

What is the HealthConnections

Health information exchange (HIE) is the secure exchange of information across organizations and regions. We provide the capability to electronically move clinical information among different health care information systems.

- In operation since 2010.
- No-cost HIE services readily available.
- Additional analytics and incentive program consulting & resources.
- On-call support team.

✓ **Improve Quality of Care**

✓ **Improve Clinician Experience**

✓ **Lower Cost of Care**

✓ **Improve Patient Experience**

Participants and Data Sources

More than 1,600 organizations across 4,200 locations are connected!

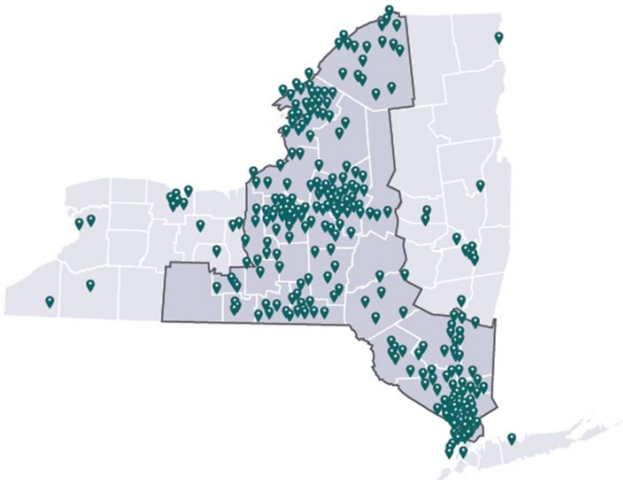
9 million patients are able to receive better care

26-county service area

420,000 unique patients accessed per month

4 million clinical summary documents received each month

More than 650 organizations providing data





Information Security

Patient and provider security is our top priority.

- Audits are conducted regularly to ensure patient and provider security.
- Emergency Access: Break the Glass.
- At patient request.
- State-mandated periodic access reports
- ...and more.

Achieved HITRUST security certification with MARS-E requirements for myConnections portal, NextGen/Mirth HIE, and supporting infrastructure.

Learn more about HITRUST [here](#).



HealthConnections Services

Patient Lookup

Real-time patient records at the touch of a button..

Image Exchange

Diagnostic-quality images through our universal viewer or your own system.

Query-Based Exchange

Access information in state and from national databases.

myResults

View labs, rads, and reports on your patients quickly and easily.

myAlerts

Clinical alerts for hospital and ED admits, discharges and transfers.

Results Delivery

Receive labs, rads, and reports directly into your HER.

Direct Mail

HIPAA-compliant secure mail & national provider directory.

MyData

Dashboards that allow users to better understand their patient profiles.



Understanding Patient 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 one time.**
 - **A patient may change their consent option at any time by filling out a new consent form.**
- With the appropriate security role, any authorized user may access an affirmative-consenting patient's health record.
- Providers cannot refuse treatment to patients based on willingness to provide consent.
- For more information on how to talk to your patients about consent, visit our FAQ page.

FACT: 95% of patients who are asked say YES!

Importance of Consent

A patient agreeing to share their medical history improves the care they receive.

When providers have access to a patient's medical record, they:

- Have a greater knowledge of that patient's medical history.
- Can make better care decisions.

It's that simple!

By confidently explaining consent choices and benefits to your patients, you are:

- Helping them make an informed decision.
- Helping them receive better care.

Patients who agree to give consent will not only receive better care, but they will save your organization time and improve efficiencies by not having to request records from other organizations!

Talking to your Patients

What to say:

"We use HealtheConnections to securely access your records and communicate with other providers that you see. Please check "yes" on this form and sign here, allowing us to access your comprehensive health record through this system - Things like allergies, medications, images, etc. from your other doctors or care providers. It's important for us to fully understand your medical background and ensure we're making the best decisions for your care."

We have also created a Consent Card that you can print out and reference when talking to your patients about consent.

The most important point is that your patients know that this consent will help improve the quality of care they receive.

