

# **Stony Brook Medicine**

**General Consents,  
Agreements,  
Acknowledgments  
and**

**Guide to Observation Services**



Stony Brook **Medicine**

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# I. We Speak Your Language

Stony Brook Medicine complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Stony Brook Medicine does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity or expression, or physical or intellectual disability.

## **Stony Brook Medicine:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

## **If you need these services, contact:**

### **Stony Brook**

#### **University Hospital**

Roseanna Ryan

Director of Patient Advocacy and  
Language Assistance Services

Phone **1-631-444-2880**

### **Stony Brook**

#### **Eastern Long Island Hospital**

Janet Jackowski

VP, Behavioral Health and  
Social Services

Phone **631-477-5710**

### **Stony Brook**

#### **Southampton Hospital**

Eylin Loria

Director of Diversity, Equity,  
Inclusion and Language Services

Phone **1-631-726-8331**

If you believe that Stony Brook Medicine has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity, you can file a grievance with:

### **Stony Brook University Hospital**

Roseanna Ryan

Director of Patient Advocacy and  
Language Assistance Services

101 Nicolls Road, Hospital,  
Level 5, Room 540

Stony Brook, NY 11794-7522

Phone **1-631-444-2880** or

Fax **1-631-444-6637**

Email [roseanna.ryan@](mailto:roseanna.ryan@stonybrookmedicine.edu)

[stonybrookmedicine.edu](mailto:roseanna.ryan@stonybrookmedicine.edu)

### **Stony Brook**

#### **Eastern Long Island Hospital**

Janet Jackowski

VP, Behavioral Health and Social Services  
Stony Brook

Eastern Long Island Hospital

201 Manor Place

Greenport NY 11944

Phone **631-477-5710**

Email [Janet.Jackowski@](mailto:Janet.Jackowski@stonybrookmedicine.edu)

[stonybrookmedicine.edu](mailto:Janet.Jackowski@stonybrookmedicine.edu)

### **Stony Brook**

#### **Southampton Hospital**

Mark Strecker

Executive Director,  
Patient and Guest Services

240 Meeting House Lane

Southampton, NY 11968

Phone **1-631-726-8941**

Email [Mark.Stecker@](mailto:Mark.Stecker@stonybrookmedicine.edu)

[stonybrookmedicine.edu](mailto:Mark.Stecker@stonybrookmedicine.edu)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

**1-800-368-1019, 800-537-7697 (TDD)**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Stony Brook University/SUNY is an affirmative action, equal opportunity educator and employer.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.  
Llame a Stony Brook Hospital e Eastern Long Island: 1-631-444-2880/Southampton Hospital: 1-631-726-8331.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.  
Telefono në Stony Brook Hospital dhe Eastern Long Island: 1-631-444-2880 / Southampton Hospital: 1-631-726-8331.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يمكن الاتصال بمستشفى  
Stony Brook Hospital ومستشفى Eastern Long Island: 1-631-444-2880 / مستشفى Southampton Hospital: 1-631-726-8331.

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে।  
Stony Brook Hospital and Eastern Long Island কল করুন: 1-631-444-2880 / Southampton Hospital: 1-631-726-8331.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。  
請致電 Stony Brook Hospital and Eastern Long Island : 1-631-444-2880 / Southampton Hospital : 1-631-726-8331。

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le  
Stony Brook Eastern Long Island Hospital au : 1-631-444-2880 / le Stony Brook Southampton Hospital au : 1-631-726-8331.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.  
Rele Stony Brook ak Eastern Long Island Hospital: 1-631-444-2880 / Southampton Hospital: 1-631-726-8331.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες  
παρέχονται δωρεάν. Καλέστε το Stony Brook Hospital and Eastern Long Island στο: 1-631-444-2880 /  
το Southampton Hospital στο: 1-631-726-8331.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.  
Chiamare Stony Brook Hospital and Eastern Long Island: 1-631-444-2880 / Southampton Hospital: 1-631-726-8331

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
Stony Brook Eastern Long Island Hospital(스토니 브룩 이스턴 롱 아일랜드 병원)에 1-631-444-2880번으로 /  
Southampton Hospital(사우스햄턴 병원)에 1-631-726-8331번으로 연락해 주십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Numer telefonu do  
szpitala Stony Brook Hospital i Eastern Long Island Hospital: 1-631-444-2880 / numer telefonu do szpitala  
Southampton Hospital: 1-631-726-8331.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.  
Звоните в больницу Stony Brook Eastern Long Island Hospital по телефону: 1-631-444-2880 / в больницу  
Southampton Hospital по телефону: 1-631-726-8331.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.  
Tawagan ang Stony Brook Hospital at Eastern Long Island: 1-631-444-2880 / Ospital ng Southampton: 1-631-726-8331.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔  
سٹونی بروک ہسپتال اور ایسٹرن لانگ آئی لینڈ کو کال کریں: 1-631-444-2880 / ساؤتھیمپٹن ہسپتال: 1-631-726-8331

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל.  
רופט Stony Brook Hospital און Southampton Hospital: 1-631-726-8331 / Eastern Long Island: 1-631-444-2880

## II. What You Need to Know

This booklet, *Stony Brook Medicine General Consents, Agreements, Acknowledgments and Guide to Observation Services*, serves to assist you and your representative to understand what you need to know about your general consents, and includes the language contained in the electronic or paper consent that you sign. This booklet is given to you at the time you sign the consent, agreements, and acknowledgment forms for your general care and treatment at your Stony Brook Medicine hospital or provider location.

These general consents and agreements do not include specific procedural or surgical consents, signed separately given to you by doctors or other licensed practitioners. At Stony Brook Medicine, a general consent and agreement form is signed for each Inpatient, Observation, Emergency Department, Ambulatory Surgery (and corresponding) encounter.

For hospital ambulatory services a general consent and agreement form is signed for each person which is valid for one full year (365 days) for these kind of visits.

If you have any questions, please know that you may ask your Stony Brook care provider, or you may refer to the helpful phone numbers at the back of this booklet.

### **General Consent and Agreements for the Following Services: Inpatient, Observation, Emergency Department, Ambulatory Surgery and Pre-Surgical Testing**

This general consent and agreement form is specifically for your emergency department, observation visit, inpatient stay, ambulatory surgery stay, and/or your pre-surgical testing related to this encounter, thus if you come in through the emergency room and give consent and later are admitted as an inpatient for example, this consent covers you for this encounter. Another example would be signing this consent at the time of pre-surgical testing which covers the pre-surgical testing visit as well as the consent for that surgical procedure, so long as the testing and the procedure are within 30 days of each other. This General Consent includes the following sections:

- 1) General Consent for Treatment
- 2) Telehealth Services
- 3) Disposal of Tissues and Specimens
- 4) Responsibility for Patient Care
- 5) Right to Designate a Caregiver (to choose someone you want to take care of you when you go home)
- 6) Photographs/Videos/Voice Recordings
- 7) Use of Artificial Intelligence
- 8) Personal Valuables
- 9) Communications
  - Notice of Privacy Practices Acknowledgment

If you have any further questions about your consents, you may ask at the time of your registration or anytime thereafter or see the section titled "Helpful Phone numbers" for further inquiries.

## **General Consent and Agreements for Hospital Ambulatory Services**

This general consent and agreement form is specifically for your ambulatory services which include hospital outpatient visits. This consent shall be valid for all hospital services you receive for one year (through 365 days). This General Consent includes the following sections:

- 1) General Consent for Treatment
- 2) Telehealth Services
- 3) Disposal of Tissues and Specimens
- 4) Responsibility for Patient Care
- 5) Photographs/Videos/Voice Recordings
- 6) Use of Artificial Intelligence
- 7) Communications
  - Notice of Privacy Practices Acknowledgment

If you have any further questions about your consents, you may ask at the time of your registration or anytime thereafter or see the section titled "Helpful Phone Numbers" for further inquiries.

### **Agreements for Physician Practices *[FOR PATIENTS RECEIVING OUTPATIENT PROVIDER VISITS]***

Similar to the General Consent, this agreement is specifically for your outpatient *provider* visit.

## **Additional Sections – General Consents and Agreements**

### **Privacy Acknowledgment *[FOR ALL PATIENTS]***

Signing the Acknowledgment of Privacy Practices acknowledges that we have explained that your information is held in the strictest confidence and we follow all regulations regarding health care privacy in adherence to HIPAA regulations.

### **Release of Information, Authorization to Release Health Information to My Caregiver, Release of Information to Primary Care Practitioner & Uniform Assignment *[FOR ALL PATIENTS]***

The Assignment of Benefits provides us with permission to bill your insurance company. Your signature on the Release of Information and on the Uniform Assignment allows our facility to bill your insurance company for payment with your consent. And similarly, to permit information to be given to a caregiver if you choose one.

### **Financial Agreement/Guarantee of Payment *[FOR ALL PATIENTS]***

The Financial Agreement acknowledges that you are responsible for all or part of your bill. This includes hospital and separate physician billing. Please see Section V for out of network care. Some physicians may or may not be within your health plan. Included are phone numbers and web addresses for further information.

By paying with a credit card, you acknowledge this amount is no longer considered medical debt. You are foregoing certain federal and state protections around medical debt, specifically, limitations on interest rates and the prohibitions against wage garnishment, property liens and the reporting of medical debts to credit bureaus.

### **Medicare Assignment of Benefits *[FOR MEDICARE PATIENTS ONLY]***

By signing the Medicare Assignment of Benefits, you are authorizing the hospital to submit a claim for payment to Medicare on your behalf.

## **Other Consents and Notices**

### **An Important Message from Medicare About Your Rights [FOR INPATIENT MEDICARE PATIENTS ONLY]**

Because you are a Medicare patient, this is an acknowledgment that you have received an Important Message from Medicare about your rights as an inpatient.

### **Medicare Lifetime Reserve Days Election Form [FOR INPATIENT MEDICARE PATIENTS ONLY]**

Please be sure to read and understand the lifetime reserve days. If you have questions or would like help with this, please refer to the phone numbers indicated on the Medicare Lifetime Reserve Days Election form included in this booklet.

### **Medicare Outpatient Observation Notice (MOON)**

Understanding your rights and status as an observation patient are covered in this booklet, including related consents.

