PUBLIC HEALTH AUTHORIZED USER TRAINING
Authorized User Policy and Procedure
Agenda

- HIE By The Numbers
- Our Services
- Consent
  - Consent Exceptions
- Audits
- HIPAA & The HIE
- Public Health Access
  - Access at Multiple Organizations
  - Authorized User Form
  - Public Health Participant Profile
- Accessing HealtheConnections for Public Health
- Demo of the system and/or HIE User Manual review*

*HIE User Manual review only required for self-training, along with Policy & Procedure
HIE By the Numbers

- **6 MILLION** patients able to receive better care
- **1,400** organizations connected to the HIE
- **100%** of hospitals connected to the HIE
- **3,100** locations connected to the HIE
Our HIE Services & Use Cases

Image Exchange
Diagnostic-quality images directly delivered to you

Direct Mail
HIPAA-compliant secure mail & national provider directory

Query-Based Exchange
Access information through state and national databases

Results Access & Delivery
Labs, rads, and reports easily accessed or delivered directly

Patient Lookup
Real-time patient records at the touch of a button

myAlerts
Clinical alerts for hospital admits, discharges, and more with extensive filtering capabilities
Consent

- Public Health Access does **NOT** require consent to view information in the RHIO

- For non-public health access, New York State law requires each participating organization to obtain a patient’s consent choice before viewing their PHI for non-emergency treatment

- A patient’s consent choice applies only to the participating organization that collected the consent form, not to all participating organizations

- 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
Consent Exceptions

Consent is **NOT** required for:

- Data sources sending patient medical records to the HIE
- 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
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
- Audits may be triggered by same name logic
- Patients can request audits of access to their own records
  - This can be done via a participating organization or by contacting HealtheConnections
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 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
Public Health Access

• Public Health Access is only for individuals who work at public health organizations

• Users with public health access do **NOT** require consent to view information within HealtheConnections

• The RHIO Administrator for each public health organization is responsible for contacting HealtheConnections regarding the activation and deactivation of authorized users

• Users will need to complete an Authorized User Form and receive annual refresher training

• Public health access is audited weekly to ensure proper access
Access at Multiple Organizations

- Users who work at multiple organizations will have **one** username and password.
- After logging in, the user must select the organization they are currently working on behalf of.
- Public health access should only be selected while working on behalf of the public health organization.
- If you are working on behalf of any organization in a manner that is NOT related to public health access, consent must be obtained.
- Please remember, patient consent is given at the organization level, and applies only to the organization at which it was given.
Authorized User Certification and Application

* Indicates required field. Copy of this form must be kept on file for 6 years by the requesting organization.

* Last Name  * First Name  * Middle Initial

* Title  * Credentials, if any (MD, DO, etc.)  Specialty

* Participating Organization  Department (if applicable)

* Street Address of Participating Organization  * City  * State  * Zip

* Unique Email Address (work email preferred)  * Phone Number

* Preferred User Name:  Existing or Previous HIE User Account Information:
☐ Currently Employed OR ☐ Previous Employed Elsewhere with Access
Organization Name:
Username:

REQUIRED for Prescribing Clinicians:
NPI:

* Training Method  * Training Completion Date:
☐ RHO-led training  ☐ Facility staff-led training  ☐ Self-trained

* Patient Lookup Access Type:
☐ Clinical records  ☐ Patient Demographics Only  ☐ Public Health (only available for PH organizations)
Break The Glass (BTG) Access is not granted to all users by default.
If you require Break The Glass Access, please complete supplemental BTG request form (subject to review).

* Additional Options (check with your RHO Administrator for available options):
☐ Secure Mail  ☐ Transfer to PACS (TPP)  ☐ Alerts (Complete Alert Form)
☐ Community Referrals **  ☐ SSO (provide EMR Username):  ☐ myResults (including delegation - Complete myResults Form)
☐ Perinatal Referrals  ☐ RHO Administrator  ☐ Audit Report Recipient

** Secure Mail Address for Community Referrals (leave blank if requesting new HealtheConnections Secure Mail account):

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

Photo ID Type (e.g., Driver’s License, Employee Badge):  ID Number:

By signing this document, I, the RHO Administrator, HealtheConnections Tanner or other Authorized Individual certifies the identity of this user has been proven:
Authorizing Signature*:  Date:

Authorizing Signature’s Email Address:  Title:

Authorized User Certification and Application_11_30_2019
## Public Health Participant Profile

<table>
<thead>
<tr>
<th>Participant/Organization Name</th>
<th>New York State Department of Health</th>
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<tbody>
<tr>
<td>Participant Agreement Signatory</td>
<td>Name: Sally Dreslin</td>
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<tr>
<td></td>
<td>Title: Executive Deputy Commissioner</td>
</tr>
<tr>
<td>Program/Unit Code (to be assigned by OQPS)</td>
<td></td>
</tr>
<tr>
<td>Participant Site Address</td>
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### NYSDOH SHIN-NY Contact

<table>
<thead>
<tr>
<th>Name</th>
<th>Deirdre Depew</th>
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</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td>518-473-4645</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:Deirdre.depew@health.ny.gov">Deirdre.depew@health.ny.gov</a></td>
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### NYSDOH Public Health Contact

<table>
<thead>
<tr>
<th>Name</th>
<th>Geraldine Johnson</th>
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</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td>518-474-3962</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:Geraldine.johnson@health.ny.gov">Geraldine.johnson@health.ny.gov</a></td>
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### Access Type
- [ ] Public Health Clinical Viewer
- [ ] Public Health Oversight
- [ ] Transmittal Data
- [ ] Aggregate Reports Access
## Accessing Program Information

### Access Requestor

<table>
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<tr>
<th>Name</th>
<th>Title</th>
<th>Phone Number</th>
<th>Email</th>
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### RHIO Administrator/Trusted Agent

<table>
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<th>Name</th>
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<th>Phone Number</th>
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### Audit Reports Recipient (if other than RHIO Administrator/Trusted Agent)

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By signing this document, I certify the validity of this request for Public Health access to QE.

### Authorizing Signature

Printed Name: Sally Dreslin  
Title: Executive Deputy Commissioner  
Date: ____________

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1 Any changes to roles will be reported by RHIO Administrator.
<table>
<thead>
<tr>
<th>Individual</th>
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<td>☐ RHIO Administrator</td>
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<td>☐ Other (Specify) ex: transmittal data</td>
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Accessing HealtheConnections

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

• Enter your username and password

• Click “Log in”

• If you forgot your password, click the “Forgot Password” link
Click on “Patient Lookup” for the public health organization where you are working.

This will give you access to patient information without consent.

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.
On the next screen, you will need to enter a search reason to search for patient records.

For the search “reason,” select “Public Health Agencies Only.”

You may search the patient by using either:

- Demographic search (last name, DOB)
- Identifier search
Searching Patient Records

- If your search yields more than one result, you can hover over a selection to find additional demographic information.

- Choose desired patient by clicking on the row, which will bring you to the patient summary screen.
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: www.healtheconnections.org/training/

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

healtheconnections.org
info@healtheconnections.org