



# POLICY & PROCEDURE GUIDE FOR AUTHORIZED USERS

# Agenda

## **Welcome to HealtheConnections**

- + Who we are
- + Our Services

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- + Emergency Access

## **HIPAA & the HIE**

## **Consent**

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- + Community-Wide Deny
- + Minor Consented Services

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# Welcome to HealthConnections

Visit [healthconnections.org](http://healthconnections.org) to learn more about us.  
Click on **myConnections Login** to access the portal.

Health Information  
Exchange

Value-Based Care  
Solutions

Population Health  
Improvement

About

[myConnections Login](#)

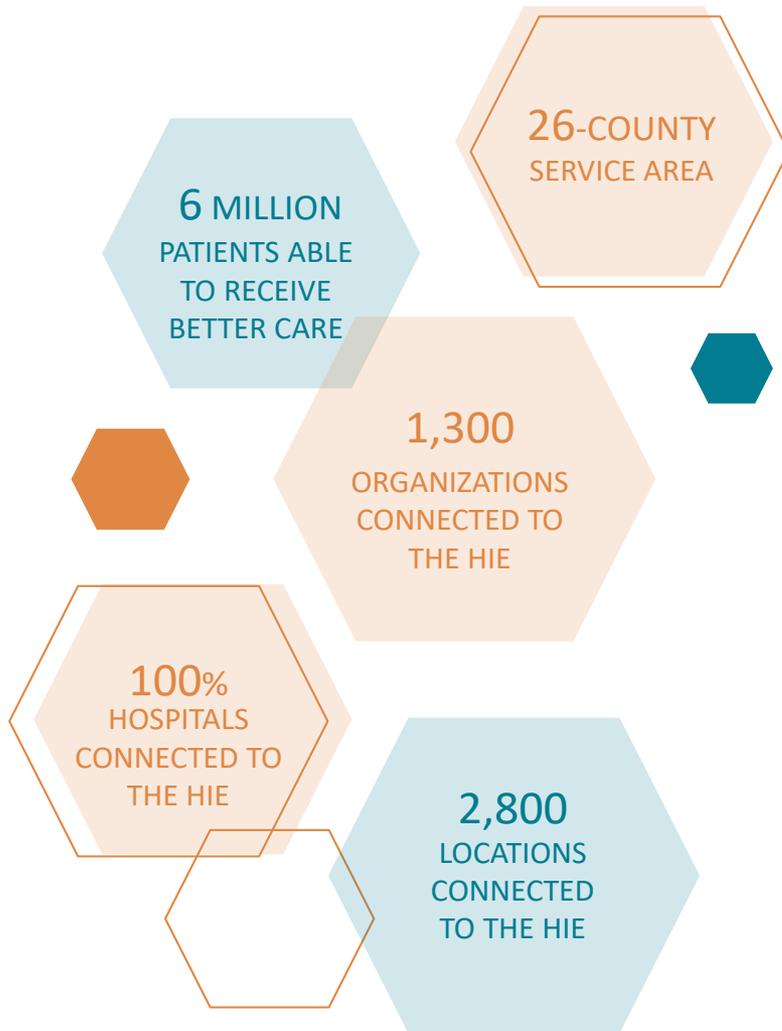
Search



**We Are Your Regional Health Improvement Organization**



# Who We Are



- + Formed in 2010 as the Regional Health Information Organization (RHIO) for Central New York, now merging with HealthlinkNY to cover the Southern Tier and Hudson Valley
- + Manages and oversees the Health Information Exchange (HIE)
- + HIE is the single access point for healthcare providers to view a patient's medical records
- + Over 400 organizations send data directly to the HIE

# Our HIE Services

## Image Exchange

Access to and viewing of diagnostic-quality radiology image studies. Compare multiple studies at once and transfer images into radiology systems

## Direct Mail

Secure email system to communicate patient clinical information between healthcare professionals

## Query-Based Exchange

Access to statewide patient data from other RHIOs and New York State sources, as well as federal government data sources (VA and DoD)

