



Managing Consent

NYS law requires that Participating Organizations obtain a patient's consent before viewing their PHI for Non-Emergency treatment

- Health Information Exchange (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 - Patients only need to provide consent for a Participating Organization **one time that will be effective until rescinded**
 - A patient may change their consent value at any time by filling out a new consent form at each Participating Organization
- For non-public health access, NYS law requires each Participating Organization to obtain a patient's consent before viewing their PHI for non-emergency treatment
- 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

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

Consent Values

- **I GIVE CONSENT** for the Provider Organization or Health Plan to access ALL of my electronic health information through HealthConnections 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 HealthConnections
- **I DENY CONSENT** for the Provider Organization or Health Plan to access my electronic health information through HealthConnections for any purpose, even in a medical emergency*

* Only select participants have this option

Consent Form



[Participating Organization]

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 the Organization named above 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/>.

The choice I make on this form will NOT affect my ability to get medical care. The choice I make on 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.
<input type="checkbox"/> 1. I GIVE CONSENT for the Organization named above to access ALL of my electronic health information through HealthConnections to provide health care services (including emergency care).
<input type="checkbox"/> 2. I DENY CONSENT for the Organization named above to access my electronic health information through HealthConnections 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 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	Date
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative to Patient (if applicable)

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

Break The Glass Access

Organizations that have an **Emergency Department** or are a **Urgent Care Facility** have a three choice consent form.

This three choice consent form allows providers with a certain role to bypass the **I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY** in life saving circumstances.

Capturing Consent



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

New York State Department of Health

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 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.

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.
<input 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).
<input type="checkbox"/> 2. I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY for SAMPLE to access my electronic health information through HealthConnections.
<input type="checkbox"/> 3. I DENY CONSENT for SAMPLE to access my electronic health information through HealthConnections for any purpose, even in a medical emergency.

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.

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

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- If a patient/guardian wants to change their selection, a new signed and dated consent form must be completed

Capturing Consent

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

- Most facilities log into HealthConnections Patient Lookup and enter the patient's consent **directly into the HIE**
- Hospitals and some practices capture patient consent in their EHRs, which is then sent over **electronically and automatically to the HIE**

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

Minor Consented Services Override

Under New York law, a minor who understands the risks and benefits of proposed and alternative treatments can consent to:

- Reproductive health care, including family planning (i.e., birth control and other contraception), emergency contraception, abortion, pregnancy/prenatal care, care during labor and delivery, and care for sexually transmitted infections
- Certain mental health services
- Certain alcohol and drug abuse services
- Sexual assault treatment including HIV

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”**
 - 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 only when the minor is 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

