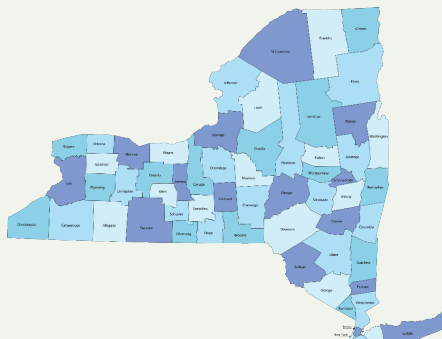


2021 Consent Policy Training



New York State Policies

- Healthix and State Policy governs how providers and patients engage in health information exchange, and how they access patient information
- Compliance with policy facilitates data sharing across public HIEs
- Obtaining consent
- Compliance auditing and monitoring
- Password functionality
- User roles, and patient notices and disclosures (42CFR Part 2 sensitive data re-disclosures)

<http://healthix.org/who-we-are/healthix-policies/>



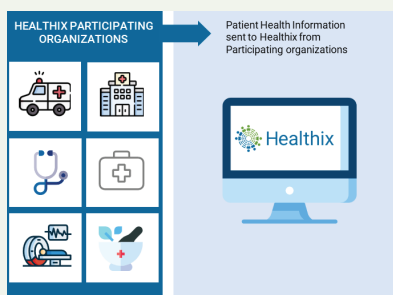
Authorized User Manager

By signing a Healthix Participation Agreement and Business Associate Agreement, each Participating Organization agrees to comply with SHIN-NY and Healthix Policy Standards.

and aggregates health records. As a Business Associate of each Participating Organization under HIPAA, Healthix receives

While you do not need consent for your organization to contribute data to Healthix. You may need consent in order to access PHI obtained outside of your organization.

Source: 10 NYCRR § 300.3(b)(1) V3.6 "privacy and security" – Privacy & Security Policies and Procedures for QEs



Patient Health Information sent to Healthix from Participating organizations

Healthix Consent Model

- Patients can provide consent at each Healthix participating organization
- Consent allows authorized users at the participating organization to access all available Healthix information for the patient in their care
- You do not need patient consent to access information provided by your own participating organization

GIVE

Allows you to access their PHI and also to receive Clinical Event Notifications when they have hospital admission, discharge, or other emergency related services.

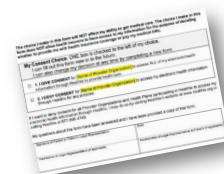
DENY

This consent choice will restrict your access to the patients PHI in our portal as well as cease the delivery of any Clinical Event Notifications.

UNDECIDED

The patient has not filled out a Healthix consent form or has refused to do so. You may still receive certain Clinical Event Notifications on patients who have not yet provided an affirmative consent. But you will not be permitted to query or view a full patient record without a consent value on record.

- When you provide your patient with a Healthix consent form they will have 3 options for consent.



2021 Consent Policy Training

Important Notes on Consent

For any Patient over the age of 18 **consent is durable**. It does not expire.

This means that once your patient has completed a consent form, and you entered it in the EMR you are not required to re-consent them again.

However, the patient does have the option to change their consent choice at any time, and as often as they feel needed.

Important Notes on Consent

For minor patients who are consented by a parent or legal guardian their consent will expire on the day of their 18th Birthday and they will be required to re-consent as an adult should you continue to provide care for them.

Important Notes on Consent

Consent is not mandatory – Should a patient refuse to complete a consent form their consent value will remain at undecided.

Should there be any changes made to consent policies in NYS, the Healthix compliance team will communicate them with you and provide updated training materials as needed.

Healthix Consent Form- Demographic Information

The top of the Consent form contains demographic fields that must be completed to correctly identify the Patient who is completing this form.

The yellow highlighted field will be populated with the name of your organization this also helps the patient explicitly identify who they are granting or denying consent to access all PHI available in the Healthix Portal.

Healthix Consent Form –Two Options

The patient is also advised that they can deny access to their data to all Healthix participating organizations. This is called deny all consent. If the patient wants to exercise this option, please advise the patient to contact Healthix at the number listed on page 2 of this consent form.



2021 Consent Policy Training

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.

My Consent Choice. 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.

☐ **1. I GIVE CONSENT** for [Name of Provider Organization] to access ALL of my electronic health information through Healthix to provide health care.