### **New York Motor Vehicle No-Fault Insurance Law Assignment of Benefits Form (if applicable) [FOR PATIENTS INVOLVED IN MOTOR VEHICLE AND PEDESTRIAN ACCIDENTS, \*EXCLUDING MOTORCYCLE ACCIDENTS]**

*\*If the patient carries MedPay insurance, this form would be applicable for motorcycle accidents.*

This is an important form if you were involved in a motor vehicle accident related to no fault allowing Stony Brook Medicine to bill and receive reimbursement on your behalf.

### **Patient Consent to the Release of Records for NYS External Appeal [FOR HOSPITAL SERVICES ONLY]**

The patient/patient's designee and the patient's provider have the right to an external appeal of certain adverse determination made by health plans. In the event an external appeal is filed, consent to the release of your medical records is necessary.

### **PSYCKES Information and Consent/Withdrawal [FOR MEDICAID PATIENTS ONLY]**

This consent allows your treatment team to access your health information in a Medicaid database. This Medicaid database containing your medical and behavioral health information will help our treatment team provide you with the best possible care.

### **Healthix [FOR ALL PATIENTS]**

The Stony Brook Medicine health system, its facilities and providers participate in Healthix, a health information exchange that allows healthcare providers throughout New York State to securely share information about a patient's medical history electronically to improve the quality of healthcare. Healthix is certified by the NYSDOH and meets all HIPAA, Federal and NYS confidentiality laws. Consent to access this data is granted by the patient. At Stony Brook Medicine, you may choose to give consent, give consent only in the event of a medical emergency, or deny consent.

### **Paying For Your Care at Stony Brook Medicine – Participating and Out of Network (OON) Services [FOR ALL PATIENTS]**

Please see this section in the booklet to understand how you will be charged for the services you will receive including charges by non-participating providers and out of network coverage.

### **Has Anything Changed [FOR ALL PATIENTS]**

For your safety and to ensure appropriate billing, up to date information is important. Please see section VI. "Has Anything Changed?" to ensure that we have your current Pharmacy, Primary Care Physician, Contact and Insurance Coverage information.

### **Beneficiary Notification Letter**

We are participating in the Centers of Medicare and Medicaid (CMS) Transforming Episode Accountability Model (TEAM). ACMS model is a trial program, and a way of testing how health care can be improved for people with Medicare and Medicaid. Our participation does not change the level of your care, rights or benefits and nothing is required of you. If you are included in this Care Improvement Model, a Care Manager will provide you with more detail.

# III. General Consents, Agreements and Acknowledgments



## General Consent and Agreements for the Following Services: Inpatient, Observation, Emergency Department, Ambulatory Surgery and Pre-Surgical Testing

### **By signing this document:**

#### **General Consent and Agreements for Inpatient, Emergency Department, Observation, Ambulatory Surgery and Pre-Surgical Testing**

- 1. General Consent for Treatment:** I consent for Stony Brook University Hospital (Stony Brook University Hospital including all locations) to perform routine diagnostic and treatment procedures including x-rays, blood tests and IVs (intravenous fluids) and medications. I understand that this General Consent and Agreement is for this Encounter, Inpatient Admission, Surgical Procedure, Ambulatory Surgery and the corresponding Pre-surgical Testing visit, or Emergency Department visit and/or Observation stay. I further understand that other Inpatient Encounters, Surgical Procedures/Ambulatory Surgery Procedures and the corresponding Pre-surgical Testing visits, Emergency Department visits, and/or Observation stays, will need another General Consent and Agreement form to be signed.
- 2. Telehealth Services:** I understand that I may elect to get Telehealth Services.  
Telehealth includes both telemedicine and remote patient monitoring. Telemedicine is the use of two-way, real time interactive audiovisual communication between patient and physician or other licensed clinical providers which include assessment, diagnosis and treatment. For patients being seen by a psychiatry or behavioral health provider, telemedicine may also include real time audio (phone) communication if two-way, real time interactive audiovisual communication is not feasible or upon patient request.  
Images and/or conversations from the Telehealth video conferences may be recorded and may become part of the electronic medical record.  
My doctor will document Telehealth notes in my medical chart in the same manner as in a face-to-face session.  
I may withhold or withdraw my consent to Telehealth services at any time, and it will not affect my future care.
- 3. Disposal of Tissues and Specimens:** I understand that all tissues and specimens removed from me during my care and treatment become the property of Stony Brook University Hospital. I also authorize Stony Brook University Hospital to dispose of such tissues and specimens as appropriate when required.
- 4. Responsibility for Patient Care:** I understand that my attending physician is responsible for my care and that he/she may assign other physicians, practitioners, and hospital staff members as deemed appropriate, to provide care to me. I also understand that since Stony Brook University Hospital is a teaching facility, medical, nursing, social work and other students may observe or assist in my care, under the direction of my physician and other staff members.
- 5. Right to Designate a Caregiver:** You will be asked during your nursing assessment if you would like to name a "Caregiver" who can help you with tasks at home after you leave the hospital. This could be a family member, friend, neighbor or anyone else who is significant in your life. Your Caregiver does not have to be your health care agent or next of kin. Your Caregiver will be included in any necessary teaching regarding your discharge plan and any other instructions and demonstrations by hospital staff related to things that you may need after you leave the hospital. This could include medications, dressing changes and follow-up appointments. If you agree, we will share your medical information with your Caregiver so they can better help you.

6. **Photographs/Video/Voice Recordings:** I understand that photos, videos, or voice recordings (“recordings”) may be taken of me to help with my medical care. These recordings may be used to document or plan my care and will become part of my medical record. If recordings are wanted for teaching or other educational purposes, I will be told before the recordings are made, and given a chance to say yes or no. If I say yes, these recordings will not be part of my medical record. If SBUH wants to publish or share these recordings, other than during a Telehealth visit, they will get my written authorization first, unless the recordings do not identify who I am or have been changed so that I cannot be identified.
  7. **Use of Artificial Intelligence (AI):** I understand that Stony Brook Medicine may use AI tools to help provide care. These tools may be used for things like writing notes, helping with medical decisions, tests, and planning your care. A healthcare professional always reviews any results made with AI, and AI does not replace their judgment. We will protect your health information as required by law. When possible, you will be given a chance to ask that AI not be used.
  8. **Personal Valuables:** I acknowledge that Stony Brook University Hospital is not responsible for any personal property that I bring to the hospital. I understand that I should not bring any valuables (jewelry, furs, expensive clothing, or other items) with me to the hospital and that I should send valuables home with a family member or friend. However, if I am unable to do this, I understand that I can have my small valuables collected by staff and brought to the cashier’s office and locked in a safe.
  9. **Communications:** I understand Stony Brook Medicine uses a variety of communication methods such as telephone (including voicemail messages), text messages and emails to communicate for purposes such as appointment reminders, available services and other important health care related communications. I understand that by providing Stony Brook Medicine with my contact information such as my mobile telephone number and email address, Stony Brook Medicine may use that contact information to communicate to me limited protected health information (PHI) related to my care. Additionally, I understand other persons who may receive or answer my communications may receive limited PHI such as appointments, available services, or other important health care related information.
- 

## Privacy Acknowledgment

**Notice of Privacy Practices Acknowledgment:** I understand that I received a copy of the Stony Brook Joint Notice of Privacy Practices (“NPP”) today or at a past visit on or after February 16, 2026. The NPP explains how the entities listed in it may use and share my health information, including certain substance use disorder treatment information protected by federal law (42 CFR Part 2). I also understand that I can ask for more details about special privacy rules for other types of health information, such as mental health, genetic counseling, or HIV-related information.

**Research Contacts:** I understand that SBUH is a teaching and research center. I may be contacted about participating in clinical research that could help me or support scientific progress. I may choose not to be contacted about research when I register or as described in the Notice of Privacy Practices.

**Release of Information:** I consent to the release of all or part of my health record to insurance carriers, government agencies, and other third party payors as needed in order for Stony Brook University Hospital to obtain reimbursement for my care. I consent to the use and disclosure of my protected health information as necessary to treat my condition, obtain payment for treatment and conduct health care operations.

I am responsible for notifying the facility if I do not want my medical record for this encounter to be shared with my insurance company. I understand I will be responsible for payment.

This consent shall expire in twelve (12) months or upon the date, event, or condition listed below.

I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance upon it.

*Federal regulations (42 CFR Part2) prohibit disclosure of certain substance abuse treatment information without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of this information will not be sufficient for this purpose.*

### **Authorization to Release Health Information to My Caregiver**

I consent to the release of health information regarding my care and treatment to the Caregiver identified during my Nursing Assessment to assist me in my home when I leave the hospital. To the extent necessary for the Caregiver to assist me, this may include information relating to alcohol and drug abuse treatment, mental health treatment and HIV-related information. A separate authorization form will be obtained when required by law.

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire 12 months from the date signed.

### **Release of Information to Primary Care Practitioner & Uniform Assignment**

**Release of Information to Primary Care Practitioner:** I authorize Stony Brook University Hospital staff to disclose the health care related information for this encounter to my Primary Care Practitioner (PCP) for the purpose of continuity of my health care. I understand that this will include information relating to Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) Infection. A separate authorization form will be obtained when required by law.

**Uniform Assignment:** I transfer, assign and set over to Stony Brook University Hospital/University Faculty Practice Corporations, sufficient monies and/or benefits to which I may be entitled from governmental agencies, insurance carriers or others who are financially liable for my hospitalization and medical care to cover the costs and treatment rendered to myself or my dependent.

**Financial Agreement/Guarantee of Payment:** I, the undersigned patient or responsible party, agree to be fully responsible for payment to Stony Brook University Hospital/University Faculty Practice Corporations for the care and treatment of the patient whose name appears on this form.

I understand that this includes cost-sharing payments to the provider (including any co-payments and deductibles) for care and treatment as required by the patient's health insurance contract and benefits.

I understand that the patient is responsible for ensuring that authorizations and approvals are obtained as required by their insurance company. If prior approval is not obtained when required or authorization has been denied, I am fully responsible for all charges that the insurance company does not pay, as may be specified under the provisions of my insurance contract and to the extent permitted by law.

By paying with a credit card, I acknowledge this amount is no longer considered medical debt. I am foregoing certain federal and state protections around medical debt, specifically, limitations on interest rates and the prohibitions against wage garnishment, property liens and the reporting of medical debts to credit bureaus.