Common Questions from your Patients

Why do I have to give consent?

New York State regulations require that patient consent be obtained prior to a health care provider's access.

Why does this matter to me?

Allowing providers like us access helps when you are:

- New to a practice.
- Looking for a second opinion.

This helps you:

- Avoid duplicate testing.
- Trying to remember your detailed medical history.
- Not have to lug around CDs with radiology images to give to your doctor.

What happens when I agree to consent?

You're allowing us access to your medical information through HealthConnections. We will be able to go into HealthConnections' portal and securely pull up your information to help us view your community-wide health record.

Who can access my records?

Physicians and staff members who have a treating relationship with, and whom you've given consent.

Can I change my consent?

Yes. Consent can be changed at any time by filling out a new consent form and returning it to your healthcare provider.

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.

General Consent Form

1. Present the patient/legal representative with the consent form for your organization.
2. Discuss and educate the patient/legal representative on the benefits of providing consent. This will help them make an informed decision.
 - a. For help on how to talk to your patient about consent, refer to the Consent Card.
3. The patient/legal representative must choose only one box, and sign and date the 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.

<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 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).</p> <p><input type="checkbox"/> 2. I DENY CONSENT for the Organization named above to access my electronic health information through HealthConnections for any purpose, even in a medical emergency.</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	Date
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative to Patient (if applicable)

Emergency Access Consent Form

- **If your organization has Break the Glass rights**, this is the only consent form you will need; proceed to step 3.
- **If your organization does not have Break the Glass rights**, please refer to the consent form on slide 11.
- Present the patient/legal representative with the consent form for your organization.
- Discuss and educate the patient/legal representative on the benefits of providing consent. This will help them make an informed decision.
- The patient/legal representative must choose only one box, and sign and date the form.



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.

<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 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, even in a medical emergency.</p>
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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)

Emergency Access: Break the Glass

- Break the Glass is the emergency access option within the HIE. **This is only available to a limited number of designated providers.**

Break the Glass is designed for:

- Emergency Departments.
- Authorized hospital providers
- Other select organizations.

“Break the Glass” access may only be used to access a patient record in the case of an emergency in accordance to Public Health Law Section 2504(4).

Patientone, Test Male 10/20/1953 (67 yrs) (HIC ID: 6012201)
123 MAIN ST, ANYWHERE, NY 13367

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

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

You can access clinical and demographic information
Access will be audited
[Break the Glass](#)

You can manage consent

Consent information

Consent Type	Applied To	Authoring Facility	Effective On	Expires On	Active
Emergency	Organization: HealthConnections	Group: HealthConnections	05-06-2021		✔



Community-Wide Deny Consent

Community-wide Deny Consent is used when the patient does not want any participating organization of HealthConnections to access their information.

This consent must be entered by HealthConnections Support.

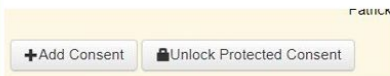
If patient requests this, you can:

- Give the patient a Community-Wide Deny form and submit it to HealthConnections on their behalf.
- Instruct the patient to visit an HeC office with photo identification to complete the form.
- Instruct the patient to contact HeC directly for a form, have it notarized, and mailed to HeC.

Unlock Protected Consent

In order to see patients who have selected a “no” or “emergency” consent option, follow the steps below:

1. Patients who have selected a “no” or “emergency” consent option will populate an additional **Unlock Protected Consent** button



2. Click the button. A pop-up window will ask if you’re certain you want to proceed; click ‘Ok

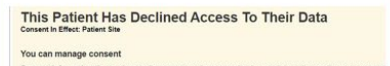


3. If there is a “no” consent on file but would like to change it to a “yes”, obtain the patient’s updated consent form and submit it to our Support Team; support@healthconnections.org

4. Our support team will then review and confirm the consent form and submit the change

5. If there is a Community-wide Deny Consent on file, then the patient does not want any participating organization of HealthConnections to access their information.

