-8481.

6. How long does my consent last?

Your consent will last until the day you take back your consent, or if the SPOA stops working, or three years after the last date of service from the SPOA, whichever comes first.

7. What if I change my mind later and want to take back my consent?

You can take back your consent at any time by signing a Withdrawal of Consent Form and giving it to the SPOA. You can get this form by calling 518-828-9446 ext. 1280. Note: Even if you later decide to take back your consent, providers who already have your information do not have to take it out of their records.

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

You can have a copy of this form after you sign it.