



MANAGING CONSENT

Capturing Consent

ABC URGENT CARE



**Authorization for Access to Patient Information
through a Health Information Exchange Organization**

New York State Department of Health

Patient Name Patientone, Test	Date of Birth 10/20/1953
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 **HealthConnections**. If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network. **HealthConnections** 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 **HealthConnections** 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.

<p>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.</p>
<p><input checked="" type="checkbox"/> 1. I GIVE CONSENT for SAMPLE to access ALL of my electronic health information through HealthConnections to provide health care services (including emergency care).</p>
<p><input type="checkbox"/> 2. I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY for SAMPLE to access my electronic health information through HealthConnections.</p>
<p><input type="checkbox"/> 3. I DENY CONSENT for SAMPLE to access my electronic health information through HealthConnections 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 **HealthConnections** to access my electronic health information through **HealthConnections**, I may do so by visiting **HealthConnections** website at <http://healthconnections.org/> or calling **HealthConnections** at 315.671.2241 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 <i>Test Patientone</i>	Date 10/11/2018
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative to Patient (if applicable)

- Present the patient with the consent form for your organization
- The patient should be educated to what they are signing and consent must be “informed consent”
- The patient must choose only one box, and sign the form
- Signed forms must be kept on file for 6 years
- If a patient wants to change their selection; a new, signed, and dated consent form must be completed



Accessing HealthConnections



Health Information Exchange

Value-Based Care Solutions

Population Health Improvement

About

[myConnections Login](#)

Search

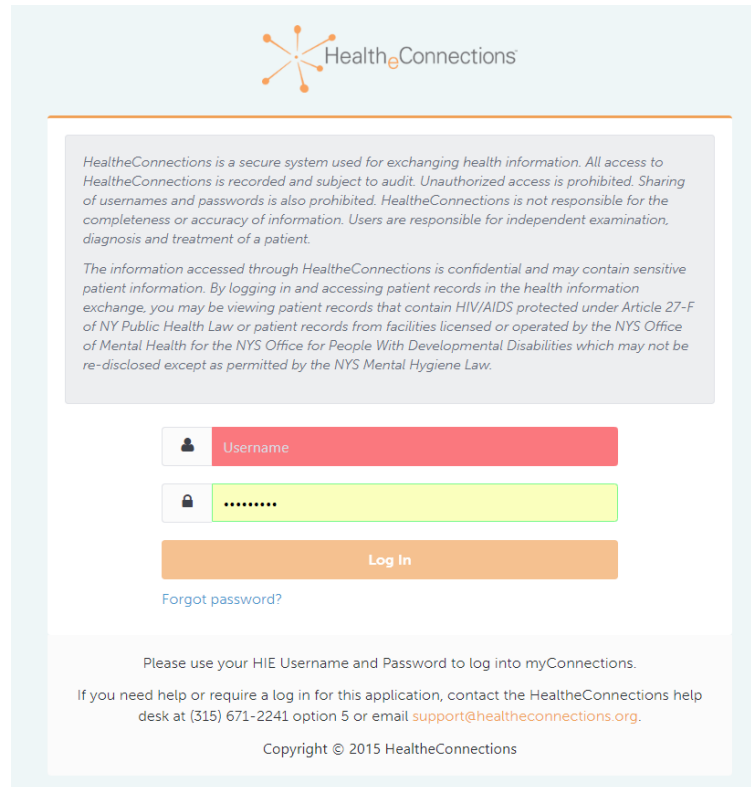


We Are Your Regional Health Improvement Organization

- Access myConnections portal via any web browser
- Click “myConnections Login” to enter your username and password



