



IHANY/Alliance Individual Consent To Receive and Share Health Information

The Alliance for Better Health Care, LLC, (Alliance), a Performing Provider System (PPS), and (ii) Innovative Health Care Alliance of NY, LLC (IHANY), an Accountable Care Organization (ACO), are NYS regulated organizations created to coordinate your care and to reduce unnecessary or duplicate medical procedures or tests. In many cases, Alliance and IHANY are business associates of health care providers involved in your care and treatment.

By signing this form, I, _____, allow Alliance and/or IHANY to share my health information with and receive my health information from:

- (i) the health care providers who are participating in Alliance and/or IHANY, who need the information to coordinate my care (these providers are listed on the websites linked below); and
- (ii) other non-participating health care providers and organizations listed below, that need the information to give me care, manage my care or study my care to make health care better for patients.

A list of health care providers participating in IHANY and/or Alliance, information about revoking consent, and further information can be found at ihany.org and allianceforbetterhealthcare.com.

I understand and consent that the health information these providers and organizations share may include:

- information obtained from Hixny
- information from before and after the date I sign this form
- alcohol and drug treatment information, HIV/AIDS information, mental health conditions, and/or information about sexually transmitted diseases, to the extent permitted by law.

Print Individual's Name

Date of Birth

Individual's Signature

Date

List of other health care providers or organizations that may not be participating in the PPS and/or ACO that I consent to receive and share my health information in order to coordinate and manage my care:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____