I understand that I am responsible for providing accurate information to the provider regarding: contact, demographic, health insurance and other pertinent information required for hospital/professional billing and that I must promptly notify the provider of any changes in this information. I agree to provide any other information reasonably requested by the provider in order to bill for the care and treatment provided.

I understand that if I have any questions about my bills I may call:

Hospital Billing/Financial Services:      Stony Brook University Hospital: 631-444-4151  
Stony Brook Southampton Hospital: 631-723-2160  
Stony Brook Eastern Long Island Hospital: 631-477-5555

Additional Contact Numbers:              Stony Brook CPMP Physicians (Physician & Hospitalist) Services:  
631-444-4800  
Stony Brook Southampton Emergency Room Physician Billing:  
1-855-691-9890  
Stony Brook Southampton Hospitalist Billing: 631-726-3172  
Meeting House Lane Medical Practice (Physician): 631-283-1126

You may contact your Physician or Hospitalist Practice with questions regarding your physician/hospitalist bill.

## MEDICARE ASSIGNMENT OF BENEFITS FOR MEDICARE PATIENTS

**Medicare Assignment of Benefits:** I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Centers for Medicare and Medicaid Services or its intermediaries or carriers, any information needed for this or any related Medicare Claim. I request that payment of authorized benefits be made on my behalf directly to the physician or organization providing medical care. I assign, transfer and set over all benefits payable for physician services to the physician or organization to submit a claim to Medicare for payment.

**Information Guides:** I acknowledge that, in accordance with the New York State Department of Health guidelines, I have received:

As an inpatient:

- Department of Health booklet titled: Your Rights As a Hospital Patient In New York State
- Booklet titled: What You Need To Know as a Patient

As an outpatient:

- Booklet titled: What You Need To Know as a Patient

**I have read this entire document and I understand it. I have been given the chance to ask questions and understand that I may ask more questions at any time once it has been explained to me.**

The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. I may request a copy of this form after signing.

\_\_\_\_\_  
Signature of Patient (or Representative)

\_\_\_\_\_  
Relationship (if other than Patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Title or Relationship to Patient

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

English: AD2N540 (4/26)  
Spanish: AD2N549 (4/26)

# General Consent and Agreements for Hospital Ambulatory Services

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## **By signing this document:**

**1. General Consent for Treatment:** I consent for Stony Brook University Hospital (Stony Brook University Hospital including all locations) to perform routine diagnostic and treatment procedures including x-rays, blood tests, IVs (intravenous fluids) and medications. I understand that for Outpatient Visits, Ambulatory Visits, Testing Services and Physician Visits this general consent and agreement will be effective for one year from the date of my signature unless withdrawn. I further understand any Inpatient Admissions, Ambulatory Surgery Procedures, Emergency Department Visits and Observation Stays will require a new additional general consent and agreement to be completed and signed.

**2. Telehealth Services:** I understand that I may elect to get Telehealth Services.

Telehealth includes both telemedicine and remote patient monitoring. Telemedicine is the use of two-way, real time interactive audio video communication between patient and physician or other licensed clinical providers which include assessment, diagnosis and treatment. For patients being seen by a psychiatry or behavioral health provider, telemedicine may also include real time audio (phone) communication if two-way, real time interactive audio video communication is not feasible or upon patient request.

Images and/or conversations from the Telehealth video conferences may be recorded and may become part of the electronic medical record.

My doctor will document Telehealth notes in my medical chart in the same manner as in a face to face session.

I may withhold or withdraw my consent to Telehealth services at any time, and it will not affect my future care.

**3. Disposal of Tissues and Specimens:** I understand that all tissues and specimens removed from me during my care and treatment become the property of Stony Brook University Hospital. I also authorize Stony Brook University Hospital to dispose of such tissues and specimens as appropriate when required.

**4. Responsibility for Patient Care:** I understand that my attending physician is responsible for my care and that he/she may assign other physicians, practitioners and hospital staff members as deemed appropriate to provide care to me. I also understand that since Stony Brook University Hospital is a teaching facility, medical, nursing, social work and other students may observe or assist in my care under the direction of my physician and other staff members.

**5. Photographs/Video/Voice Recordings:** I understand that photos, videos, or voice recordings (“recordings”) may be taken of me to help with my medical care. These recordings may be used to document or plan my care and will become part of my medical record. If recordings are wanted for teaching or other educational purposes, I will be told before the recordings are made, and given a chance to say yes or no. If I say yes, these recordings will not be part of my medical record. If SBUH wants to publish or share these recordings, other than during a Telehealth visit, they will get my written authorization first, unless the recordings do not identify who I am or have been changed so that I cannot be identified.

**6. Use of Artificial Intelligence (AI):** I understand that Stony Brook Medicine may use AI tools to help provide care. These tools may be used for things like writing notes, helping with medical decisions, tests, and planning your care. A healthcare professional always reviews any results made with AI, and AI does not replace their judgment. We will protect your health information as required by law. When possible, you will be given a chance to ask that AI not be used.

**7. Communications:** I understand Stony Brook Medicine uses a variety of communication methods such as telephone (including voicemail messages), text messages and e-mails to communicate for purposes such as appointment reminders, available services and other important healthcare related communications. I understand that by providing Stony Brook Medicine with my contact information such as my mobile telephone number and email address, Stony Brook Medicine may use that contact information to communicate to me limited protected health information (PHI) related to my care. Additionally, I understand other persons who may receive or answer my communications may receive limited PHI such as appointments, available services, or other important healthcare related information.

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## Privacy Acknowledgment

**Notice of Privacy Practices Acknowledgment:** I understand that I received a copy of the Stony Brook Joint Notice of Privacy Practices (“NPP”) today or at a past visit on or after February 16, 2026. The NPP explains how the entities listed in it may use and share my health information, including certain substance use disorder treatment information protected by federal law (42 CFR Part 2). I also understand that I can ask for more details about special privacy rules for other types of health information, such as mental health, genetic counseling, or HIV-related information.

**Research Contacts:** I understand that SBUH is a teaching and research center. I may be contacted about participating in clinical research that could help me or support scientific progress. I may choose not to be contacted about research when I register or as described in the Notice of Privacy Practices.

**Release of Information:** I consent to the release of all or part of my health record to insurance carriers, government agencies, and other third-party payors as needed in order for Stony Brook University Hospital to obtain reimbursement for my care. I consent to the use and disclosure of my protected health information as necessary to treat my condition, obtain payment for treatment and conduct health care operations.

I am responsible for notifying the facility if I do not want my medical record for this encounter to be shared with my insurance company. I understand I will be responsible for payment.

This consent shall expire in twelve (12) months or upon the date, event, or condition listed below.

I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance upon it.

*Federal regulations (42 CFR Part2) prohibit disclosure of certain substance use disorder abuse treatment information without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of this information will not be sufficient for this purpose.*

## Release of Information to Primary Care Practitioner & Uniform Assignment

**Release of Information to Primary Care Practitioner:** I authorize Stony Brook University Hospital and its staff to disclose the health care related information for this encounter to my Primary Care Practitioner (PCP) for the purpose of continuity of my health care. I understand that this will include information relating to Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) Infection. A separate authorization form will be obtained when required by law.

**Uniform Assignment:** I transfer, assign and set over to Stony Brook University Hospital sufficient monies and or benefits to which I may be entitled from governmental agencies, insurance carriers or others who are financially liable for my hospitalization and medical care to cover the costs and treatment rendered to myself or my dependent.

**Financial Agreement/Guarantee of Payment:** I, the undersigned patient or responsible party, agree to be fully responsible for payment to Stony Brook University Hospital (Stony Brook University Hospital including all locations) for the care and treatment of the patient whose name appears on this form.

I understand that this includes cost-sharing payments to the provider (including any co-payments and deductibles) for care and treatment as required by the patient's health insurance contract and benefits.

I understand that the patient is responsible for ensuring that authorizations and approvals are obtained as required by their insurance company. If prior approval is not obtained when required or authorization has been denied, I am fully responsible for all charges that the insurance company does not pay, as may be specified under the provisions of my insurance contract and the extent permitted by law.

By paying with a credit card, I acknowledge this amount is no longer considered medical debt. I am foregoing certain federal and state protections around medical debt, specifically, limitations on interest rates and the prohibitions against wage garnishment, property liens and the reporting of medical debts to credit bureaus.

I understand that I am responsible to provide accurate information to the provider regarding: contact, demographic, health insurance and other pertinent information required for hospital/professional billing and that I must promptly notify the provider of any changes in this information. I agree to provide any other information reasonably requested by the provider in order to bill for the care and treatment provided.

I understand that if I have any questions about my bills I may call:

Hospital Billing/Financial Services: Stony Brook University Hospital: 631-444-4151  
Stony Brook Southampton Hospital: 631-723-2160  
Stony Brook Eastern Long Island Hospital: 631-477-5555

Additional Contact Numbers: Stony Brook CPMP Physicians (Physician & Hospitalist) Services:  
631-444-4800  
Stony Brook Southampton Emergency Room Physician Billing:  
1-855-691-9890  
Stony Brook Southampton Hospitalist Billing: 631-726-3172  
Meeting House Lane Medical Practice (Physician): 631-283-1126

You may contact your Physician or Hospitalist Practice with questions regarding your physician / hospitalist bill.

## MEDICARE ASSIGNMENT OF BENEFITS FOR MEDICARE PATIENTS

**Medicare Assignment of Benefits:** I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Centers for Medicare and Medicaid Services or its intermediaries or carriers, any information needed for this or any related Medicare Claim. I request that payment of authorized benefits be made on my behalf directly to the physician or organization providing medical care. I assign, transfer and set over all benefits payable for physician services to the physician or organization to submit a claim to Medicare for payment to me.

**Information Guides:** I acknowledge that, in accordance with the New York State Department of Health guidelines, I have received the booklet titled *What You Need To Know as a Patient*.

Delivery Method:

- Written publications
- Access to electronic versions
- Patient declined written publication and/or electronic access

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**I have read this entire document and I understand it. I have been given the chance to ask questions and understand that I may ask more questions at any time once it has been explained to me.**

The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. I may request a copy of this form after signing.