## Results Access & Delivery

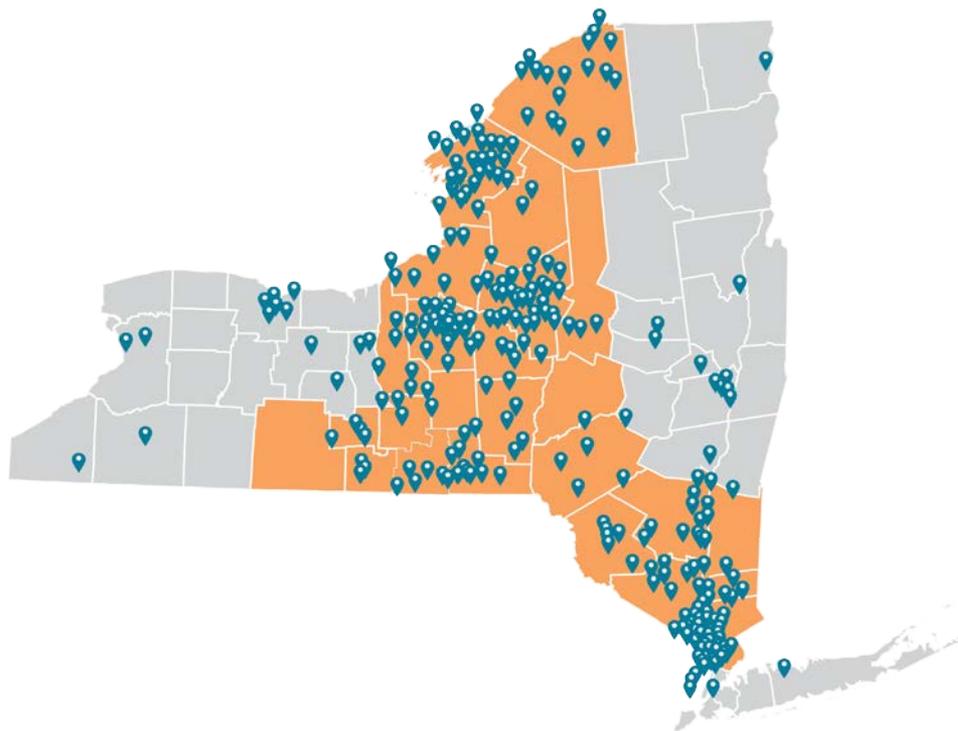
Automated delivery of results, reports, and images through the HIE either to an EHR or through the myResults tab in the myConnections portal

## Patient Lookup

Real-time consolidated view of a patient's comprehensive health records

## myAlerts

Patient activity notifications sent to providers for emergency department encounters, medication adherence, in-patient hospital admissions and discharges



# Access

- + Access to patient records is given to Authorized Users at the organization level
- + Users will need to complete an Authorized User form and receive annual refresher training
- + The RHIO Administrator for each organization is responsible for contacting HealthConnections regarding the activation and deactivation of authorized users
- + The Authorized User form must be kept on file for six (6) years at the organizational level

# Access at Multiple Organizations

- + Users who work at multiple organizations will only need one username and password
- + After logging in, users will have a specific badge for each organization that they work on behalf of
- + It is extremely important to choose the correct facility when using “Patient Lookup”
- + Patient consent applies only to the organization at which it was given

# Authorized User Form



## Authorized User Certification and Application - PLEASE TYPE or PRINT CLEARLY

*Last Name	*First Name	*Middle Initial	
*Title		*Credentials (MD, DO, DMD, OD, DPM, DC, DDS, NP, PA, CNM, CPNA, Resident)	*Participating Organization
*Street Address of Participating Organization	*City	*Zip Code	*Office Telephone
*Unique Email Address (work address preferred)	Specialty	Preferred User Name	

\*NOTE: If you currently have a User ID associated with your facility, we will attempt to assign you this same ID for the HIE if indicated

### Previous Access

- Currently Employed Elsewhere with Access      Organization Name \_\_\_\_\_  
 Previously Employed Elsewhere with Access      User Name \_\_\_\_\_

### REQUIRED for Prescribing Clinicians:

NPI	Prescription DEA	Prescription License Number (NY)
-----	------------------	----------------------------------

- |   |   |  |                            |
|---|---|--|----------------------------|
| *Training Method:   | *Access Type (choose ONE):  | Other Set-Up:  | *Training Completion Date: |
| <input type="checkbox"/> RHIO-led training<br><input type="checkbox"/> Facility staff-led training<br><input type="checkbox"/> Self-trained | <input type="checkbox"/> Clinical records<br><input type="checkbox"/> Patient Demographics Only<br><input type="checkbox"/> Public Health | <input type="checkbox"/> Secure Mail<br><input type="checkbox"/> Perinatal Network<br><input type="checkbox"/> Referral Platform<br>Direct Mail Address for Referral Platform: _____ | _____                      |

### Alerts (Please complete separate 'Alerts User Form')

- Provider-Based Alerts       Patient Subscription Alerts  
 Consent-Based Alerts      Direct Mail Address for Alerts: \_\_\_\_\_