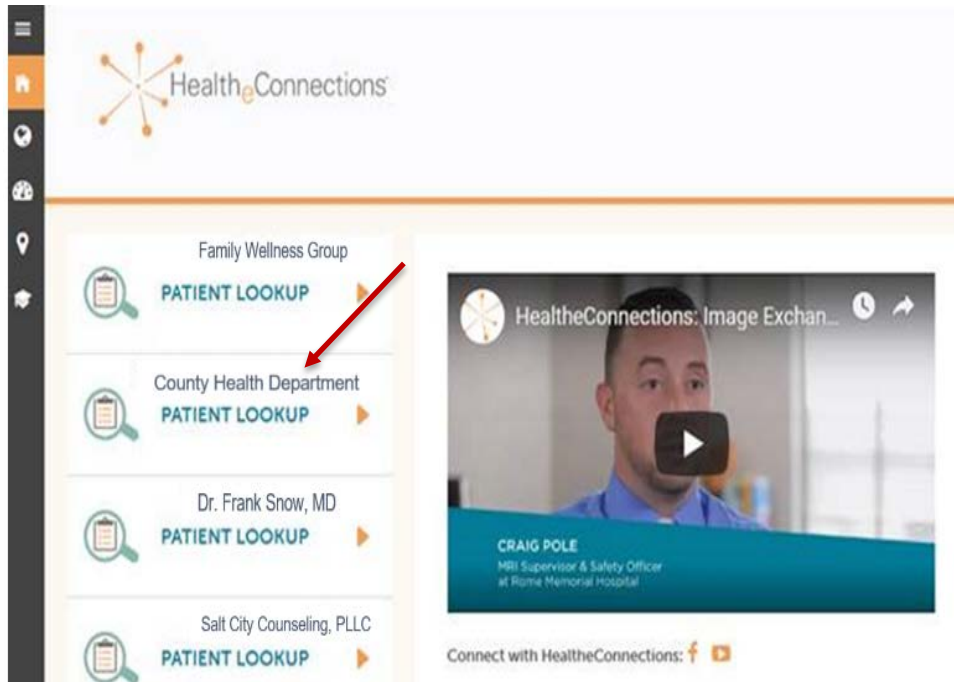
Logging In



The screenshot shows the HealthConnections login interface. At the top left is the HealthConnections logo, which consists of a stylized orange starburst icon followed by the text "HealthConnections". Below the logo is a light blue box containing a disclaimer: "HealthConnections is a secure system used for exchanging health information. All access to HealthConnections is recorded and subject to audit. Unauthorized access is prohibited. Sharing of usernames and passwords is also prohibited. HealthConnections is not responsible for the completeness or accuracy of information. Users are responsible for independent examination, diagnosis and treatment of a patient." Below the disclaimer is another light blue box with a warning: "The information accessed through HealthConnections is confidential and may contain sensitive patient information. By logging in and accessing patient records in the health information exchange, you may be viewing patient records that contain HIV/AIDS protected under Article 27-F of NY Public Health Law or patient records from facilities licensed or operated by the NYS Office of Mental Health for the NYS Office for People With Developmental Disabilities which may not be re-disclosed except as permitted by the NYS Mental Hygiene Law." The login form itself is centered and includes a red "Username" field with a person icon, a yellow "Password" field with a lock icon and masked characters, and an orange "Log In" button. Below the button is a blue link for "Forgot password?". At the bottom of the form is a white box with instructions: "Please use your HIE Username and Password to log into myConnections. If you need help or require a log in for this application, contact the HealthConnections help desk at (315) 671-2241 option 5 or email support@healthconnections.org. Copyright © 2015 HealthConnections".

- Enter your username and password
- Click “Log in”
- If you forgot your password, click the link to reset it

myConnections



- Click on “Patient Lookup” for the organization where you are working
- Remember, if you also work on behalf of another organization, you will need to choose the correct organization *AND* obtain the required patient consent for access

Patient Search

Advanced Filter: Patients [Clear Search Criteria](#)

Search Requirements:

- Last Name and Date of Birth
- or
- Patient ID

Reason for Search

Reason*: 2 Treatment

Demographic Search

Last Name*: Gender:

First Name: Date of Birth*:

Street 1: Street 2:

City: State:

Country: ZIP Code:

Identifier Search

Patient ID*: Insurance Plan ID:

SSN: Phone Number:

- This is the patient search screen
- There must be a “Reason” selected in order to execute a search:
- The reason automatically defaults to “2: Treatment”; however, you can choose other options by clicking the down arrow or selecting a number (1 through 4) that corresponds to the options below:
 1. Emergency Treatment
 2. Treatment
 3. Manage Consent
 4. HealthConnections Support

Patient Search

Advanced Filter: Patients Clear Search Criteria

Search Requirements:

- Last Name and Date of Birth
- or
- Patient ID

Reason for Search

Reason*: 2 Treatment

Demographic Search

Last Name*: patientone Gender:

First Name: Date of Birth*: 10/20/1953

Street 1: Street 2:

City: State:

Country: ZIP Code:

Identifier Search

Patient ID*: Insurance Plan ID:

SSN: Phone Number:

- You may search for the patient by using either:
 - Demographic Search where “Last Name” and “Date of Birth” are required
 - Identifier Search by using the “Patient ID” which is the patient’s Hospital Medical Record Number
- The required fields are marked with asterisks
- You can further refine your search by filling out the other data elements, however they are not required

Patient Search

- If your search yields multiple results, the system will then display additional criteria (e.g. first name, address, gender, etc.) in order for you to choose the correct patient
- Click on the desired name to display the patient summary or add consent for your organization

HealthConnections RHIO - HealthConnections
HeCProvider | Logout

Patients

Advanced Search

Patient Actions
Refresh List

Patients

Displaying all 3 items Date of Birth: 01/01/1951 Last Name: test Clear Search

<input type="checkbox"/>	Name	Date Of Birth	Gender	Address	City	State	Postal	Voice #	SSN
<input type="checkbox"/>	TEST, PATENT1	01/01/1951	Unknown	109 S. Warren Street	SYRACUSE	NY	12303	(315) 671-2241	***-**-8901
<input type="checkbox"/>	TEST, PATENT3	01/01/1951	Male	124 Nowhere Ave	SYRACUSE	NY	12310	(315) 453-2365	***-**-6789
<input type="checkbox"/>	TEST, PATENT2	01/01/1951	Female	9101 Lovers Lane	Camillus	NY	13031	(315) 671-2241	***-**-7890

results

© 2012 Mirth Corporation | Mirth Results | Page Rendered: 04/30/2013 10:58:55AM EDT

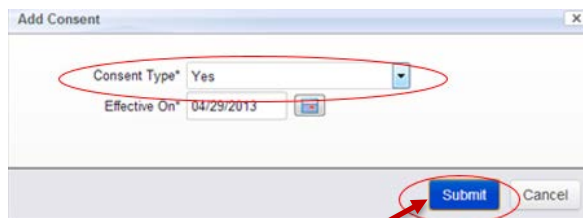
About

Capturing Consent



The screenshot shows a web browser window displaying the HealthConnections RHIO interface. The patient record for "TEST, PATIENT1" is visible, including their name, birth date (01/01/1951), and address (109 S. Warren Street, SYRACUSE, NY 12303). A yellow banner indicates that the user does not have consent to view the patient's data. Below this, there are sections for "You can access clinical and demographic information" and "You can manage consent". The "Consent Information" section shows "No Consent Information" and a red box highlights the "+ Add Consent" button. A red arrow points to this button.

Click “Add Consent” to capture the consent choice indicated by the patient on the consent form for your organization



The screenshot shows a dialog box titled "Add Consent". It contains a "Consent Type*" dropdown menu set to "Yes" and an "Effective On*" date field set to "04/29/2013". A red oval highlights the "Consent Type*" dropdown. At the bottom of the dialog, there are "Submit" and "Cancel" buttons. A red arrow points to the "Submit" button.

Click “Submit” to save the consent choice

Capturing Consent

HealthConnections
RHO Central New York

HealthConnections RHO - HealthConnect
H&C Staff | L6

Patients
Patient » TEST, PATIENT1

Patient Actions
Back to List

TEST, PATIENT1 Unknown 01/01/1951 (62 yrs) (H&C ID: 3905154)
109 S Warren Street, Syracuse, NY 12303

This Patient Has Declined Access To Their Data

You can manage consent

Consent Information

Consent Type	Active	Applied To	Authoring Facility	Effective On	Expires On	Attachment
Yes	✓	Organization: HealthConnections	HealthConnections RHO	10-02-2013		
No		Organization: HealthConnections	HealthConnections	05-29-2013		
Yes		Organization: HealthConnections	HealthConnections RHO	04-29-2013		

+ Add Consent

results

Once consent is saved, the captured value will be indicated by: ✓

- If consent is **“Yes”** you will be allowed to access the Patient Summary screen by clicking **“Back to List”** then clicking on the patient’s name
- If consent is **“No”** you will see a screen stating that you do not have consent to view this patient’s data and your access to the patient’s record is blocked
- If consent is **“Emergency”** you will be presented with the option to **“Break the Glass”** for an emergency situation

Changing Consent from “YES”

HealthConnections
RHD Central New York

HeC - HealtheConnections
HeCProvider | Logout

Patients
Patient » TEST, PATIENT1

Patient Actions
Back to List
Download CCD
Download Summary PDF
Configure Layout

TEST, PATIENT1 Unknown 01/01/1951 (62 yrs) (HeC ID:3905154)
109 S. Warren Street, SYRACUSE, NY 12303