\_\_\_\_\_  
Signature of Patient (or Representative)

\_\_\_\_\_  
Relationship (if other than Patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Title or Relationship to Patient

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

# Agreements for Physician Practices

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**Financial Agreement / Guarantee of Payment:** I, the undersigned patient or responsible party, agree to be fully responsible for payment to Stony Brook University Hospital/University Faculty Practice Corporations for the care and treatment of the patient whose name appears on this form.

I understand that this includes cost sharing payments to the provider (including any co-payments and deductibles) for care and treatment as required by the patient's health insurance contract and benefits. I understand that the patient is responsible for ensuring that authorizations and approvals are obtained as required by their insurance company. If prior approval is not obtained when required or authorization has been denied, I am fully responsible for all charges that the insurance company does not pay, as may be specified under the provisions of my contract and the extent permitted by law.

I understand that I am responsible to provide accurate information to the provider regarding: contact, demographic, health insurance and other pertinent information required for hospital/professional billing and that I must promptly notify the provider of any changes in this information. I agree to provide any other information reasonably requested by the provider in order to bill for the care and treatment provided.

I understand that if I have any questions about my bills I may call:

- 631-444-4151 for Patient Accounts/Hospital Billing
- 631-444-4800 for CPMP Physicians Billing

**Photographs/Video/Voice Recordings:** I understand that photos, videos, or voice recordings ("recordings") may be taken of me to help with my medical care. These recordings may be used to document or plan my care and will become part of my medical record. If recordings are wanted for teaching or other educational purposes, I will be told before the recordings are made, and given a chance to say yes or no. If I say yes, these recordings will not be part of my medical record. If SBUH wants to publish or share these recordings, other than during a Telehealth visit, they will get my written authorization first, unless the recordings do not identify who I am or have been changed so that I cannot be identified.

**Use of Artificial Intelligence (AI):** I understand that Stony Brook Medicine may use AI tools to help provide care. These tools may be used for things like writing notes, helping with medical decisions, tests, and planning your care. A healthcare professional always reviews any results made with AI, and AI does not replace their judgment. We will protect your health information as required by law. When possible, you will be given a chance to ask that AI not be used.

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**Research Contacts:** I understand that SBUH is a teaching and research center. I may be contacted about participating in clinical research that could help me or support scientific progress. I may choose not to be contacted about research when I register or as described in the Notice of Privacy Practices.

**Release of Information:** I consent to the release of all or part of my health record to insurance carriers, government agencies, and other third party payors as needed in order for Stony Brook University Hospital/ University Faculty Practice Corporations to obtain reimbursement for my care. I consent to the use and disclosure of my protected health information as necessary to treat my condition, obtain payment for treatment and conduct health care operations.

I am responsible for notifying the facility if I do not want my medical record for this encounter to be shared with my insurance company. I understand I will be responsible for payment.

This consent shall expire in twelve (12) months or upon the date, event, or condition listed below.

I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance upon it.

*Federal regulations (42 CFR Part2) prohibit disclosure of certain substance use disorder abuse treatment information without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of this information will not be sufficient for this purpose.*

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## **Release of Information to Primary Care Provider & Uniform Assignment**

**Release of Information to Primary Care Provider:** I authorize Stony Brook University Hospital, and University Faculty Practice Corporations staff to disclose health care related information to my Primary Care Practitioner (PCP) for the purpose of continuity of my health care. I understand that this will include information relating to Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) Infection.

**Uniform Assignment:** I transfer, assign and set over to Stony Brook University Hospital/University Faculty Practice Corporations, sufficient monies and or benefits to which I may be entitled from governmental agencies, insurance carriers or others who are financially liable for my hospitalization and medical care to cover the costs and treatment rendered to myself or my dependent.

**The following section ONLY pertains to Medicare patients.  
Patients signing this form who have Medicare Benefits understand that this  
information is included for their signature.**

**MEDICARE**

**Medicare Assignment of Benefits:** I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct, I authorize any holder of medical or other information about me to release to the Social Security Administration and Centers for Medicare and Medicaid Services or its intermediaries or carriers, any information needed for this or any related Medicare Claim. I request that payment of authorized benefits be made on my behalf directly to physician or organization providing medical care. I assign, transfer and set over all benefits payable for physician services to the physician or organization to submit a claim to Medicare for payment to me.

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**I have read this entire document and I understand it. I have been given the chance to ask questions and understand that I may ask more questions at any time once it has been explained to me.**

The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. I may request a copy of this form after signing.

_____ Signature of Patient (or Representative)	_____ Relationship (if other than Patient)	_____ Date	_____ Time
_____ Print Name of Witness	_____ Title or Relationship to Patient		
_____ Signature of Witness	_____ Date	_____ Time	

**My Signature indicates approval related to my care and treatment by the University  
Faculty Practice Corporations (UFPCs) listed:**

- Stony Brook Anaesthesiology, UFPC
- Stony Brook Children's Service, UFPC
- Stony Brook Dermatology Associates, UFPC
- Stony Brook Emergency Physicians, UFPC
- Stony Brook Family and Preventive Medicine, UFPC
- Stony Brook Internists, UFPC
- Neurology Associates of Stony Brook, UFPC
- New York Spine & Brain Surgery, UFPC
- University Associates in Obstetrics & Gynecology, UFPC

- Stony Brook Ophthalmology, UFPC
- Stony Brook Orthopaedic Associates, UFPC
- Stony Brook Pathologists, UFPC
- Stony Brook Psychiatric Associates, UFPC
- Stony Brook Radiation Oncology, UFPC
- Stony Brook Radiology, UFPC
- Stony Brook Surgical Associates, UFPC
- Stony Brook Urology, UFPC

## Important Message from Medicare

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# Medicare

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Patient Name: \_\_\_\_\_

Patient Number: \_\_\_\_\_

Hospital Name: Stony Brook Medicine

Hospital address/Hospital telephone number:

- Stony Brook University Hospital: 101 Nicholls Road, Stony Brook, NY 11794 / 631-689-8333
- Stony Brook Eastern Long Island Hospital: 201 Manor Place, Greenport, NY 11944 / 631-477-1000
- Stony Brook Southampton Hospital: 240 Meeting House Lane, Southampton, NY 11968 / 631-726-8200

## Important Message from Medicare

### Your Rights as a Hospital Inpatient

- You can get Medicare-covered services. This includes medically necessary hospital services. You have a right to know what services are covered.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave. You can speak with your doctor or other hospital staff if you have any concerns.
- You can report any concerns about the quality of care you get to your Quality Improvement Organization at: Commence Health- Telephone (English and Spanish): 1-866-815-5440, TTY (English and Spanish): 1-866-868-2289. Quality Improvement Organizations are independent of Medicare.

### You Can Appeal Your Hospital Discharge

- If you think you're being discharged from the hospital too soon, you can appeal right away.
- To appeal, call your Quality Improvement Organization at: Commence Health- Telephone (English and Spanish): 1-866-815-5440, TTY (English and Spanish): 1-866-868-2289. You should ask for an appeal as soon as possible and before you leave the hospital. If you appeal before you leave, you'll have coverage while you wait in the hospital for your appeal decision.
- If you decide to appeal, your Quality Improvement Organization will look at your records and give you its decision about 2 days after you ask for an appeal.
- After you leave the hospital, you can still appeal. Call your Quality Improvement Organization if you have Original Medicare. If you have a Medicare Advantage plan call your plan at \_\_\_\_\_

## What Happens After I Appeal?

- If you appeal, you'll get another notice called the Detailed Notice of Discharge. It explains the reasons why your covered hospital stay shouldn't continue.
- If your appeal decision is favorable to you, Medicare will continue to cover your hospital services.
- If you don't appeal, or if the decision on your appeal isn't favorable to you, you may have to pay for any services you get after your discharge date.

## Additional Information (Optional):

To speak to someone at Stony Brook University Hospital about this notice, please call:		Delivered to Authorized Representative _____ Verbal _____ In person
Hospital Name	Provider ID Number	Contacted by _____
<b>Stony Brook University Hospital</b> Stony Brook University Hospital Psychiatry Care Management Department at 631-444-2552	330393 33S393	Name of Authorized Representative _____
<b>Stony Brook Eastern Long Island Hospital</b> Care Management Department at 631-477-5373	330393	Telephone Number _____
<b>Stony Brook Southampton Hospital</b> Care Management Department at 631-726-8901	330393	Time/Date of Phone Contact _____

Sign below to show you received and understood this notice.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



# Medicare

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048. Paid for by the Department of Health & Human Services.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1019. The time required to prepare and distribute this collection is 10 minutes per notice, including the time to select the preprinted form, complete it and deliver it to the beneficiary. If you have comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, PRA Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Paid for by the Department of Health & Human Services

Form CMS 10065

Expiration 03/31/2029 • OMB approval 0938-1019

English: AD2N534 (4/26)  
Spanish: AD2N543 (4/26)



# Medicare Lifetime Reserve Days Election Form

Medicare beneficiaries have a lifetime reserve of 60 days of inpatient hospital services to draw upon after having used 90 days of inpatient hospital services in a benefit period. This set number of lifetime reserve days can be used only once over the course of your lifetime, and you may elect to use them in whole or in part toward your hospital stay.

Payment will be made for such additional days of hospital care after the 90 days of benefits have been exhausted unless the individual elects not to have such payment made (and thus saves the reserve days for a later time).

- Yes** I elect to use my Lifetime Reserve Days  
A coinsurance amount equal to one-half of the inpatient hospital deductible applies to lifetime reserve days.
- No** I elect not to use my Lifetime Reserve Days  
By not using my Lifetime Reserve Days, I understand that I will be responsible for all hospital charges not reimbursed by Medicare because of this election, except those covered under Medicare Part B. Where Medicare Part B payments may be made for services furnished during the period covered by the election, I will be responsible for the deductible and 20 percent coinsurance amounts. This may be covered by supplemental coverage.

If you do not sign this form, your Lifetime Reserve Days will be used for this stay in accordance with Medicare rules.

Requests to revoke/cancel this agreement must be made within 90 days after discharge by contacting:

- Stony Brook University Hospital Patient Accounts at (631) 444-4151.
- Stony Brook Eastern Long Island Hospital Billing at (631) 477-5555.
- Stony Brook Southampton Hospital Patient Access Financial Services at (631) 396-6404.

