



Karen Horney Clinic

Provider/Facility Name

About PSYCKES

The New York State (NYS) Office of Mental Health maintains the Psychiatric Services and Clinical Enhancement System (PSYCKES). This online database stores some of your medical history and other information about your health. It can help your health providers deliver the right care when you need it.

The information in PSYCKES comes from your medical records, the NYS Medicaid database and other sources. Go to www.psyckes.org, and click on **About PSYCKES**, to learn more about the program and where your data comes from.

This data includes:

- Your name, date of birth, address and other information that identifies you;
- Your health services paid for by Medicaid;
- Your health care history, such as illnesses or injuries treated, test results and medicines;
- Other information you or your health providers enter into the system, such as a health Safety Plan.

What You Need to Do

Your information is confidential, meaning others need permission to see it. Complete this form now or at any time if you want to give or deny your providers access to your records. What you choose will not affect your right to medical care or health insurance coverage.

Please read the back of this page carefully before checking one of the boxes below. Choose:

- “I GIVE CONSENT” if you want this provider, and their staff involved in your care, to see your PSYCKES information.
- “I DON’T GIVE CONSENT” if you don’t want them to see it.

If you don’t give consent, there are some times when this provider may be able to see your health information in PSYCKES – or get it from another provider – when state and federal laws and regulations allow it.¹ For example, if Medicaid is concerned about the quality of your health care, your provider may get access to PSYCKES to help them determine if you are getting the right care at the right time.

Your Choice. Please check 1 box only.

☐ **I GIVE CONSENT** for the provider, and their staff involved in my care, to access my health information in connection with my health care services.

☐ **I DON’T GIVE CONSENT** for this provider to access my health information, but I understand they may be able to see it when state and federal laws and regulations allow it.

Print Name of Patient

Patient’s Date of Birth

Patient’s Medicaid ID Number

Signature of Patient or Patient’s Legal Representative

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative
Patient (if applicable)

If you are submitting this form online simply select the "Submit" button when complete.
Otherwise, you can email (TheClinic@karenhorneyclinic.org), fax (212-838-7158) or mail this form to:

Attn: Manjulika Chatterjee
Karen Horney Clinic
329 E. 62nd Street
New York, NY 10065

¹ Laws and regulations include NY Mental Hygiene Law Section 33.13, NY Public Health Law Article 27-F, and federal confidentiality rules, including 42 CFR Part 2 and 45 CFR Parts 160 and 164 (also referred to as "HIPAA").

- 1 **How providers can use your health information.** They can use it only to:
 - Provide medical treatment, care coordination, and related services.
 - Evaluate and improve the quality of medical care.
 - Notify your treatment providers in an emergency (e.g., you go to an emergency room).
- 2 **What information they can access.** If you give consent, _____ can see ALL your health information in PSYCKES. This can include information from your health records, such as illnesses or injuries (for example, diabetes or a broken bone), test results (X-rays, blood tests, or screenings), assessment results, and medications. It may include care plans, safety plans, and psychiatric advanced directives you and your treatment provider develop. This information also may relate to sensitive health conditions, including but not limited to:

• Mental health conditions	• Genetic (inherited) diseases or tests
• Alcohol or drug use	• HIV/AIDS
• Birth control and abortion (family planning)	• Sexually transmitted diseases
- 3 **Where the information comes from.** Any of your health services paid for by Medicaid will be part of your record. So are services you received from a state-operated psychiatric center. Some, but not all information from your medical records is stored in PSYCKES, as is data you and your doctor enter. Your online record includes your health information from other NYS databases, and new databases may be added. For the current list of data sources and more information about PSYCKES, go to: www.psyckes.org and see "About PSYCKES", or ask your provider to print the list for you.
- 4 **Who can access your information, with your consent.** _____'s doctors and other staff involved in your care, as well as health care providers who are covering or on call for _____. Staff members who perform the duties listed in #1 above also can access your information.
- 5 **Improper access or use of your information.** There are penalties for improper access to or use of your PSYCKES health information. If you ever suspect that someone has seen or accessed your information – and they shouldn't have – call:
 - _____ at _____, or
 - the NYS Office of Mental Health Customer Relations at **800-597-8481**.
- 6 **Sharing of your information.** _____ may share your health information with others only when state or federal law and regulations allow it. This is true for health information in electronic or paper form. Some state and federal laws also provide special protections and additional requirements for disclosing sensitive health information, such as HIV/AIDS, and drug and alcohol treatment.¹
- 7 **Effective period.** This Consent Form is in effect for 3 years after the last date you received services from _____, or until the day you withdraw your consent, whichever comes first.
- 8 **Withdrawing your consent.** You can withdraw your consent at any time by signing and submitting a Withdrawal of Consent Form to _____. You also can change your consent choices by signing a new Consent Form at any time. You can get these forms at www.psyckes.org or from your provider by calling _____ at _____. Please note, providers who get your health information through _____ while this Consent Form is in effect may copy or include your information in their medical records. If you withdraw your consent, they don't have to return the information or remove it from their records.
- 9 **Copy of form.** You can receive a copy of this Consent Form after you sign it.

¹ Laws and regulations include NY Mental Hygiene Law Section 33.13, NY Public Health Law Article 27-F, and federal confidentiality rules, including 42 CFR Part 2 and 45 CFR Parts 160 and 164 (also referred to as "HIPAA").