



RHIO Administrator Training



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

Agenda

- **HIE Services**
- **RHIO Administrator Appointment**
- **Responsibilities**
- **Consent**
 - Patient Education
 - Consent Values
 - Community-Wide Deny
 - Maintaining Consent Forms
- **Responsibilities**
 - Managing Users
 - Managing Services
- **Breaches and Compliance**

RHIO Administrator Appointment




- Thank you for choosing to participate with HealthConnections and for serving as the **RHIO Administrator** for your organization!
- Organizations must appoint at least one person as a **RHIO Administrator**.
- The **RHIO Administrator** will be the point of contact between the organization and HealthConnections.
- All Hospitals must appoint a Clinical **RHIO Administrator** and a Technical **RHIO Administrator**.
- For security purposes, the **RHIO Administrator(s)** will be the only staff authorized to contact HealthConnections support regarding user access.
- The **RHIO Administrator** will also have an assigned Community Engagement Specialist who will assist with HealthConnections training and services.

- The **RHIO Administrator** is the organization's point of contact for HealthConnections notifications, updated materials, roll-out of new features/functionalities, and all types of information requests
- Contact HealthConnections Support for patient merges, unmerges, or inaccurate data.
- Approve all requests for training of Authorized Users and approve services for each Authorized User.
- Notify HealthConnections of any changes within the organization:
 - Practice closure
 - User account activation/deactivation
 - Acquisition by/merger with another organization
 - EHR vendor change (e.g. change of system, product name, etc.)
 - New services being offered by the practice
 - Maintain updated physician list (MDs and DOs)

- HealtheConnections and its participating organizations are required to educate patients on the informed consent process and the terms and conditions by which protected health information (PHI) is shared
- HealtheConnections offers an informed consent script for staff to utilize when asking patients to sign the consent form if requested
- It is the **RHIO Administrator's** responsibility to ensure staff has been adequately and appropriately trained to educate patients on HealtheConnections consent and services
- It is the **RHIO Administrator's** responsibility to ensure staff are relaying information accurately to patients regarding consent and to answer any additional questions the patient may have

- NYS law requires that participating organizations obtain a patient's affirmative consent before viewing their HIE records
- Consent is given at the organization level
 - A patient's consent applies only to the participating organization that collected the consent form, not to all organizations participating with HealthConnections
 - Your organization has been provided with a customized consent form
 - Any authorized user at the participating organization may access a consenting patient's health record, with the appropriate security role
 - Patients are required to provide consent for a participating organization once
 - A patient may change their consent choice at any time by filling out a new consent form at each participating organization
 - Providers cannot refuse treatment to a patient based on the patient's willingness to provide consent
- For public health access, consent is not required
 - Additional information for public health access is available by contacting HealthConnections

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 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 315.871.2241 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)

- **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

*limited by organization and RHIO Administrator approval

Maintaining Consent Forms

Patient consent forms must be kept on file at a participating organization for **six (6) years**

- The **RHIO Administrator** is responsible for maintenance, and submission upon request, of the consent
- The **RHIO Administrator** is responsible for relaying the consent storage and maintenance workflow to all staff accessing patient records
- 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


Community-wide Deny Responsibilities

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

- The patient completes a Community-wide Deny consent form, **RHIO Administrator** verifies identity and discusses ramifications of this option with the patient. The **RHIO Administrator** submits the form to HealtheConnections Support for processing
- 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

- Access to patient records is given to Authorized Users at the organization level
- The **RHIO Administrator** for each organization is responsible for contacting HealthConnections regarding the activation and deactivation of authorized users
- The **RHIO Administrator** is responsible for identifying Authorized Users privileges (Break the Glass, Demographic only, etc) and services
- Users will need to complete an Authorized User form and receive annual refresher training
- The Authorized User form should be signed by the **RHIO Administrator** after verification of identity and review of completeness, and returned to support@healthconnections.org for processing

Authorized User Form



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: <i>(we will assign based on availability)</i> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Existing or Previous HIE User Account Information: <input type="checkbox"/> Currently Employed OR <input type="checkbox"/> Previous Employed Elsewhere with Access Organization Name: Username:
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REQUIRED for Prescribing Clinicians:

NPI:

* Training Method <input type="checkbox"/> RHIO-led training <input type="checkbox"/> Facility staff-led training <input type="checkbox"/> Self-trained	* Training Completion Date: <input style="width: 100%;" type="text"/>
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* Patient Lookup Access Type
 Clinical records OR Patient Demographics Only Public Health (only available for PH organizations)
 Break The Glass 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 RHIO Administrator for available options)

<input type="checkbox"/> Secure Mail	<input type="checkbox"/> Transfer to PACS (TTP)	<input type="checkbox"/> Alerts (Complete Alert Form)
<input type="checkbox"/> Community Referrals **	<input type="checkbox"/> SSO (provide Soarian Username):	<input type="checkbox"/> myResults (including delegation - Complete myResults Form)
<input type="checkbox"/> Perinatal Referrals	<input type="checkbox"/> RHIO Administrator	<input type="checkbox"/> Audit Report Recipient

** Secure Mail Address for Community Referrals (leave blank if requesting new HealthConnections 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 RHIO Administrator, HealthConnections Trainer or other Authorized Individual certifies the identity of this user has been proven:

Authorizing Signature: _____ Date: _____

Authorizing Signature's Email Address: _____ Title: _____

PLEASE SUBMIT TO SUPPORT@HEALTHCONNECTIONS.ORG OR FAX TO 1-315-407-0053.

Direct Mail Management

- The **RHIO Administrator** can allow end-users to have access to a unique Direct Mail account within the myConnections portal
- **RHIO Administrators** can provide a list of Authorized Users for Direct Mail account set-up to HealthConnections support or this can be identified on the Authorized User Certification and Application
- All users can be set up with Direct Mail
- Providers have the ability to delegate a separate staff member to have access to their direct mail account
- Only providers can delegate access to staff (staff cannot delegate, and providers cannot delegate to another provider)

- The **RHIO Administrator** can help determine which alert types best fit the organizational workflow
- If a user would like alerts, the **RHIO Administrator** will identify and authorize alerts for end-users by completing appropriate paperwork
- The **RHIO Administrator** may also assist with maintaining lists for Subscription based alerts
- Please reference the Alerts Training manual for more information

- The **RHIO Administrator** may assist as a facilitator for available HealthConnections services including; results delivery, myResults, and EHR interfaces
- For results delivery, the **RHIO Administrator** will assist in project initiation with EHR vendor
- The **RHIO Administrator** will provide a list of NPIs to EHR vendor and to HealthConnections for Results Delivery set-up
- More information is available by contacting your Community Engagement Specialist

- HealtheConnections and its participating organizations must notify each other of any actual or suspected breaches. **RHIO Administrator** will be the point of contact for this activity
- HealtheConnections and the participating organization will investigate all incidents and communicate to the **RHIO Administrator** or Compliance officer their findings and remedies
- HealtheConnections will:
 - Notify participating organization **RHIO Administrator** if PHI was subject of a breach
 - Notify, or require participant to notify, the patient(s) whose PHI was breached
 - Notify any applicable regulatory agencies, as appropriate
 - Determine disciplinary and/or other sanctions, as appropriate

Participating organizations shall implement sanctions and hold workforce accountable for applying with the policies and procedures

- **RHIO Administrator** must report violation of policy to the entity's privacy officer and to HealthConnections
- Disciplinary measures may include written warnings, re-training requirements, and termination of participating in the HIE

- The **RHIO Administrator** should request the Audit Report service badge so that Authorized User activity may be monitored
- 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 by way of the RHIO Administrator or by contacting HealthConnections
- For more information on audits, please review the audit user guide manual or contact HealthConnections for additional support

Important Information

HealthConnections Support:

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

Training Materials:

- Policy and Procedures for Authorized Users
- Authorized Users Training Guide
- Additional materials and forms are available on our webpage www.healthconnections.org

myConnections:

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



Thank You

healthconnections.org
info@healthconnections.org