This is what a Community-Wide Deny on file will look like in the portal:



Capturing and Maintaining Consent

Capturing Consent

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

- Authorized Users can log into myConnections, look up a patient and enter the patient's consent directly via the portal.
- Hospitals and other facilities capture patient consent in their EHRs, which is then sent over electronically to HealtheConnections.

Maintaining Consent

Patient consent forms must be kept on file 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.

Accessing HealthConnections

- Visit our website.
- Click on “myConnections Login” to access our portal, then bookmark the page.



Search...

[About Us](#) [Resources](#) [What We Do](#) [Contact Us](#)

better data.
better insights.

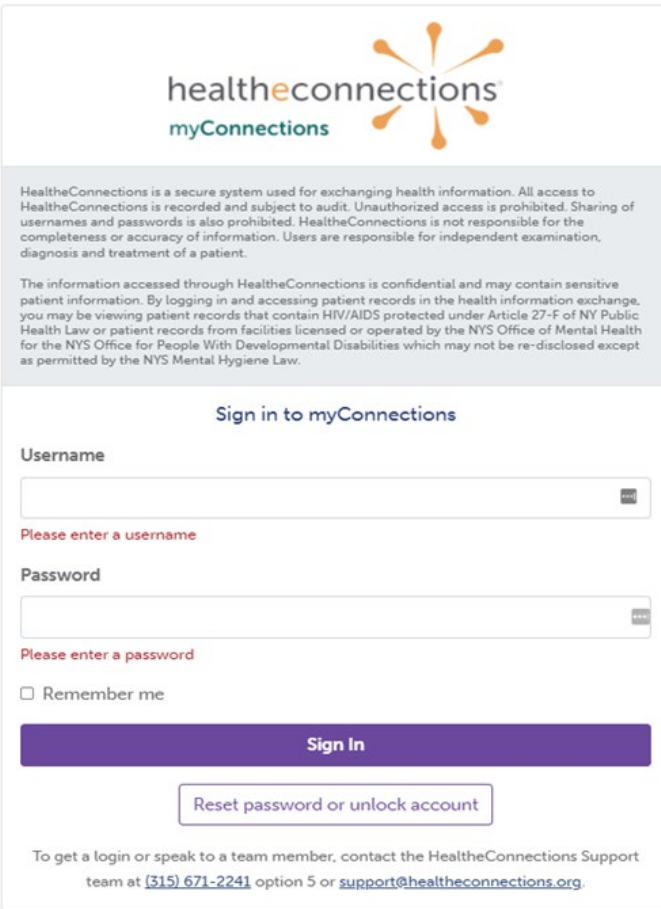
**better
outcomes.**

[LEARN MORE](#)



Logging into my Connections

- Enter your username and password.
- Click “Sign In”.
- If you forgot your password or have been locked out of your account, click the “Reset password or unlock account” button. You’ll receive an email from noreply@okta.com, which may go to your Junk folder. If it is not in your Junk folder, contact our Support team at support@healthconnections.org.



The screenshot shows the login interface for HealthConnections myConnections. At the top is the logo and a disclaimer about system security and confidentiality. Below this is a section titled "Sign in to myConnections" containing a "Username" field with a red error message "Please enter a username", a "Password" field with a red error message "Please enter a password", a "Remember me" checkbox, a purple "Sign In" button, and a "Reset password or unlock account" button. At the bottom, there is contact information for the support team.

healthconnections
myConnections

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.