By signing this document, I confirm that I have completed HIE training, read and understand the HIE access policies and I am requesting an HIE account:

Signature of Authorized User \_\_\_\_\_ Date \_\_\_\_\_

By signing this document, the RHIO Administrator, HealthConnections Trainer or other Authorized Individual certifies that the identity of this user has been proven:

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

Authorizing Signature's Email address \_\_\_\_\_

Type of Photo ID (e.g., Driver's License, Employee Badge): \_\_\_\_\_ ID #: \_\_\_\_\_

PLEASE SUBMIT TO [SUPPORT@HEALTHCONNECTIONS.ORG](mailto:SUPPORT@HEALTHCONNECTIONS.ORG) OR FAX TO 1-315-407-0053

A copy of this form must be kept on file for 8 years by the requesting facility



# Emergency Access

- + A limited number of users will have a unique access to a feature called “Break the Glass”
- + Your RHIO Administrator will approve this security level
- + **“Break the Glass” access may only be used to access a patient record in the case of emergencies that require emergency medical treatment**, in accordance to Public Health Law Section 2504(4)
- + If a user with this security “Breaks the Glass,” an audit **WILL** be generated
- + If it is determined that your organization as a whole does not need this security feature, no user will have access to this functionality

# Protected Health Information

Protected Health Information (PHI) is any individually identifiable health information, which may include sensitive health conditions including, but not limited to:

- + Substance Use Disorder
- + Birth control and abortion (Family planning)
- + Genetic (inherited) diseases or tests
- + Any mention of HIV/AIDS
- + Mental health conditions
- + Sexually transmitted diseases

**Redisclosure Notice:** Any patient records that are accessed through HealtheConnections' health information exchange are subject to all applicable federal and state laws for redisclosure, including but not limited to Minor Consented Services, Substance Use Disorder, HIV/AIDS, Mental Health, and Developmental Disabilities. If such information is present in the HIE, law prohibits you from making any further disclosure of this information without the written consent of the person to whom it pertains. A general authorization for the release of medical or other information is NOT sufficient for this purpose. As an authorized user of the HIE, you are responsible for understanding and following the applicable laws.

# HIPAA

HIPAA privacy and security rules must be followed for using the HIE, including, but not limited to, rules such as:

- + Minimum Necessary Access
- + Re-disclosure requirements (State and Federal)
- + Do not share your login credentials with anyone
- + Do not look up yourself, family members, or friends
- + **Looking up your own record is a VIOLATION and will create an AUDIT**

PHI should be securely shared using one of the following methods:

- + Direct Mail
- + Fax
- + Email – **only** if the PHI file is encrypted and/or password protected

For more information about HIPAA policy, visit: <http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>



# Consent

## **NYS law requires that Participating Organizations obtain a patient's consent before viewing their PHI for non-emergency treatment**

- + HIE records may only be viewed for patients who provide an affirmative consent
- + A patient's consent applies only to the Participating Organization that collected the consent form, not to all Participating Organizations
  - + Patients only need to provide consent for a Participating Organization **one time**
  - + A patient may change their consent value at any time by filling out a new consent form at each Participating Organization
- + Participating Organizations must inform patients that ANY and ALL health information included in their health record will be available through the HIE
  - + Direct patient to <http://www.healthconnections.org/map/#/>
- + Any authorized user at the Participating Organization may access a consenting patient's health record, with the appropriate security role
- + Providers cannot refuse treatment to patients based on willingness to provide consent

# Sample Consent



## New York State Department of Health Authorization for Access to Patient Information through a Health Information Exchange Organization

Patient Name	Date of Birth
Other Names Used (e.g., Maiden Name):	

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 **SAMPLE**, to obtain access to my medical records through the health information exchange organization called **HealtheConnections**. If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network. **HealtheConnections** is a not-for-profit organization that shares information about people's health electronically and meets the privacy and security standards of HIPAA and New York State Law. To learn more visit **HealtheConnections** website at <http://healthconnections.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.

<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.
<input type="checkbox"/> <b>1. I GIVE CONSENT</b> for <b>SAMPLE</b> to access ALL of my electronic health information through <b>HealtheConnections</b> to provide health care services (including emergency care).
<input type="checkbox"/> <b>2. I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY</b> for <b>SAMPLE</b> to access my electronic health information through <b>HealtheConnections</b> .
<input type="checkbox"/> <b>3. I DENY CONSENT</b> for <b>SAMPLE</b> to access my electronic health information through <b>HealtheConnections</b> for any purpose, <i>even in a medical emergency</i> .