☐ **2. I DENY CONSENT** for [Name of Provider Organization] to access my electronic health information through Healthix for any purpose.

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 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
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative to Patient (if applicable)

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.

My Consent Choice. ONE box is checked to the left of my choice.

I can fill out this form now or in the future.

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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
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative to Patient (if applicable)

An important note regarding minor patients (under 18 years old):

- Their parent or legal guardian must complete this document in its entirety
- If the form is signed by a parent or legal guardian, their relationship to the patient must be clearly documented on the form
- The patient, or their representative must also sign and date the form

If any of the mandatory fields are not completed, the consent form will be considered invalid.

Permissible Use Cases

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

How Your Information May Be Used. Your electronic health information will be used only for the following healthcare services:

Treatment Services. Provide you medical treatment and related services.

Information for Patients

For patients who wish to grant your organization consent this section will inform them about the various types of PHI that may appear within their Healthix record, where that PHI may originate from and who will be permitted to access via the consent obtained using this form.

Information for Patients

- 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.
- 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, call www.healthix.org or call the NY's Department of Health at 516-474-4887 or follow the complaint process of the federal Office for Civil Rights at the following link: <http://www.hhs.gov/oc/privacy/privacycomplaint/>
- 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. Absconding 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.
- Effective Period.** This Consent Form will remain in effect until the day you change your consent choice, death or until such time as Healthix ceases operation. If Healthix merges with another Qualified Entity your consent choice will remain effective with the newly merged entity.
- 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.
- Copy of Form.** You are entitled to get a copy of this Consent Form.

2021 Consent Policy Training



Please Remember to:

- Review consent form for completeness/ accuracy before scanning
- Scan a copy of consent form (patient may have more than one) into patient's record; create a folder in the patient's electronic record for "Healthix Consent" or file a hard copy of consent form(s) in patient's chart – whichever– be consistent!
- You are required to keep all completed Healthix consent forms on file regardless of consent choice for a minimum of 6 years
- Patients are always entitled to a copy of their completed consent form in either paper or electronic format



Patient Notification

In addition to the patient consent form, your organization will also receive a Healthix patient notice which should be displayed in a common area where it is visible to Patients at any time.

This notice informs the patients that your organization is a Healthix Participant and actively submitting PHI to Healthix. Your organization is also required to list a primary internal contact to address any patient privacy inquiries or concerns.

Deny All Consent

Patients also have the right to deny all consent. That patient is stating that they do not wish for any organization in Healthix network to ever have the ability to view their information.

You will instruct the patient to call Healthix compliance directly with the request to process "deny all" or email compliance@Healthix.org for further instruction.

The document can be found on the Healthix website and we can also mail it to the patient at their request.

Once patient files the deny all with Healthix, all Healthix participants will be unable to access the patient's record even in the case of a of medical or clinical emergencies.

The Patient Can Request These Forms By:

- calling the Healthix compliance team at 1-877-695-4749
- emailing compliance@healthix.org
- online at: <https://healthix.org/healthix-participant-organizations/compliance/consent-forms/>



2021 Consent Policy Training

NYS DOH and Healthix Mandated Annual Audits

As per Healthix and SHIN-NY Policy, all Healthix Participants are subject to periodic auditing by the Healthix Compliance Team.

Patient Consent Audit

This audit consists of the following:

- You will receive a list of patients who you have reported consent for through your Electronic Health Record
- You will be required to retrieve and submit copies of the original consent forms obtained for the patients identified in the audit list
- The Healthix compliance team will review all documentation submitted along with the consent values recorded and provide you with a full audit report and score

Should there be any findings a subsequent Corrective Action Plan will be drafted to ensure your organization is compliant.

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Should there be any findings a subsequent Corrective Action Plan will be drafted to ensure your organization is compliant.

THE PATIENT CAN REQUEST THESE REPORTS

BY CALLING THE HEALTHIX COMPLIANCE TEAM AT 1-877-695-4749 OR EMAILING COMPLIANCE@HEALTHIX.ORG.



Access to a Patients PHI

Should you encounter a patient who would like to inquire about which Healthix participants have contributed or accessed their data please refer them to the Healthix compliance team for assistance.

Instruct the patient:

Email: compliance@healthix.org or call 1- 877-695-4749