\_\_\_\_\_  
Signature of Patient (or Representative)      Relationship (if other than Patient)      Date      Time

\_\_\_\_\_  
Print Name of Witness      Title or Relationship to Patient

\_\_\_\_\_  
Signature of Witness      Date      Time



# New York Motor Vehicle No-Fault Insurance Law Assignment of Benefits Form

## NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW ASSIGNMENT OF BENEFITS FORM

In simple terms this form permits Stony Brook Medicine to bill no-fault insurance.

I, \_\_\_\_\_, ("Assignor") hereby assign to \_\_\_\_\_ ("Assignee")  
*(Print patient's name)* *(Print hospital or healthcare provider name)*

all rights, privileges, and remedies to payment for health care services provided by assignee to which I am entitled under Article 51 (the No-Fault statute) of the Insurance Law.

The assignee hereby certifies that they have not received any payment from or on behalf of the Assignor and shall not pursue payment directly from the Assignor for services provided by said Assignee for injuries sustained due to the motor vehicle accident which occurred on \_\_\_\_\_, notwithstanding any prior written agreement to the contrary.  
*(Print accident date)*

This agreement may be revoked by the assignee when benefits are not payable based upon the assignor's lack of coverage and/or violation of a policy condition due to the actions or conduct of the assignor.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

X \_\_\_\_\_  
Signature of Patient (or representative) Relationship (if other than patient) Date Time

\_\_\_\_\_  
Print Name of Witness Title or Relationship to Patient

X \_\_\_\_\_  
Signature of Witness Date Time

- |  |   |  |
|--|---|--|
| Stony Brook University Hospital (all locations)  | Neurology Associates of Stony Brook, UFPC | Stony Brook Psychiatric Associates, UFPC                 |
| Stony Brook Anaesthesiology, UFPC                | New York Spine & Brain Surgery, UFPC      | Stony Brook Radiology, UFPC                              |
| Stony Brook Children's Service, UFPC             | Stony Brook Radiation Oncology, UFPC      | Stony Brook Surgical Associates, UFPC                    |
| Stony Brook Dermatology Associates, UFPC         | Stony Brook Ophthalmology, UFPC           | Stony Brook Urology, UFPC                                |
| Stony Brook Emergency Physicians, UFPC           | Stony Brook Orthopaedics Associates, UFPC | University Associates in Obstetrics and Gynecology, UFPC |
| Stony Brook Family and Preventive Medicine, UFPC | Stony Brook Pathologists, UFPC            |  |
| Stony Brook Internists, UFPC                     |   |  |

\_\_\_\_\_  
Print name of Provider X \_\_\_\_\_  
Signature of Provider Date of Signature

Address: \_\_\_\_\_  
\_\_\_\_\_  
Time of Signature



# Patient Consent to the Release of Records for New York State External Appeal



**Department of Financial Services**

DFS Case #:

I authorize my health plan and providers to release all relevant medical or treatment records related to the external appeal, including any HIV-related information, mental health treatment information, or alcohol / substance abuse treatment information, to the external appeal agent. I understand the external appeal agent will use this information solely to make a decision on the appeal and the information will be kept confidential and not released to anyone else. This release is valid for one year. I may revoke my consent at any time, except to the extent that action has been taken in reliance on it, by contacting the New York State Department of Financial Services in writing. I understand that my health plan cannot condition treatment, enrollment, eligibility, or payment on whether I sign this form. I acknowledge that the decision of the external appeal agent is binding. I agree not to commence a legal proceeding against the external appeal agent to review the agent's decision; provided, however, this shall not limit my right to bring an action against the external appeal agent for damages for bad faith or gross negligence, or to bring an action against my health plan.

If the patient or the patient's designee submits this application, by signing the Patient Consent to the Release of Records for New York State External Appeal, the patient attests that the information provided in this application is true and accurate to the best of his or her knowledge.

Signature of patient is required below. If the patient is a minor, the document must be signed by their parent or legal guardian. If the patient is deceased, the document must be signed by the patient's healthcare proxy or executor. If signed by a guardian, healthcare proxy or executor, a copy of the legal supporting document should be included.

Print Name of Patient:			
Signature of Patient: (Must be signed by parent or legal guardian if patient is a minor)			
Print Name: (Of person signing form if other than the patient)			
Date: (required)			
On behalf of (if applicable):		Age: (of Patient)	
Patient's Health Plan ID#:			
DFS File Number (if available):			

## STONY BROOK UNIVERSITY HOSPITAL

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](http://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.<sup>1</sup> 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

Time

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)

<sup>1</sup> 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”).

# Information and Consent

- 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, Stony Brook University Hospital, including all locations, 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
  - Alcohol or drug use
  - Birth control and abortion (family planning)
  - Genetic (inherited) diseases or tests
  - HIV/AIDS
  - Sexually transmitted diseases
  
- 3 **Where the information comes from.** Any of your health services paid for by Medicaid will be part of your record, as well as 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](http://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.** Stony Brook University Hospital's doctors and other staff involved in your care. In addition, health care providers who are covering or on call for Stony Brook University Hospital staff members who perform the duties listed in #1 above can also 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:
  - HIPAA Privacy Office of Stony Brook University Hospital at 631-444-5796, Stony Brook Eastern Long Island Hospital at 631-477-5136/631-477-5561 or Stony Brook Southampton Hospital at 631-726-0390
  - The NYS Office of Mental Health Customer Relations at **800-597-8481**.
  
- 6 **Sharing of your information.** Stony Brook University Hospital 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.<sup>1</sup>
  
- 7 **Effective period.** This Consent Form is in effect for 3 years after the last date you received services from Stony Brook University Hospital 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 Stony Brook University Hospital (including all locations). 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](http://www.psyckes.org) or from your provider by calling Stony Brook University Hospital at 631-444-1870, Stony Brook Eastern Long Island Hospital at 631-477-5187 or Stony Brook Southampton Hospital at 631-726-8380. Please note, providers who get your health information through Stony Brook University Hospital 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.

<sup>1</sup> 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").

## STONY BROOK UNIVERSITY HOSPITAL

Provider/Facility Name

### What you need to know

You previously signed a Consent Form, giving this health care provider permission to access your Medicaid and other health information available in the Psychiatric Services and Clinical Enhancement System (PSYCKES) online database.

You must complete and sign this Consent Withdrawal Form if you no longer want this provider, and their staff who provide your care, to see your information. When you complete, sign and return this form to them:

- 1 This health care provider won't be able to access your health information through PSYCKES. The exceptions are:
  - In an emergency, or
  - When state and federal confidentiality laws and regulations allow it. 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.<sup>1</sup>
- 2 Your provider may be able to access your medical information in other ways. For example, the same laws and regulations may allow them to get information needed to treat you from another provider.
- 3 This Withdrawal of Consent will not affect the health information shared while your Consent was in effect.
- 4 Your access to medical care and health insurance coverage won't change because you withdrew consent. Your health care providers will still submit claims to your insurer for the services you receive.
- 5 You can complete a new PSYCKES Consent Form at any time. Forms are available from your provider and, once completed and signed, should be returned to them.
- 6 You'll get a copy of this form when you sign and submit it.

### What you need to do

Provide the information requested below and give this form to your provider.

Print Name of Patient

Patient's Date of Birth

Patient's Medicaid ID Number

X

Signature of Patient or Patient's Legal Representative

Time

Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)

<sup>1</sup> 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").



This letter is informational only. No action on your part is necessary.

## **Beneficiary Notification Letter**

### **Your Team of Health Care Providers are Working Together to Give You the Best Care**

This notification is from the Centers for Medicare & Medicaid Services (CMS) to inform you that the hospital, STONY BROOK UNIVERSITY HOSPITAL has been selected to participate in a mandatory program called the "**Transforming Episode Accountability Model**" (TEAM). A CMS model is a trial program, and a way of testing how health care can be improved for people with Medicare and Medicaid. In this model, selected hospitals (referred to as "TEAM participants") will coordinate care for beneficiaries like you with original Medicare who are undergoing certain surgical procedures included in the model. TEAM participants are accountable for the cost and quality of care from surgery through the first 30 days after you leave the hospital.

TEAM participants can choose to work with health care entities, such as skilled nursing facilities, home health agencies, doctors, and other healthcare workers or organizations who are also helping Medicare patients. These helpers are called "TEAM collaborators". TEAM participants can set up financial arrangements to share extra money they get from Medicare with TEAM collaborators.

Medicare believes that when hospitals and other healthcare entities work together, patients get better care. This teamwork can also help save money, for example, by helping patients avoid going back to the hospital when it's not needed.

You can find the list of healthcare entities working with STONY BROOK UNIVERSITY HOSPITAL as TEAM collaborators here: N/A

## What do I need to know about TEAM?

TEAM aims to improve the patient's experience from surgery through recovery by supporting the coordination and transition of care between providers to reduce avoidable hospital readmissions.

The five surgical procedures in the model are:

- lower extremity joint replacement
- surgical hip femur fracture treatment
- spinal fusion
- coronary artery bypass graft
- major bowel procedures

### **You will have all the same Medicare benefits, rights, and protections.**

Medicare will continue to cover all your medically necessary services. However, individual beneficiaries cannot opt out of the model when they receive hospital services from a TEAM participant, such as STONY BROOK UNIVERSITY HOSPITAL. As a Medicare beneficiary, you will keep your freedom of choice and may seek care with a different hospital that is not a TEAM participant.

Health care providers and suppliers who are enrolled in Medicare and are TEAM participants will submit their Medicare claims as they have always done. Even though Medicare may provide additional payments to a hospital that is a TEAM participant, the amount you pay will not change.

### **Information sharing helps coordinate your medical care.**

Your medical records and Medicare claims data, such as the Medicare Beneficiary Identifier, date of birth, provider name, date of service, diagnosis, and procedure codes, may be shared with your health care team to provide you with better, safer, and more coordinated care. When all your doctors and clinicians in the hospital and/or clinics you visit can see the same test results, treatments, and prescriptions, they can work together to support your health goals. More coordination helps prevent medical errors and adverse drug interactions. You may save time, money, and frustration by avoiding repeated tests and appointments.

Medicare will always protect the privacy of your health information. Your information is kept private by law.

STONY BROOK UNIVERSITY HOSPITAL has an electronic health information system with a "Patient Portal" that provides you with easy online access to your medical records. The instructions for access are provided below:

### MyHealtheLife Patient Portal

Access your health care conveniently with the **MyHealtheLife Patient Portal** at Stony Brook Medicine. This secure online platform allows you to view your health records, medical history, and communicate with your doctor.