Sign in to myConnections

Username

Please enter a username

Password

Please enter a password

Remember me

Sign In

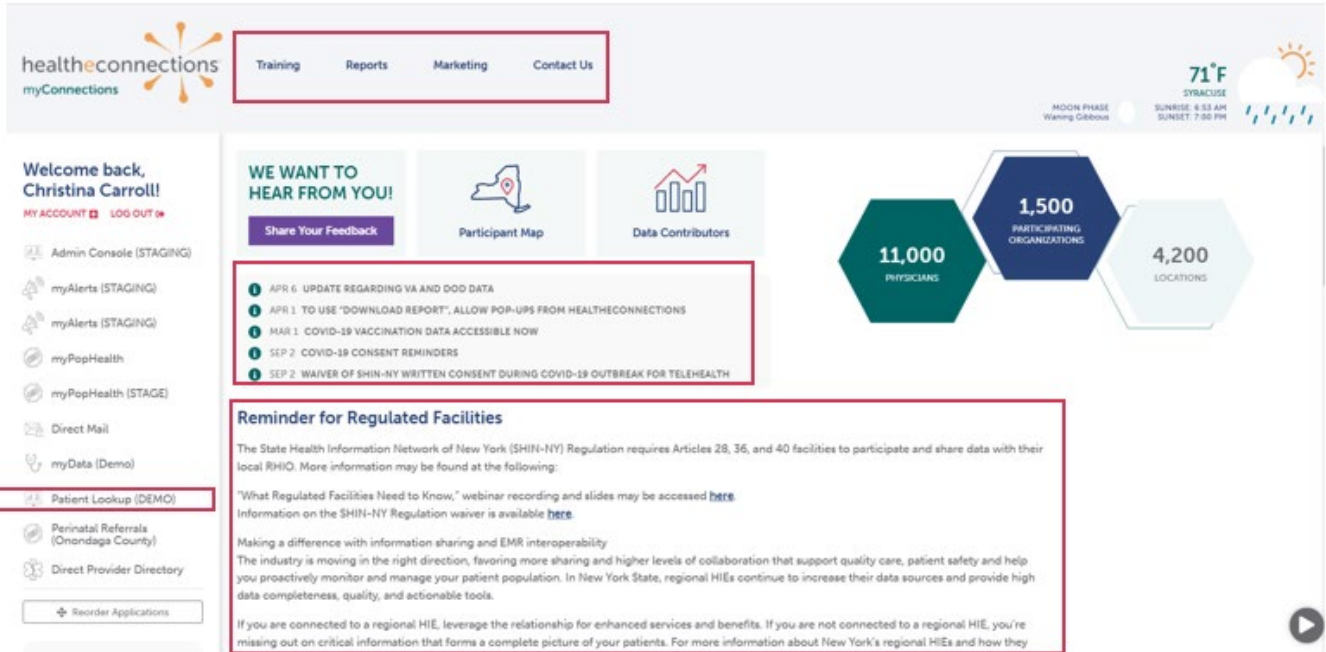
Reset password or unlock account

To get a login or speak to a team member, contact the HealthConnections Support team at (315) 671-2241 option 5 or support@healthconnections.org.

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myConnections

- When you first log in, you will see the home screen dashboard.
- Important information, such as notices, training, news, and more are included on this screen and should be regularly referenced.
- To access your patient's information, click on "Patient Lookup."



healthconnections myConnections

Training Reports Marketing Contact Us

71°F SYRACUSE
MOON PHASE Waxing Gibbous
SUNRISE: 6:53 AM
SUNSET: 7:00 PM

Welcome back, Christina Carroll!
MY ACCOUNT LOG OUT

Admin Console (STAGING)
myAlerts (STAGING)
myAlerts (STAGING)
myPopHealth
myPopHealth (STAGE)
Direct Mail
myData (Demo)
Patient Lookup (DEMO)
Perinatal Referrals (Onondaga County)
Direct Provider Directory
Reorder Applications

WE WANT TO HEAR FROM YOU!
Share Your Feedback

Participant Map
Data Contributors

11,000 PHYSICIANS
1,500 PARTICIPATING ORGANIZATIONS
4,200 LOCATIONS

APR 6: UPDATE REGARDING VA AND DOB DATA
APR 1: TO USE "DOWNLOAD REPORT". ALLOW POP-UPS FROM HEALTHCONNECTIONS
MAR 1: COVID-19 VACCINATION DATA ACCESSIBLE NOW
SEP 2: COVID-19 CONSENT REMINDERS
SEP 2: WAIVER OF SHIN-NY WRITTEN CONSENT DURING COVID-19 OUTBREAK FOR TELEHEALTH

