



## Withdrawal of Consent

### **IHANY/Alliance Individual Consent To Receive and Share Health Information**

I have previously signed an Individual Consent that allowed the Alliance for Better Health Care, LLC, (Alliance), a Performing Provider System (PPS), and (ii) Innovative Health Care Alliance of NY, LLC (IHANY), an Accountable Care Organization (ACO), to share my health information with and receive my health information from:

- (i) the health care providers who are participating in Alliance and/or IHANY, who need the information to coordinate my care (these providers are listed in the websites linked below); and
- (ii) other non-participating health care providers and organizations listed below, that need the information to give me care, manage my care or study my care to make health care better for patients.

At this time, I no longer want Alliance for Better Health Care and/or IHANY to have access to my health information.

I understand that this Withdrawal of Consent will not affect or undo any receiving and sharing of my health information that occurred while my Individual Consent was in effect.

\_\_\_\_\_  
Print Individual's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Date