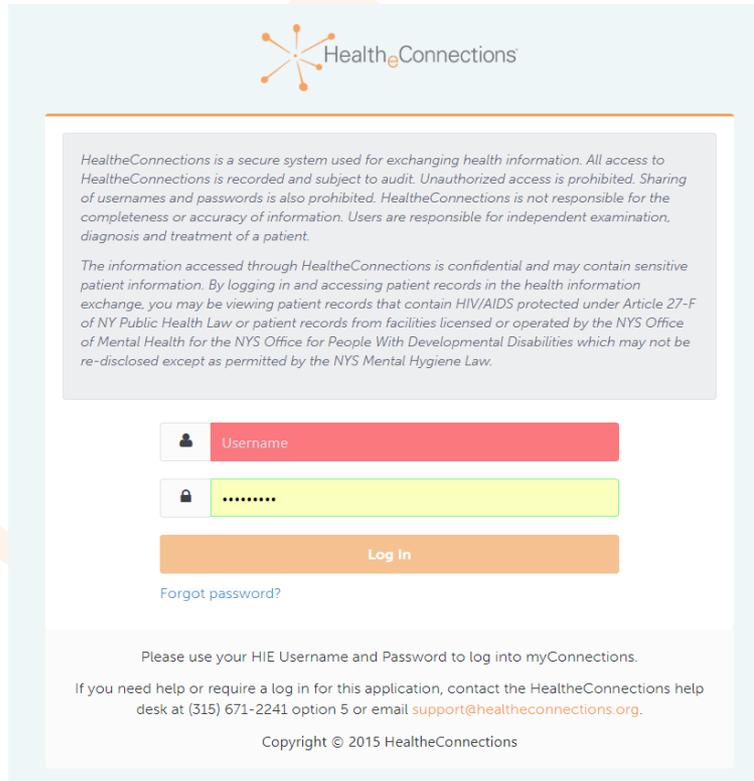
Minor Consented Services Override

- Providers also can treat minors in an emergency without parental consent, but for other types of care minors must ordinarily obtain parental consent
- Providers should note that a minor's ability to give informed consent is based on capacity for consent, as discussed above, not on age, and there is no minimum age requirement for giving informed consent
- Any determination concerning whether a minor has the capacity to consent to a health service should be documented in the minor's medical records at the time the determination is made

Accessing HealthConnections



- Access myConnections portal via any web browser
- Click **myConnections Login** to enter



The screenshot shows the HealthConnections login interface. At the top is the HealthConnections logo. Below it is a disclaimer box with two paragraphs of text. Underneath the disclaimer are two input fields: a red one for 'Username' and a yellow one for a password (represented by dots). Below these is an orange 'Log In' button and a blue link for 'Forgot password?'. At the bottom, there is a footer with instructions to use HIE Username and Password, contact information for help (phone and email), and a copyright notice for 2015 HealthConnections.

 HealthConnections

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.

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.

Log In

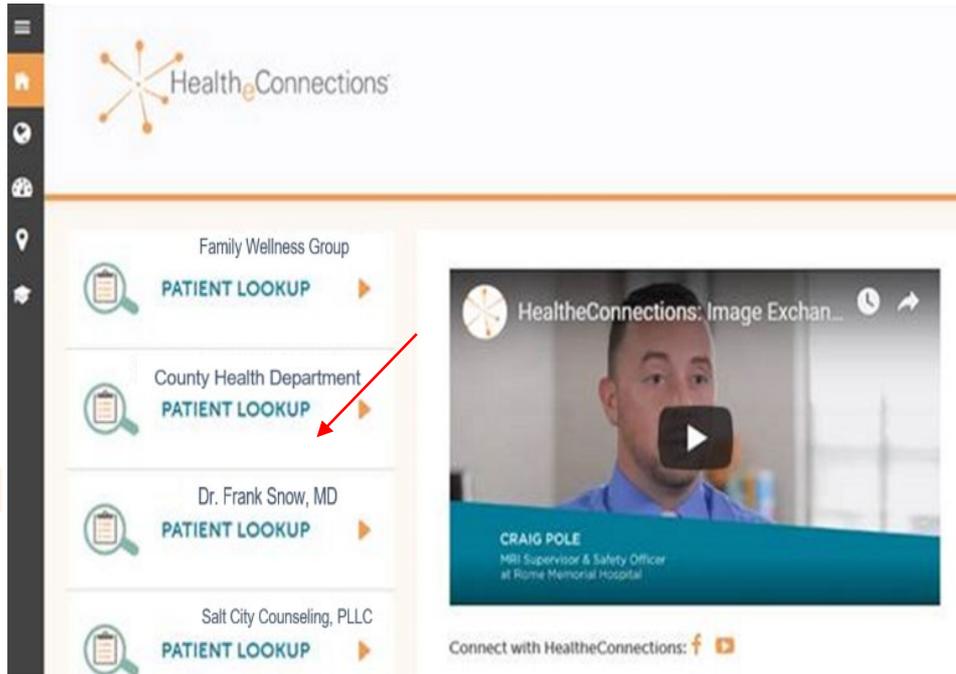
[Forgot password?](#)

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.

