



INSTRUCTIONS

- Read both the form and FAQ carefully. We encourage students and families to have a thoughtful conversation about how they will balance the need for privacy with the need for personal and/or financial support.
By voluntarily signing this form, you are identifying, authorizing, and granting permission to the individual(s) named below to discuss and access your personal health information (PHI) to assist in your care.
You must specify the PHI your designee has permission to access.
Submit the form to Cornell Health following the instructions in the FAQ (page 2 of this document).

PATIENT / CLIENT (please print)

Name _____ Date of birth (mm/dd/yyyy) _____
Address _____ Phone # _____

AUTHORIZED INDIVIDUAL #1

Name _____ Relationship to patient _____
Address _____ Phone # _____

AUTHORIZED INDIVIDUAL #2 (if more than one)

Name _____ Relationship to patient _____
Address _____ Phone # _____

HEALTH RECORD DESIGNEE AUTHORIZATION

- As indicated by my initials in the space to the left of the options below, I grant to the authorized individual(s) named above access to my personal health information. CHOOSE ONE of these two options:

_____ ONLY the health information, condition, incident, or treatment specified here:

_____ ALL personal health information NOTE: "All" does not include information related to the sensitive health topics listed in the box. Separate authorization is required for those topics.

Additional authorization is required if you want your designee(s) to be able to access your PHI on any of these topics.

As indicated by my initials in the space to the left of the categories I have selected below, I grant to the authorized individual(s) named above access to these categories of personal health information. I have not initialed categories for which I choose not to share PHI.

_____ Alcohol/drug-related information _____ HIV-related information (including testing)
_____ Gender-related information _____ Sexual health information (e.g., sexual activity and assault,
infections and testing, reproductive health, contraception)
_____ Mental health information

- I understand that I may revoke this Health Record Access Designee Authorization at any time by notifying the HIPAA Privacy Officer or my health care provider at Cornell Health. I understand that if I do revoke this authorization, it will not have any effect on any actions taken by Cornell Health prior to their receipt of the revocation.
I understand that my treatment or payment of treatment will not be conditioned on whether I sign this authorization or not.
I understand that information disclosed pursuant to this form may be redisclosed by my Health Record Designee, in which case it will no longer be protected under HIPAA privacy law.
I understand that this designation will expire one year from the date executed and that I must renew this authorization should I want my Health Record Designee to continue to have access.

Signature of patient / client _____ Date (mm/dd/yyyy) _____

Health Record Access Designee FAQ

What is a Health Record Access Designee?

The Health Record Access Designee is an individual to whom a patient/client grants authority to have access to their protected health information (PHI). For example, a person may want someone to assist with billing questions or to be apprised of their health status. Naming a Health Record Access Designee assures that we have a record of the patient/client's wishes in this regard and, should the need arise, are able to share information according to those wishes.

How does one name a Health Record Access Designee at Cornell Health?

The patient/client must complete our Health Record Access Designee Authorization form.

Where can one obtain a copy of Cornell Health's Health Record Access Designee Authorization form?

Go to health.cornell.edu, and search "Designee Authorization."

Does the Health Record Access Designee Authorization expire?

The Designee Authorization will expire one year from the date the form was signed. It must be renewed should the patient/client want the designee to continue to have access.

Does a Health Record Access Designee have access to all of the patient/client's health record?

The form requires the patient/client to specify the PHI to which they are giving access:

- The patient/client may choose to allow access to all PHI.
- The patient/client may choose to limit access to a specific condition, incident, or treatment.
- The form requires explicit permission from the patient/client for access to sensitive information (such as that related to mental health, sexual health, and or alcohol/drug use).

Does the Health Record Access Designee Authorization give the designee authority to make health care decisions on behalf of the patient/client?

No. Completing and signing this form does not give the designee authority to make health care decisions for the patient/client. It only allows the designee to have access to specified personal health information.

Is there a form to designate someone to make health care decisions in the rare situation a patient/client is in a coma or vegetative state or otherwise incapacitated and unable to communicate their medical choices?

Yes. We encourage everyone to designate a health care proxy, whatever their stage of life or state of health. The New York State Health Care Proxy form describes what a health care proxy is and why it is important:

<https://www.health.ny.gov/publications/1430.pdf>

If you would like Cornell Health to keep your New York State Health Care Proxy form in your health record, please submit a copy following instructions below.

To submit forms to Cornell Health, please use one of these options:

- In person at Cornell Health
- By FAX: 607.255.0269
- By mail: Cornell Health, Attn: Health Records
110 Ho Plaza Ithaca, NY 14853-3101
- Upload at myCornellHealth.health.cornell.edu
- From Home Screen, click on "Messages"
- Then "New message;" then "Send message or attachment to Health Records"