If I want to deny consent for all Provider Organizations and Health Plans participating in **HealtheConnections** to access my electronic health information through **HealtheConnections**, I may do so by visiting **HealtheConnections** website at <http://healthconnections.org/> or calling **HealtheConnections** at 315.871.2241 x5.

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)



# Consent Values

- + **I GIVE CONSENT** for the Provider Organization or Health Plan to access ALL of my electronic health information through HealtheConnections to provide health care services (including emergency care)
- + **I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY** for the Provider Organization to access my electronic health information through HealtheConnections\*
- + **I DENY CONSENT** for the Provider Organization or Health Plan to access my electronic health information through HealtheConnections for any purpose, even in a medical emergency

\*some participating organizations will have this option

# Community-Wide Deny Consent

If patient requests “**Community-wide Deny**” consent, the following options are available:

- + The patient completes a Community-wide Deny consent form and your organization submits to HealtheConnections Support to enter the consent
- + The patient can visit the HealtheConnections office, with photo identification to complete the form and enter the consent
- + The patient can take the form and have it notarized and send it to HealtheConnections Support, who will enter the consent

# Who Can Sign Consent?

- + **Patients under 18 years:** Parents, Legal Guardians, or State Officials can sign the consent form on behalf of the patient
- + **Patients aged 18+ years:** May provide consent for themselves
- + **Health proxy/representative:** If an agent is appointed by a patient in a health proxy document or due to incapacity to legally make healthcare decisions on behalf of the patient, that agent may provide consent for the patient

# Minor-Consented Services Access Override

## **Patients under 18 years old can override parental/guardian consent for a minor-consented service**

- + An override can only take place if the parent/guardian has not yet consented, or has selected “Deny” or “Deny, Except in an Emergency” for a minor-consented service
  - + A minor cannot override a “YES” consent provided by a parent or legal guardian
  - + FAQs are available for minor consent override
- + To activate the override, a minor must sign an override consent form to give the participating organization permission to access his/her health records.
- + The minor must be physically present
- + The override will only remain in effect for the duration of the visit and will expire when the authorized user logs out of the patient’s record when the encounter is complete

# Consent Exceptions

Consent is **NOT** required for:

- + Data sources sending patient medical records to the HIE, except for Substance Use Disorder (CFR 42)
- + One-to-One Exchanges (Results Delivery)
- + Emergency Situations, if patient has not yet consented, or has not selected “Deny to the Participating Organization” or “Community-wide Deny” consent
- + De-identified Data
- + Public Health access

# Capturing Consent

Patient consent can be captured in two ways, depending upon your facility's capabilities:

- + An Authorized User may log into HealtheConnections Patient Lookup and enter the patient's consent directly into the HIE
- + An Authorized User enters consent in their EHR to capture patient consent, which is then sent electronically to the HIE if an interface has been established

# Maintaining Consent Forms

Patient consent forms must be kept with a patient's record for six (6) years

- + Signed paper consent forms can be stored in patient charts OR electronic (scanned) copies of the consent forms can be kept on file
- + Consents are subject to periodic auditing
  - + A copy of the patient's signed consent form must be made available in the event of an audit

# Audits

- + Access to patient records are audited:
  - + **Break the Glass** events are audited daily
  - + **Public Health** non-consented access is audited weekly
  - + Each Participating Organization is required to attest to an **annual audit** of patient consents, user accesses of patient information, and user logins
  - + **Same-name** audits
- + Patients can request audits of access to their own records
- + Audit requests can be completed via a participating organization or by contacting HealthConnections directly

# Important Information

## HealthConnections Support:

- + Email: [support@healthconnections.org](mailto:support@healthconnections.org)
- + Direct Email: [support@hiemail.healthconnections.org](mailto:support@hiemail.healthconnections.org)
- + Phone: 315-671-2241 ext. 5

## Training Materials:

- + **Authorized User Training Guide** accompanies the Policies & Procedures Training
- + Additional materials and forms are available at:  
<http://www.healthconnections.org/what-we-do/hie-services/training-materials/>

## myConnections:

- + Use “Forgot Password” on the myConnections login page for quick and easy password resets



For more information, please  
contact your Community  
Engagement Specialist or  
[info@healthconnections.org](mailto:info@healthconnections.org)

[healthconnections.org](http://healthconnections.org)  
[info@healthconnections.org](mailto:info@healthconnections.org)