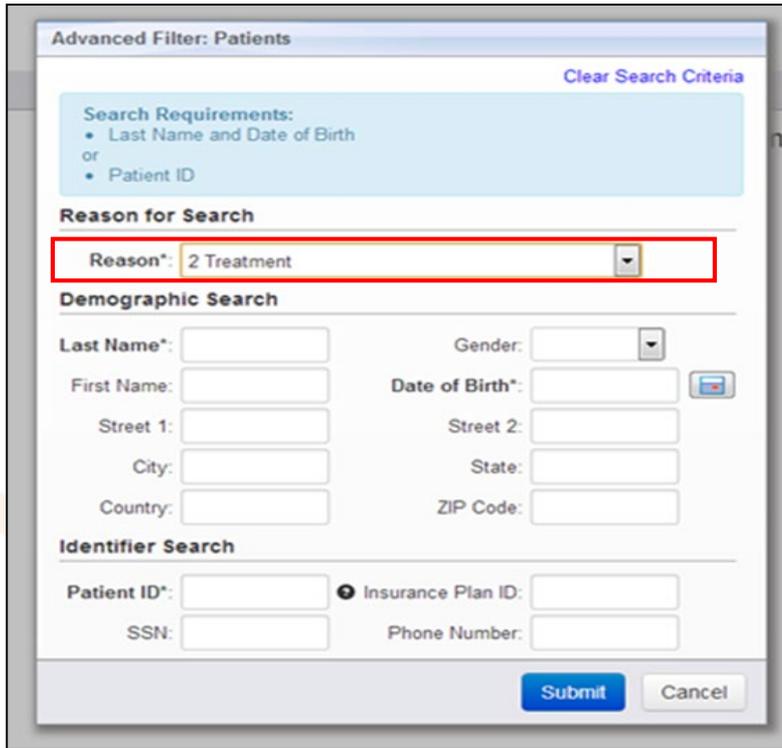
Copyright © 2015 HealthConnections

- Enter your username and password
- Click **Log In**
- If you forgot your password, click the link to reset it



- 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:

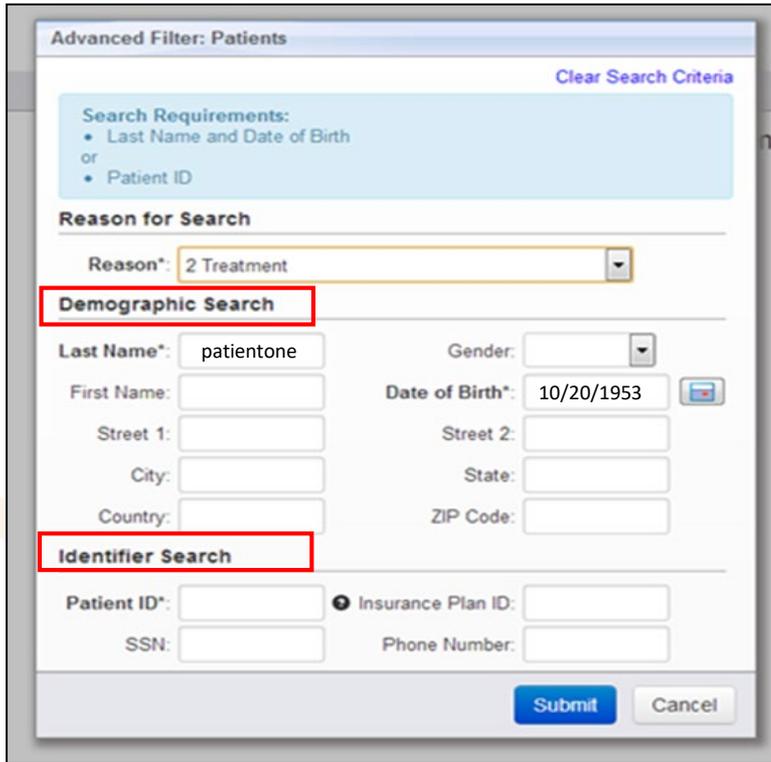
Country: ZIP Code:

Identifier Search

Patient ID*: Insurance Plan ID:

SSN: Phone Number:

- 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 and selecting a number (1 through 4) that corresponds to the options below:
 1. **Emergency Treatment**
 2. **Treatment**
 3. **Manage Consent**
 4. **HealthConnections Support**