Reminder for Regulated Facilities
The State Health Information Network of New York (SHIN-NY) Regulation requires Articles 28, 36, and 40 facilities to participate and share data with their local RHIO. More information may be found at the following:
"What Regulated Facilities Need to Know," webinar recording and slides may be accessed [here](#)
Information on the SHIN-NY Regulation waiver is available [here](#)
Making a difference with information sharing and EMR interoperability
The industry is moving in the right direction, favoring more sharing and higher levels of collaboration that support quality care, patient safety and help you proactively monitor and manage your patient population. In New York State, regional HIEs continue to increase their data sources and provide high data completeness, quality, and actionable tools.
If you are connected to a regional HIE, leverage the relationship for enhanced services and benefits. If you are not connected to a regional HIE, you're missing out on critical information that forms a complete picture of your patients. For more information about New York's regional HIEs and how they

Patient Search

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

- There must be a Reason selected in order to execute a search.
- The reason automatically defaults to Treatment; however, you can choose the Manage Consent option by clicking the down arrow.

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

Search Requirements:

- Last Name and Date of Birth

or

- Patient ID

Reason For Search

Search Reason* ▼

Demographic Search

Last Name* <input type="text"/>	Gender <input type="text" value="▼"/>
First Name <input type="text"/>	Date of Birth* <input type="text" value="L/_/_"/> <input type="button" value="📅"/>
Street 1 <input type="text"/>	Street 2 <input type="text"/>
City <input type="text"/>	State <input type="text"/>
Country <input type="text"/>	ZIP Code <input type="text"/>

Identifier Search

Patient ID* <input type="text"/> ⓘ	Insurance Plan ID <input type="text"/>
Phone Number <input type="text"/>	

Results ▼

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.

Advanced Filter: Patients

[Clear Search Criteria](#)

Search Requirements:

- Last Name and Date of Birth

or

- Patient ID

Reason For Search

Search Reason* Manage Consent ▼

Demographic Search

Last Name*	<input type="text"/>	Gender	<input type="text" value="▼"/>
First Name	<input type="text"/>	Date of Birth*	<input type="text" value="L/_/_"/> <input type="button" value="📅"/>
Street 1	<input type="text"/>	Street 2	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	ZIP Code	<input type="text"/>

Identifier Search

Patient ID*	<input type="text"/>	?	Insurance Plan ID	<input type="text"/>
Phone Number	<input type="text"/>			

Results 100

Capturing Consent

- 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.

NOTE: The “Effective On” date should reflect the date of the patient/legal representative’s signature.



HealthConnections RHIO - HealthConnect
HeCProvider | Log

Patient > TEST, PATIENT1

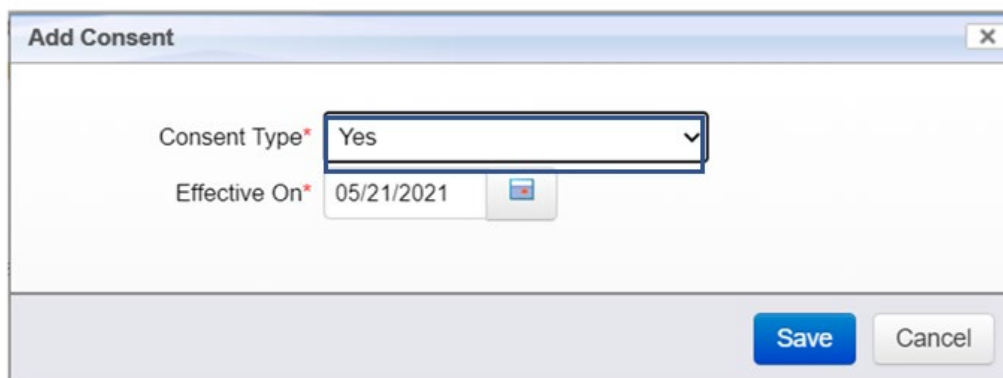
TEST, PATIENT1 Unknown 01/01/1951 (62 yrs) (HEC ID:3905154)
109 S. Warren Street, SYRACUSE, NY 12303

You Do Not Have Consent To View This Patient's Data

Currently, the patient does not allow you to access their record. You may 'Break the Glass' if this is an emergency or change the consent with the patient's authorization. Access to this patient's data will be audited.

