



Cornell Health

Permission to Share Personal Health Information

Cornell students may submit this form to give Cornell Health permission to discuss specific Personal Health Information (PHI) with a family member(s) and/or other trusted individual(s).

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 call Cornell Health to discuss your personal health information (PHI) to assist in your care.
- You must specify the PHI the individual(s) named below and Cornell Health has permission to discuss.
- 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 # _____

PERMISSION FOR CORNELL HEALTH TO SHARE INFORMATION

- **As indicated by my initials** in the space to the left of the options below, I give Cornell Health permission to discuss my personal health information with the authorized individual(s) named above. 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 to give Cornell Health permission to share 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 give Cornell Health permission to discuss specific PHI with the authorized individual(s) named above. I have *not* initialed categories for which I choose *not* to share PHI.

_____ Alcohol/drug-related information
_____ Gender-related information
_____ Mental health information

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

- I understand that I may revoke this permission to share my personal health information (PHI) 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 permission, 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 permission may be redisclosed by the individual(s) I have listed on this form, in which case it will no longer be protected under HIPAA privacy law.
- I understand that this permission will expire one year from the date executed and that I must renew this permission should I want Cornell Health to continue to share my PHI with the individual(s) listed on this form.

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

Permission to Share PHI form: FAQ

Information for Cornell Health patients / clients

What is the purpose of the Permission to Share Personal Health Information (PHI) form?

This form gives Cornell Health permission to discuss specific Personal Health Information (PHI) with a family member(s) and/or other trusted individuals(s). For example, you may want someone to assist with billing questions or to be apprised of your health status. This form assures that we have a record of your wishes in this regard and, should the need arise, enables us to share information according to those wishes.

Does the Permission to Share PHI form expire?

The Permission to Share PHI form will expire one year from the date the form was signed. It must be renewed should you want Cornell Health to continue to be able to discuss specific Personal Health Information (PHI) with a family member(s) and/or other trusted individual(s).

Does the Permission to Share PHI form allow Cornell Health to discuss with the individual(s) listed on this form all information in my health record?

The form requires you (the patient/client) to specify the PHI to which you are giving access:

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

Can the individual(s) listed on this form have access to copies of my medical records?

No, they can only receive verbal information about your PHI. To get copies of medical records, you would need to complete our Authorization for Release of Health Records form (found at health.cornell.edu/forms). Please note: Cornell Health does not allow students to sign a “blanket” authorization form. You will need to sign a release form each time you want new information released from your records.

Does the Permission to Share PHI form give individual(s) named on this form the authority to access my patient portal?

No. Your patient portal is for your use only. Sharing your NetID password – even with immediate family – is a violation of Cornell University policy and has the potential of putting your privacy at risk. If you have shared your NetID password, you should change it immediately so you are not in violation of the Cornell University policy. To change your NetID password, go to netid.cornell.edu and click on “Change your Password.”

Does the Permission to Share PHI form give individual(s) named on this form the authority to make health care decisions on my behalf?

No. Completing and signing this form gives Cornell Health permission to discuss specified Personal Health Information (PHI) with those listed on the form.

Is there a form to designate someone to make health care decisions in the rare situation that I am in a coma or vegetative state, or otherwise incapacitated and unable to communicate my 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: 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 (Level 6)
- 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”