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:

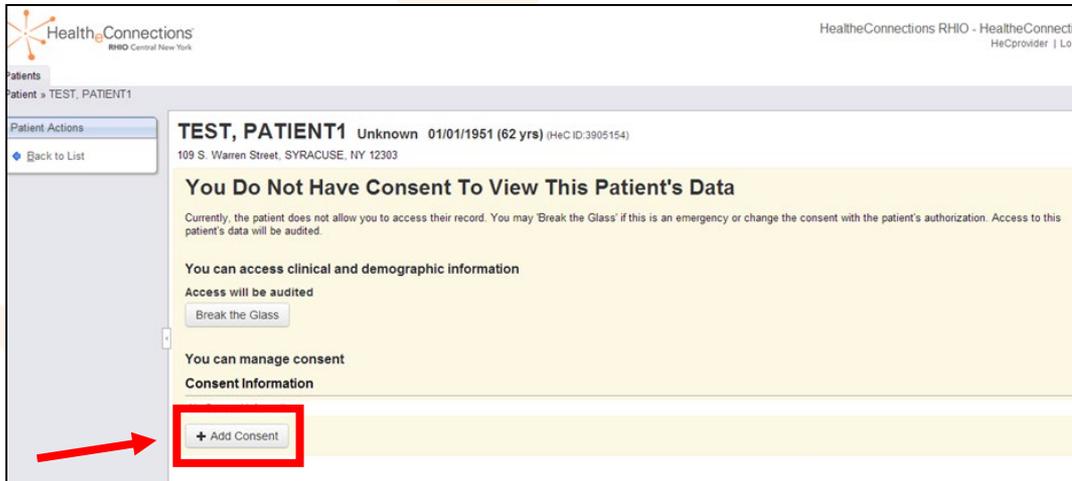
Identifier Search

Patient ID*: Insurance Plan ID:

SSN: Phone Number:

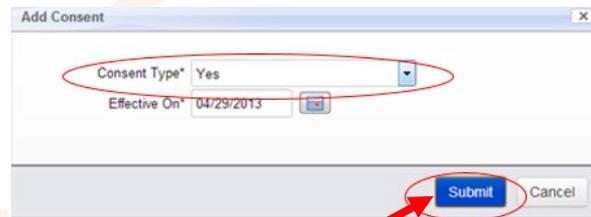
- You may search for the patient by using either:
 - Demographic Search where **Last Name** and **Date of Birth** are required (identified with asterisks)
 - Identifier Search by using the **Patient ID** which is the patient's Hospital Medical Record Number and is required for this type of search (identified with asterisk)
- You can further refine your search by filling out the other data elements, however they are not required

NOTE: If your organization collects consent through your EMR do not follow this step. Enter the value as directed by your EMR representative and resume at page 18.

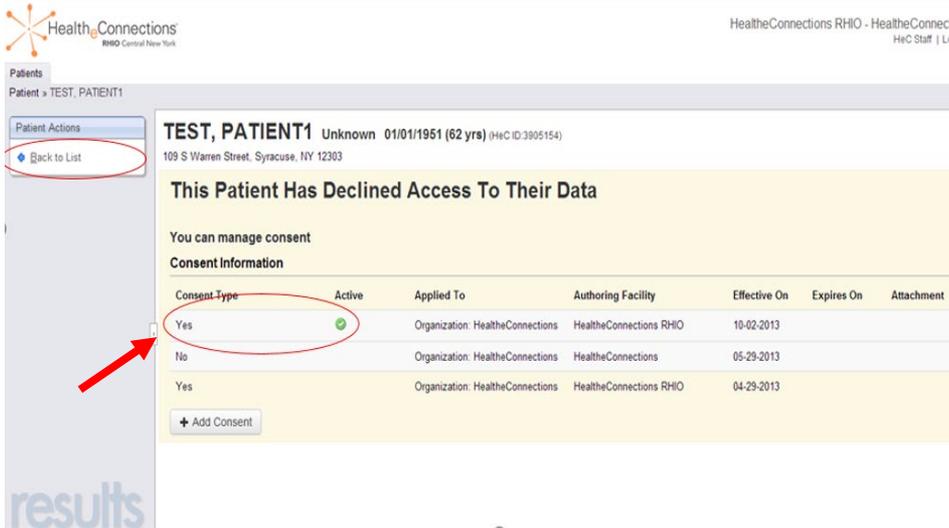


If your organization does not collect consent through your EMR follow these steps:

- Click **Add Consent** to capture the consent choice indicated by the patient on the consent form for your organization
- Click **Submit** to save the consent choice



Capturing Consent



HealthConnections
RHO Central New York

HealtheConnections RHIO - HealtheConnect
HeC Staff | Log

Patients
Patient > TEST, PATIENT1

TEST, PATIENT1 Unknown 01/01/1951 (62 yrs) (HxC 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	<input checked="" type="checkbox"/>	Organization: HealtheConnections	HealtheConnections RHIO	10-02-2013		
No	<input type="checkbox"/>	Organization: HealtheConnections	HealtheConnections	05-29-2013		
Yes	<input type="checkbox"/>	Organization: HealtheConnections	HealtheConnections RHIO	04-29-2013		

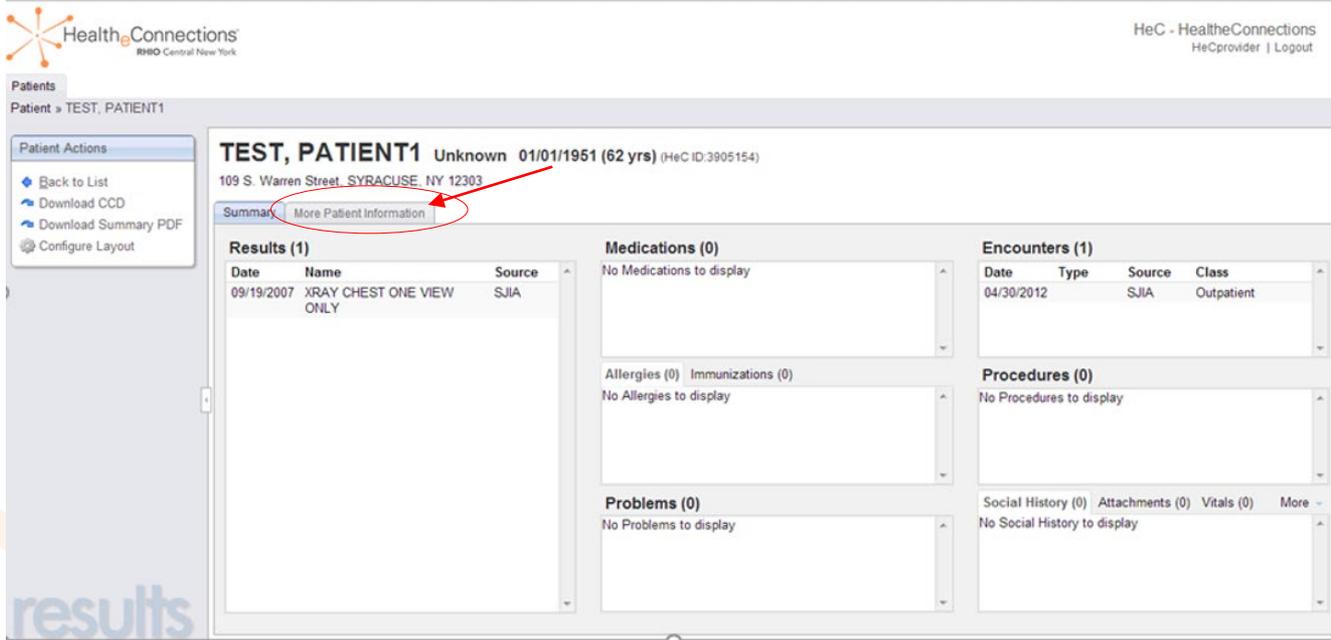
+ Add Consent

results

Once consent is saved, the captured value will be indicated by a green check mark. 

