



## Community-Wide Deny Consent Policy

### ***Key discussion points to share with patients considering Community-wide No Consent***

A patient has the option to choose Community-wide Deny Consent. This 'Deny' consent is applied to **ALL** participants of HealthConnections. This consent has the following implications that should be discussed with the patient:

1. This consent will override all other consents at all other facilities that the patient has previously selected. For example, if the patient had selected 'Yes' at their primary care and allergist, but is now presenting at a hospital and wants to select 'Community-wide Deny', their primary care and allergist will not be allowed to access their medical records in the health information exchange.
2. In an emergency event, medical personnel will not be able to access the patient's medical records in the health information exchange, which could delay access to vital information from other sources.
3. Once this selection has been activated, it can only be changed via the *Process to remove Community-wide No Consent* below

### ***Process to activate the Community-wide Deny Consent***

The patient must do one of the following options:

1. Present at the HealthConnections office with a photo ID and complete the form to request Community-wide Deny Consent
2. Present at one of their providers with a photo ID and complete the form to request Community-wide Deny Consent. The provider will send the form to [support@hiemail.healthconnections.org](mailto:support@hiemail.healthconnections.org) or fax to 1-315-407-0053
3. The patient may request a Community-wide Deny Consent form to be completed and notarized. The patient may send back via U.S.P.S. or fax to 1-315-407-0053.

### ***Process to remove Community-wide Deny Consent***

The patient must do one of the following options:

1. Present at the HealthConnections office with a photo ID and complete the form to request removal of Community-wide Deny Consent.
2. Present at one of their providers with a photo ID and complete the form to request removal of Community-wide Deny Consent. The provider will send the form to [hiemail.healthconnections.org](mailto:hiemail.healthconnections.org) or fax to 1-315-407-0053. (Community Wide Deny Consent Revocation form)

HealthConnections will remove the Community-wide Deny Consent for the patient during daily support hours on Monday – Friday from 8am-4:30pm. There will be no after-hours or weekend support to remove the Community-wide Deny Consent.

The patient will be required to re-consent at all of his/her previously consented facilities.