Scan the QR code below for more information:



Enrollment varies by age:

#### 13–17 years old

Adolescents complete a registration form, in person, and receive their own invitation. Parent Access is not available. More information is available at the QR code below.

*\*Tip: Ask for enrollment form and invitation while at Stony Brook*



#### 18+ years old

Adults can self-enroll with the QR code if their email or phone number is in their chart, or by visiting

<https://stonybrookmedicine.iqhealth.com/self-enroll/> and complete the form to confirm your information. Staff can also send an invitation.



You have a legal right to receive your personal health information. **Blue Button** is one way this information may be made available to you.

**Blue Button** refers to a feature on a patient portal or health care website that allows individuals to electronically access and download their personal health information, like medical records, medications, allergies, and lab results, in a standardized format, enabling them to easily view, share, and manage their health data with different providers or caregivers. The term signifies your ability to download your health information by clicking a **Blue Button** icon on the health care provider's website. When navigating the "Patient Portal," look for the **Blue Button** icon, and take action to gain access to your personal health information.

### If you have concerns or complaints about your care, you can:

- Talk to your doctor or healthcare provider.
- Contact your local Quality Improvement Organization (QIO). The QIO program is dedicated to improving the quality of health for Medicare beneficiaries. To get your QIO's phone number, call 1-800-Medicare.
- Call the **1-800-MEDICARE (1-800-633-4227)** helpline 24 hours a day.

### Where can I learn more about TEAM?

Visit the **TEAM** web page to view the list of hospitals participating in the model (the TEAM participants), details about the model design, and Frequently Asked Questions (FAQs).

<https://www.cms.gov/priorities/innovation/innovation-models/team-model>

## IIIa. Observation Services

### Understanding Your Rights and Status as an Inpatient or Observation Patient

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When your medical needs bring you to Stony Brook University Hospital, one of the last things on your mind is probably, “Are they going to bill me as an inpatient or an outpatient?” Yet it’s important to know your status because it affects how much you pay out-of-pocket for hospital services. And if you have Medicare or Medicaid, the guidelines differ from those for patients with commercial insurance or health plan coverage.

**The information here is designed to help you with the following:**

- Navigate through the different terminology you will encounter while under “Observation.”
- Explain your rights.
- Answer questions about who to call and what to ask.

### For All Patients *Not* Covered by Medicare

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#### **Am I considered an inpatient or an outpatient?**

You’re an **inpatient** on the day you’re formally admitted to the hospital with a doctor’s order. The day before you’re discharged is your last inpatient day.

You’re an **outpatient** if you’re getting Emergency Department (ED) services, observation services, outpatient surgery, lab tests or x-rays, and the doctor hasn’t written a formal order to “admit” you to the hospital as an inpatient. In these cases, you’re an outpatient even if you spend the night at the hospital.

**Note:** Observation services are hospital outpatient services given to help the doctor decide if you need to be admitted as an inpatient or instead can be discharged. Observation services may be given in the ED or another area of the hospital.

### What kinds of conditions usually require Observation services?

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Observation services are usually ordered for conditions that can be treated in 48 hours or less, or when the cause for your symptoms has not yet been decided. Some examples are nausea, vomiting, weakness, stomach pain, headache, kidney stones, fever, some breathing problems and some types of chest pain.

Within the first 48 hours of your stay, the doctor will decide whether you require an inpatient stay, or may be discharged home for care in another setting. If your condition requires acute inpatient care, the doctor will write out a formal order to change your outpatient observation stay to a full inpatient admission.

If you’re in the hospital more than a few hours, ask your doctor or the hospital staff if you’re an inpatient or an outpatient.

Since insurance and health plans usually pay different amounts for covered services that are provided as “inpatient” or as “outpatient,” your out-of-pocket costs may be different depending on your status. How do you find out?

For reliable information, call your insurance company or health plan administrator. The phone number of your health insurance company or health plan administrator should be on the back of your insurance ID card.

## Some helpful questions to ask your health insurance or health plan administrator:

### For Inpatients

- What is my deductible (if any)? Have I met some or all of it yet?
- What is my co-payment for this admission?
- Will doctors' bills be covered? How much will I have to pay out of pocket?
- Will all prescriptions that I am given at the hospital be covered by my plan? What is my out-of-pocket share?
- Will all of my tests be covered? How much is my out-of-pocket share?

### For Outpatients (If you're on Observation status, say so.)

- What is my deductible (if any)? Have I met some or all of it yet?
- What is my co-payment for these services?
- Will doctors' bills be covered? How much will I have to pay out of pocket?
- Will all prescriptions that I am given at the hospital be covered by my plan?
- What is my out-of-pocket share?
- Will all of my tests be covered? How much is my out-of-pocket share?

## For Medicare Patients

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### Are You a Hospital Inpatient or Outpatient? If You Have Medicare – Ask!

Did you know that even if you stay in a hospital overnight, you might still be considered an “outpatient?” Your hospital status (whether the hospital considers you an “inpatient” or “outpatient”) affects how much you pay for hospital services (like X-rays, drugs, and lab tests) and may also affect whether Medicare will cover care you get in a skilled nursing facility (SNF) following your hospital stay.

- You're an **inpatient** starting when you're formally admitted to a hospital with a doctor's order. The day **before** you're discharged is your last inpatient day.
- You're an **outpatient** if you're getting emergency department services, observation services, outpatient surgery, lab tests, X-rays, or any other hospital services, and the doctor **hasn't** written an order to admit you to a hospital as an inpatient. In these cases, you're an outpatient even if you spend the night at the hospital.

**Note:** Observation services are hospital outpatient services given to help the doctor decide if the patient needs to be admitted as an inpatient or can be discharged. Observation services may be given in the emergency department or another area of the hospital.

*The decision for inpatient hospital admission is a complex medical decision based on your doctor's judgment and your need for medically necessary hospital care. An inpatient admission is generally appropriate when you're expected to need 2 or more midnights of medically necessary hospital care, but your doctor must order such admission and the hospital must formally admit you in order for you to become an inpatient.*

Read on to understand the differences in Original Medicare coverage for hospital inpatients and outpatients, and how these rules apply to some common situations. If you have a Medicare Advantage Plan (like an HMO or PPO), your costs and coverage may be different. Check with your plan.

### What do I pay as an inpatient?

- Medicare Part A (Hospital Insurance) covers inpatient hospital services. Generally, this means you pay a one-time deductible for all of your hospital services for the first 60 days you're in a hospital.
- Medicare Part B (Medical Insurance) covers most of your doctor services when you're an inpatient. You pay 20% of the Medicare-approved amount for doctor services after paying the Part B deductible.

## What do I pay as an outpatient?

- Part B covers outpatient hospital services. Generally, this means you pay a copayment for each individual outpatient hospital service. This amount may vary by service.

**Note:** The copayment for a single outpatient hospital service can't be more than the inpatient hospital deductible. However, your total copayment for all outpatient services may be more than the inpatient hospital deductible.

- Part B also covers most of your doctor services when you're a hospital outpatient. You pay 20% of the Medicare-approved amount after you pay the Part B deductible.
- Generally, prescription and over-the-counter drugs you get in an outpatient setting (like an emergency department), sometimes called "self-administered drugs," aren't covered by Part B. Also, for safety reasons, many hospitals have policies that don't allow patients to bring prescription or other drugs from home. If you have Medicare prescription drug coverage (Part D), these drugs may be covered under certain circumstances. You'll likely need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund.

Call your drug plan for more information.

**For more detailed information on how Medicare covers hospital services, including premiums, deductibles, and copayments, visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view the "Medicare & You" handbook.**

You can also call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

**Here are some common hospital situations and a description of how Medicare will pay.**

**Remember, you pay deductibles, coinsurance, and copayments.**

Situation	Inpatient or outpatient	Part A pays	Part B pays
You're in the emergency department (ED) (also known as the emergency room or "ER") and then you're formally admitted to the hospital with a doctor's order.	Outpatient until you're formally admitted as an inpatient based on your doctor's order. Inpatient following such admission.	Your inpatient hospital stay	Your doctor services
You visit the ED and are sent to the intensive care unit (ICU) for close monitoring. Your doctor expects you to be sent home the next morning unless your condition worsens. Your condition resolves and you're sent home the next day.	Outpatient	Nothing	Your doctor services
You come to the ED with chest pain and the hospital keeps you for 2 nights. One night is spent in observation and the doctor writes an order for inpatient admission on the second day.	Outpatient until you're formally admitted as an inpatient based on your doctor's order. Inpatient following such admission.	Your inpatient hospital stay	Doctor services and hospital outpatient services (for example, ED visit, observation services, lab tests, or EKGs)
You go to a hospital for outpatient surgery, but they keep you overnight for high blood pressure. Your doctor doesn't write an order to admit you as an inpatient. You go home the next day.	Outpatient	Nothing	Doctor services and hospital outpatient services (for example, surgery, lab tests, or intravenous medicines)
Your doctor writes an order for you to be admitted as an inpatient, and the hospital later tells you it's changing your hospital status to outpatient. Your doctor must agree, and the hospital must tell you in writing – while you're still a hospital patient before you're discharged – that your hospital status changed.	Outpatient	Nothing	Doctor services and hospital outpatient services

**REMEMBER:** Even if you stay overnight in a regular hospital bed, you might be an outpatient. Ask the doctor or hospital.

## How would my hospital status affect the way Medicare covers my care in a skilled nursing facility (SNF)?

Medicare will only cover care you get in a SNF if you first have a “qualifying inpatient hospital stay.”

- A qualifying inpatient hospital stay means you’ve been a **hospital inpatient (you were formally admitted to the hospital after your doctor writes an inpatient admission order)** for at least 3 days in a row (counting the day you were admitted as an inpatient, but not counting the day of your discharge).
- If you don’t have a 3-day inpatient hospital stay and you need care after your discharge from a hospital, ask if you can get care in other settings (like home health care) or if any other programs (like Medicaid or Veterans’ benefits) can cover your SNF care. **Always ask your doctor or hospital staff if Medicare will cover your SNF stay.**

## How would hospital observation services affect my SNF coverage?

Your doctor may order “observation services” to help decide whether you need to be admitted to a hospital as an inpatient or can be discharged. During the time you’re getting observation services in a hospital, you’re considered an outpatient.