- If consent is **“Yes”** you will be allowed to access the **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 if you have proper security privileges

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

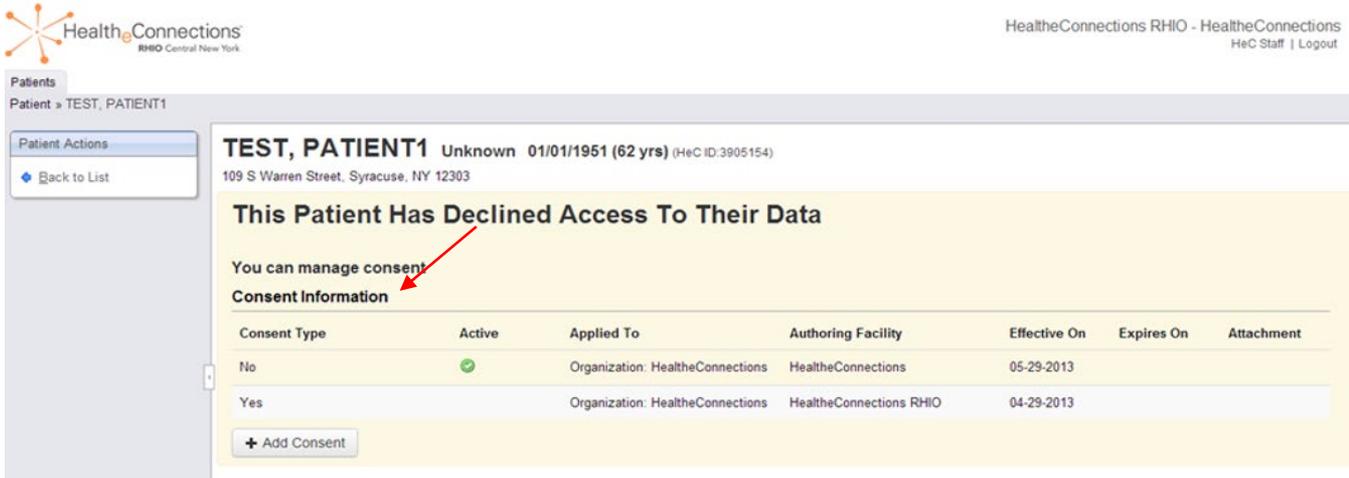
Procedures (0)
No Procedures to display

Problems (0)
No Problems to display

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

- When consent status is “Yes,” you will automatically be directed to the **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 Values



The screenshot shows the HealthConnections RHIO interface for a patient named TEST, PATIENT1. The patient's information includes: Unknown, 01/01/1951 (62 yrs), (HeC ID:3905154), 109 S Warren Street, Syracuse, NY 12303. A yellow banner states "This Patient Has Declined Access To Their Data". Below this, a link "You can manage consent" is highlighted with a red arrow. The "Consent Information" table shows two rows: "No" (Active: checked) and "Yes" (Active: unchecked). The "No" row is highlighted in yellow, indicating it is the active consent value. The "Yes" row is highlighted in light blue. An "Add Consent" button is visible at the bottom of the table.

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		

- Once consent has been saved, you will see the new consent value that you selected displayed in the **Consent Information** area
- The consent value that is currently active will be indicated by a green check mark
- 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 may be presented with the option to **Break the Glass** for an emergency situation with proper security credentials

- The minor must sign an attestation form to authorize the override under the circumstances discussed in previous slides
- 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 automatically to the value provided by the parent/guardian
- A signed attestation form must be completed by the minor at **every** visit for a *minor consented service*

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

Important Information

HealthConnections Support:

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

Training Materials:

- Policy and Procedure for Authorized Users and Authorized User Training Guide
- Additional materials and forms are available at:
<http://www.healthconnections.org/Health Information Exchange/training materials>

myConnections:

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



Thank You

healthconnections.org
info@healthconnections.org