Summary **More Patient Information**

Results (1)

Date	Name	Source
09/19/2007	XRAY CHEST ONE VIEW ONLY	SJIA

Medications (0)
No Medications to display

Encounters (1)

Date	Type	Source	Class
04/30/2012		SJIA	Outpatient

Allergies (0) Immunizations (0)
No Allergies to display

Procedures (0)
No Procedures to display

Problems (0)
No Problems to display

Social History (0) Attachments (0) Vitals (0) More
No Social History to display

results

- When consent status is “Yes,” you will automatically be directed to the patient’s “Summary” screen after searching and selecting the patient from “Patient Lookup”
- Click on the “More Patient Information” tab to view current consent information

Changing Consent from “YES”

Patients
Patient » TEST, PATIENT1

Patient Actions
Back to List

TEST, PATIENT1 Unknown 01/01/1951 (62 yrs) (HeC ID:3905154)
109 S Warren Street, Syracuse, NY 12303

This Patient Has Declined Access To Their Data

You can manage consent

Consent Information

Consent Type	Active	Applied To	Authoring Facility	Effective On	Expires On	Attachment
No	<input checked="" type="checkbox"/>	Organization: HealthConnections	HealthConnections	05-29-2013		
Yes	<input type="checkbox"/>	Organization: HealthConnections	HealthConnections RHIO	04-29-2013		

+ Add Consent

results

- Once consent has been saved, you will see the new consent value that you selected displayed in the “Consent Information” area at the bottom of the page
- The consent value that is currently active will be indicated by:
- If consent is “No” you will see a screen, stating that you do not have consent to view this patient’s data, and your access to the patient’s record is blocked
- If consent is “Emergency” you will be presented with the option to “Break the Glass” for an emergency situation

Minor Consented Service Access Override



Minor Consented Service Access Override

You do not have consent to view this patient's information. If you are accessing this patient for a minor consented service, you must have a signed attestation form from the minor which is valid for this encounter only. This access will be audited and a copy of the signed attestation form must be kept on file.

I accept these terms and conditions (click continue)

You Do Not Have Consent To View This Patient's Data
Consent In Effect: User Provider Group

This patient has consent data you currently do not have access to view.

You can access clinical and demographic information
Access will be audited

[Break the Glass](#)

- This screen will appear if you attempt to access a minor's patient record but a parent/guardian for that minor has provided a 'No' or 'No, Except in an Emergency' consent choice on the minor's behalf, or if the parent/guardian has not yet provided consent for the minor
 - Alcohol or drug use problems
 - Birth control and abortion (family planning)
 - Genetic (inherited) diseases or tests
 - HIV/AIDS
 - Mental health conditions
 - Sexually transmitted diseases

Minor Consented Service Access Override

- The minor must sign an attestation form to authorize the override.
- After this signed form has been obtained, click the checkbox:
 - “I accept these terms and conditions (click continue)”
 - Once the box has been checked, click the “Continue” button to access the minor’s patient record
- After the visit, consent will be reinstated to the value provided by the parent/guardian
- A signed attestation form must be completed by the minor at every visit if he/she wishes to allow the provider access to his/her health record for a minor consented service
- For MD’s and DO’s with unique security, “Break the Glass” may still be used in an Emergency
- All “Break the Glass” accesses will be audited

Minor Consented Service Access Override

You do not have consent to view this patient's information. If you are accessing this patient for a minor consented service, you must have a signed attestation form from the minor which is valid for this encounter only. This access will be audited and a copy of the signed attestation form must be kept on file.

I accept these terms and conditions (click continue)

You Do Not Have Consent To View This Patient's Data
Consent In Effect: User Provider Group

This patient has consent data you currently do not have access to view.

You can access clinical and demographic information
Access will be audited

Important Information



HealtheConnections Support:

- Email: support@healtheconnections.org
- Direct email: support@hiemail.healtheconnections.org
- Phone: 315-671-2241 ext. 5

Training Materials:

- HIE USER MANUAL accompanies the Authorized User Training
- Additional materials and forms are available at:
[http://www.healtheconnections.org/Health Information Exchange/training materials](http://www.healtheconnections.org/Health%20Information%20Exchange/training%20materials)

myConnections:

- On the myConnections login page, you can use “Forgot Password” for quick and easy password resets



Thank you!

healthconnections.org
info@healthconnections.org