**This means you can’t count this time towards the 3-day inpatient hospital stay needed for Medicare to cover your SNF stay.**

For more information about how Medicare covers care in a SNF, visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view the booklet “Medicare Coverage of Skilled Nursing Facility Care.”

## Here are some common hospital situations that may affect your SNF coverage:

Situation	Is my SNF stay covered?
You came to the ED and were formally admitted to the hospital with a doctor’s order as an inpatient for 3 days. You were discharged on the 4th day.	Yes. You met the 3-day inpatient hospital stay requirement for a covered SNF stay.
You came to the ED and spent one day getting observation services. Then, you were formally admitted to the hospital as an inpatient for 2 more days.	No. Even though you spent 3 days in the hospital, you were considered an outpatient while getting ED and observation services. These days don’t count toward the 3-day inpatient hospital stay requirement.

**REMEMBER:** Any days you spend in a hospital as an outpatient (before you’re formally admitted as an inpatient based on the doctor’s order) aren’t counted as inpatient days. An inpatient stay begins on the day you’re formally admitted to a hospital with a doctor’s order. That’s your first inpatient day. The day of discharge doesn’t count as an inpatient day.

## What are my rights?

No matter what type of Medicare coverage you have, you have certain guaranteed rights. As a person with Medicare, you have the right to all of these:

- Have your questions about Medicare answered.
- Learn about all of your treatment choices and participate in treatment decisions.
- Get a decision about healthcare payment or services, or prescription drug coverage.
- Get a review of (appeal) certain decisions about health care payment, coverage of services, or prescription drug coverage.
- File complaints (sometimes called “grievances”), including complaints about the quality of your care.

For more information about your rights, the different levels of appeals, and Medicare notices, visit [Medicare.gov/appeals](https://www.Medicare.gov/appeals) to view the booklet “Medicare Rights & Protections.” You can also call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

## Where can I get more help?

- If you need help understanding your hospital status, speak to your doctor or someone from the hospital's utilization or discharge planning department.
- For more information on Part A and Part B coverage, read your "Medicare & You" handbook, or call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.
- For more information about coverage of self-administered drugs, view the publication "How Medicare Covers Self-administered Drugs Given in Hospital Outpatient Settings" by visiting [Medicare.gov/publications](https://www.medicare.gov/publications), or call 1-800-MEDICARE for a free copy.
- To ask questions or report complaints about the quality of care of a Medicare-covered service, call your Quality Improvement Organization (QIO). Visit [Medicare.gov/contacts](https://www.medicare.gov/contacts), or call **1-800-MEDICARE** to get the phone number.
- To ask questions or report complaints about the quality of care or the quality of life in a nursing home, call your State Survey Agency. Visit [Medicare.gov/contacts](https://www.medicare.gov/contacts), or call **1-800-MEDICARE** to get the phone number.

For Medicare and Medicare Advantage Insurance plans, report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed below:

**Livanta**

**Phone – English and Spanish 1-866-815-5440, TTY English and Spanish 1-866-868-2289**

# Medicare Outpatient Observation Notice (MOON)



## Medicare

Patient name: \_\_\_\_\_

Patient number: \_\_\_\_\_

Hospital Name: Stony Brook Medicine

Hospital Address:

- Stony Brook University Hospital: 101 Nicholls Road, Stony Brook, NY 11794
- Stony Brook Eastern Long Island Hospital: 201 Manor Place, Greenport, NY 11944
- Stony Brook Southampton Hospital: 240 Meeting House Lane, Southampton, NY 11968

## Medicare Outpatient Observation Notice

**Important!** You're getting this notice because your hospital status is "hospital outpatient receiving observation services," not "hospital inpatient."

This means your hospital stay will be billed to Medicare Part B instead of Part A.

- When you're a hospital outpatient, your observation stay is covered under Medicare Part B. This means you'll have a copayment/coinsurance for each outpatient hospital service you get.
- Your Part B copayments/coinsurance may be lower or higher than the Part A inpatient deductible. Your hospital can give you more information about billing.
- After you leave the hospital, Medicare may not pay if you go to a skilled nursing facility.

You are not an inpatient because:

Based on a physician's examination and the diagnostic tests thus far, you are being observed for \_\_\_\_\_ and based on this you are likely to  
*(enter diagnosis here)*

be discharged from this hospital within 2 days or sooner. Medicare rules permit hospital admission only for patients whose care is expected to take longer than 2 days in the hospital setting. You will remain in outpatient status unless some change in your condition or plan of care appears to require a longer hospital stay as an inpatient.

### Questions?

For more information about your Medicare coverage, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## Additional Information (Optional):

Information required by the New York State Department of Health to be given to patients other than Medicare within 24 hours of being assigned to Observation Services:

- The information regarding Medicare does not apply to you.
- This notice is provided to inform you that you are receiving Observation Services. You have not been admitted to the hospital.
- Observation status may affect your insurance coverage for the current hospital services, including medications and other pharmaceutical supplies, as well as coverage for any care provided upon discharge by a skilled nursing facility or home and community-based care.
- Please contact your insurance plan for specific information about how Observation Services may impact your insurance coverage.
- This notice has been verbally explained to me or my representative.

If you have any questions about your observation services, ask the hospital staff member giving you this notice or the doctor providing your hospital care. You can also ask to speak with someone from the hospital's Care Management department.

Sign below to show you received and understood this notice.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



# Medicare

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0953. The time required to prepare and distribute this collection is 10 minutes per notice, including the time to select the preprinted form, complete it and deliver it to the beneficiary. If you have comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, PRA Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Paid for by the Department of Health & Human Services

Form CMS 10611-MOON

Expiration 02/28/2029 OMB approval 0938-1308

English: AD2C567 (4/26)  
Spanish: AD2C577 (4/26)

## IV. Healthix HIE

### What is Healthix?

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Healthix, the largest public health information exchange in New York State, enables the electronic sharing of health information between providers – including hospitals, long-term care facilities, home care agencies, and community physicians – in New York City, Long Island, and surrounding areas.

Most health care providers store information about your health in paper records or in computer systems that are only accessible to them. If you see more than one doctor, your records are likely stored in many different places, making it hard to pull them all together for a complete picture of your health.

Healthix supports technology that allows your doctors, nurses, and other health care providers involved in your care, share their medical records using a secure computer network. This technology will help your health care providers – like your doctor – make information about your health available to other providers you choose, so better care can be provided to you.

#### How Do I Participate?

Your health care provider may ask you for “consent” – or permission – to access your personal health data through Healthix.

You have the right to decide who can access your health information through Healthix by giving your consent. If your doctor or other health care provider participates in Healthix, they will give you a consent form so you can decide whether they are allowed to see your information to help give you better care.

You have the right to deny consent at any time. If you deny consent to your doctor or other health care provider, they will NOT be able to access your health information through Healthix – *even in an emergency*.

Your decision to grant or deny consent will not affect your ability to get medical care or health insurance coverage.

#### Is My Health Information Secure?

Many people are worried about privacy and security when it comes to their health. Healthix enforces robust privacy policies and has achieved HITRUST CSF certified status, which demonstrates that Healthix’ systems have met key regulatory requirements and industry-defined requirements to protect the privacy of your electronic health records. Some things you should know:

- Only practices and organizations whom you choose, by signing a Healthix consent form, are allowed to access your records through Healthix.
- All participating Healthix providers must follow New York State and Federal privacy and confidentiality laws
- You can request a list of everyone in Healthix who has accessed your records
- If inappropriate access does occur, you will be informed, and steps will be taken to correct and mitigate the problem
- Federal, state, or local public health agencies and certain organ procurement organizations are authorized by law to access health information without a patient’s consent for certain public health and organ transplant purposes.

#### How do I Withdraw or Deny Consent?

If you have already given consent, you can withdraw your consent at any time by signing a *Withdrawal of Consent Form* and returning it to your health care provider or Healthix. You can get these forms on the Healthix website at [www.healthix.org](http://www.healthix.org).

If you want to deny access for all health care providers and/or health plans participating in Healthix, you may do so by contacting us at [compliance@healthix.org](mailto:compliance@healthix.org) or call **1-877-695-4749 / Option 2**.

To learn more about Healthix, or for a complete list of participating organizations, please visit us online at: [www.healthix.org](http://www.healthix.org) or contact us at [info@healthix.org](mailto:info@healthix.org).

All mail inquiries should be sent to **Healthix**, 551 North Country Road, Suite 206, St. James, NY 11780

## Authorization for Access to Patient Information Through a Health Information Exchange Organization

New York State Department of Health

Patient Name	Date of Birth	Patient Identification Number
Patient Address		

I request that health information regarding my care and treatment be accessed as set forth on this form. I can choose whether or not to allow members of the Stony Brook Organized Health Care Arrangement (listed on Exhibit A) (referred to as the "SBOHCA" or "Provider Organization") to obtain access to my medical records through the Statewide Health Information Network of New York (SHIN-NY) via Healthix. If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network. Healthix is a not-for-profit Health Information Exchange (HIE) organization, certified by the NYSDOH, that shares information about people's health electronically to improve the quality of healthcare and meets the privacy and security standards of HIPAA, the requirements of the federal confidentiality laws, 42 CFR Part 2 and New York State Law. To learn more visit Healthix's website at [www.healthix.org](http://www.healthix.org).

My information may be accessed in the event of an emergency, unless I complete this form and check box #3, which states that I deny consent even in a medical emergency.

**The choice I make in this form will NOT affect my ability to get medical care. The choice I make in this form does NOT allow health insurers to have access to my information for the purpose of deciding whether to provide me with health insurance coverage or pay my medical bills.**

<p><b>My Consent Choice.</b> ONE box is checked to the left of my choice.          I can fill out this form now or in the future.          I can also change my decision at any time by completing a new form.</p>
<p><input type="checkbox"/> <b>1. I GIVE CONSENT</b> for the SBOHCA to access ALL of my electronic health information through Healthix to provide health care services (including emergency care).</p>
<p><input type="checkbox"/> <b>2. I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY</b> for SBOHCA to access my electronic health information through Healthix.</p>
<p><input type="checkbox"/> <b>3. I DENY CONSENT</b> for SBOHCA to access my electronic health information through Healthix for any purpose, <i>even in a medical emergency</i>.</p>

If I want to deny consent for all Provider Organizations and Health Plans participating in Healthix to access my electronic health information through Healthix, I may do so by visiting Healthix's website at [www.healthix.org](http://www.healthix.org) or calling Healthix at 877-695-4749.

