Hixny

Bassett Healthcare Network
Community Health Navigation

Withdrawal of Consent

Bassett CHN Program

I have previously signed a Patient Consent Form that granted Bassett CHN Program access to my medical information through Healthcare Information Xchange of New York, doing business as Hixny. At this time, I no longer want Bassett CHN Program to have access to my medical information through Hixny.

1. This Withdrawal of Consent applies to Bassett CHN Program only. I understand that if I wish to withdraw my consent granting other Hixny organizations that participate in my treatment access to my medical information, I must do so by contacting these other Hixny Participants directly.

2. I understand that, by checking one of the boxes below, I am either denying Bassett CHN Program the right to access my medical information ***even in case of emergency,*** or I am granting emergency access to my medical information:

   - **I wish my medical information to be available to Bassett CHN Program in case of emergency**
   - **I do not wish my medical information to be available to Bassett CHN Program even in case of emergency**

3. I understand that this Withdrawal of Consent will not affect or undo any exchange of my medical information that occurred while my original consent was in effect.

4. I understand that my withdrawal of consent for Bassett CHN Program does not affect any consent(s) that I may have previously given to other Hixny Participant(s). These will remain in effect until I specifically withdraw them by contacting these other Hixny Participants directly.

5. I understand that it may take several days to process this Withdrawal of Consent.

6. I understand that no Hixny Participant can deny me medical care as a result of this Withdrawal of Consent. I also understand that my health insurance eligibility cannot be affected this Withdrawal of Consent.

_____	_____
Print Name of Patient	Date of Birth
_____	_____
Signature of Patient/Patient's Representative (if Patient unable to sign)	Date
_____	_____
Print Name of Patient's Representative	Relationship of Patient's Representative