My questions about this form have been answered and I have been provided a copy of this form.

Signature of Patient or Patient's Legal Representative	Date
X	
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative to Patient (if applicable)

## Details about the information accessed through Healthix and the consent process:

1. **How Your Information May be Used.** Your electronic health information will be used **only** for the following healthcare services:
  - **Treatment Services.** Provide you with medical treatment and related services.
  - **Insurance Eligibility Verification.** Check whether you have health insurance and what it covers.
  - **Care Management Activities.** These include assisting you in obtaining appropriate medical care, improving the quality of services provided to you, coordinating the provision of multiple health care services provided to you, or supporting you in following a plan of medical care.
  - **Quality Improvement Activities.** Evaluate and improve the quality of medical care provided to you and all patients.
  
2. **What Types of Information about You Are Included.** If you give consent, the Provider Organization listed may access ALL of your electronic health information available through Healthix. This includes information created before and after the date this form is signed. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medicines you have taken. This information may include sensitive health conditions, including but not limited to:
 

<ul style="list-style-type: none"> <li>• Alcohol or drug use problems</li> <li>• Birth control and abortion (family planning)</li> <li>• Medication and Dosages</li> <li>• Genetic (inherited) diseases or tests</li> <li>• HIV/AIDS</li> <li>• Mental health conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Sexually transmitted diseases</li> <li>• Diagnostic information</li> <li>• Allergies</li> <li>• Substance use history summaries</li> <li>• Clinical notes</li> <li>• Discharge summary</li> <li>• Employment Information</li> </ul>	<ul style="list-style-type: none"> <li>• Living Situation</li> <li>• Social Supports</li> <li>• Claims Encounter Data</li> <li>• Lab Test</li> <li>• Trauma history summary</li> </ul>
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3. **Where Health Information About You Comes From.** Information about you comes from places that have provided you with medical care or health insurance. These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other organizations that exchange health information electronically. A complete, current list is available from Healthix. You can obtain an updated list at any time by checking Healthix's website at [www.healthix.org](http://www.healthix.org) or by calling 877-695-4749.
  
4. **Who May Access Information About You, If You Give Consent.** Only doctors and other staff members of the Organization(s) you have given consent to access who carry out activities permitted by this form as described above in paragraph one.
  
5. **Public Health and Organ Procurement Organization Access.** Federal, state or local public health agencies and certain organ procurement organizations are authorized by law to access health information without a patient's consent for certain public health and organ transplant purposes. These entities may access your information through Healthix for these purposes without regard to whether you give consent, deny consent or do not fill out a consent form.
  
6. **Penalties for Improper Access to or Use of Your Information.** There are penalties for inappropriate access to or use of your electronic health information. If at any time you suspect that someone who should not have seen or gotten access to information about you has done so, contact the Provider Organization at: [hipaa@stonybrookmedicine.edu](mailto:hipaa@stonybrookmedicine.edu) or Healthix at [compliance@healthix.org](mailto:compliance@healthix.org); or call the NYS Department of Health at **518-474-4987**; or follow the complaint process of the federal Office for Civil Rights at the following link: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
  
7. **Re-disclosure of Information.** Any organization(s) you have given consent to access health information about you may re-disclose your health information, but only to the extent permitted by state and federal laws and regulations. Alcohol/drug treatment-related information or confidential HIV-related information may only be accessed and may only be re-disclosed if accompanied by the required statements regarding prohibition of re-disclosure.
  
8. **Effective Period.** This Consent Form will remain in effect until the day you change your consent choice, until such time as Healthix ceases operation or until 50 years after your death, whichever occurs first. If Healthix merges with another Qualified Entity your consent choices will remain effective with the newly merged entity.
  
9. **Changing Your Consent Choice.** You can change your consent choice at any time and for any Provider Organization or Health Plan by submitting a new Consent Form with your new choice. Organizations that access your health information through Healthix while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to change your consent decision they are not required to return your information or remove it from their records.
  
10. **Copy of Form.** You are entitled to get a copy of this Consent Form.

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## EXHIBIT A MEMBERS OF THE SBOHCA

The following entities are members of the SBOHCA

1. Stony Brook University Hospital, including:
  - Stony Brook Children's Hospital
  - Stony Brook Southampton Hospital
  - Stony Brook Eastern Long Island Hospital
2. University Faculty Practice Corporations. To review the list of all participating providers please visit the following webpage <https://www.stonybrookmedicine.edu/locations>
3. SB Community Medical, PC. To review the list of all participating providers please visit the following webpage <https://www.stonybrookmedicine.edu/community-medical/practices>
4. Meeting House Lane Medical Practice, PC

## V. Paying for Your Care at Stony Brook Medicine—Participating and Out of Network (OON) Services

When you become a non-emergency hospital patient at Stony Brook Medicine, you are entitled to receive information about how you will be charged for the services you receive. This is particularly important if you receive care that is not in your health plan's network, or if you are not covered by a health plan.

**Inpatient Hospitalization:** Stony Brook is a participating provider in many health plan networks. However, some health plans use smaller networks for certain services they offer, so it is important to check whether we participate in your specific plan. [stonybrookmedicine.edu/patientcare/oon/plans](http://stonybrookmedicine.edu/patientcare/oon/plans)

**Physician Services While You're in the Hospital:** The physician services you receive while a patient in our hospital are not included in the hospital charges. Physicians who provide services at Stony Brook may be independent voluntary physicians. If your physician does not participate in your specific plan, you may want to choose a different physician who does.

[stonybrookmedicine.edu/patientcare/findadoctor](http://stonybrookmedicine.edu/patientcare/findadoctor)

[stonybrookmedicine.edu/patientcare/oon/md-charges](http://stonybrookmedicine.edu/patientcare/oon/md-charges)

**Specialty or Other Services While You Are Hospitalized:** Stony Brook has contracts with a number of physician groups such as anesthesiologists, radiologists and pathologists, so that they can provide services at our hospital. You should contact these groups directly to find out which health plans they accept. [stonybrookmedicine.edu/patientcare/oon/contract-charges](http://stonybrookmedicine.edu/patientcare/oon/contract-charges)

**Understanding your Hospital Charges:** We created a sample list of charges for our most common hospital procedures. Please keep in mind that these charges are just examples. There are different factors that affect what a patient actually pays depending on specific contracts that a health plan, insurer or other third-party payer (like Medicare) may have with us. Insured, in-network patients are usually only responsible for copayments, coinsurance and/or deductibles.

[stonybrookmedicine.edu/patientcare/oon/charges](http://stonybrookmedicine.edu/patientcare/oon/charges)

**If You Don't Have Health Insurance:** Contact our Financial Assistance Office to see if you may be able to get help paying for your hospital bills at **631-444-4331**.

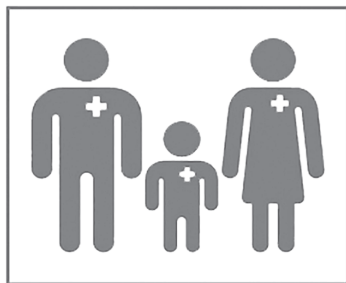
[stonybrookmedicine.edu/patientcare/oon/financial-assistance](http://stonybrookmedicine.edu/patientcare/oon/financial-assistance)

You can find more information about our hospital fees at [stonybrookmedicine.edu/patientcare/oon/charges](http://stonybrookmedicine.edu/patientcare/oon/charges).

## VI. Has Anything Changed?



New Legal Name  
New Home Address  
New Phone Number  
New E-Mail Address



Had or Adopted Another Child  
Child Moved In or Out of Home  
A Death in the Family  
Change in Legal Marital Status



New Primary  
Care Doctor



New Pharmacy  
(retail or mail order)

*To assist in ensuring that your patient information is in order and up to date, and that you are properly billed, please provide the following information today or as soon as possible. Thank you.*

- |   |  |
|---|--|
| <input type="checkbox"/> New Legal Name/New Marital Status          | <input type="checkbox"/> Insurance Policy Plan Holder Name / ID Number |
| <input type="checkbox"/> Mailing address                            | <input type="checkbox"/> Insurance Policy Plan Holder DOB / Phone #    |
| <input type="checkbox"/> Primary and Secondary Phone #              | <input type="checkbox"/> Insurance Policy ID Number                    |
| <input type="checkbox"/> E-mail address                             | <input type="checkbox"/> Insurance Policy Mailing Address              |
| <input type="checkbox"/> Employer Name / Address / Phone #          | <input type="checkbox"/> Insurance Policy Phone #                      |
| <input type="checkbox"/> Next of Kin Name / Address / Phone #       | <input type="checkbox"/> Primary Care Physician                        |
| <input type="checkbox"/> Emergency Contact Name / Address / Phone # | <input type="checkbox"/> Pharmacy (retail or mail order)               |

*You may visit one of our locations or send updated information securely through the MyHealthLife Stony Brook Medicine Patient Portal (Go to "Messaging, select "Inbox" and send to: Patient Access-Patient Information Update Request).*

## VII. Helpful Phone Numbers

	Stony Brook University Hospital	Stony Brook Eastern Long Island	Stony Brook Southampton
Patient Advocacy	631-444-2880	631-477-5710	631-726-8941
Financial Assistance Program Extended Time Payments	631-444-4331 631-444-4140	631-444-4331 631-686-4377	631-444-4331 631-723-2160
HealthConnect <i>HealthConnect provides a direct link to physicians and medical services at Stony Brook.</i> <i>Patients may call about medical services, physician services or appointment scheduling.</i>	631-444-4000	631-444-4000	631-444-4000
Patient Billing / Hospital Services	631-444-4151	631-477-5555	631-723-2160
Patient Access Financial Services	631-444-7583	631-477-5711	631-396-6416
Physician Billing	631-444-4800	631-444-4800	Emergency Room Physicians: 855-691-9890 Hospitalist Billing: 631-726-3172
Patient Access Admitting/Registration	631-444-2905	631-477-5187	631-726-8380
Switchboard	631-689-8333	631-477-1000	631-726-8200











# Stony Brook Medicine

[stonybrookmedicine.edu](http://stonybrookmedicine.edu)



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