You can access clinical and demographic information
Access will be audited
Break the Glass

You can manage consent
Consent Information
No Consent Information
+ Add Consent



Add Consent

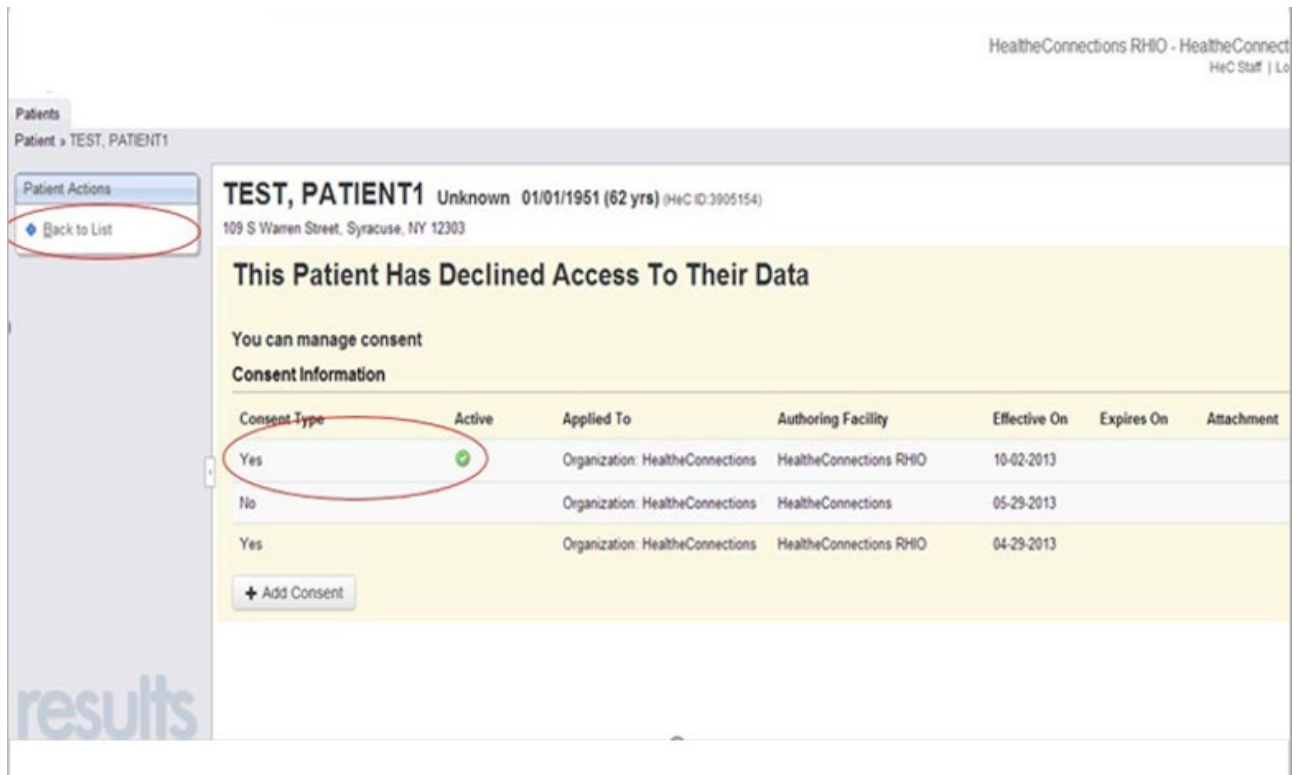
Consent Type* Yes

Effective On* 05/21/2021

Save Cancel

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.



HealtheConnections RHIO - HealtheConnect
HeC Staff | Log Out

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

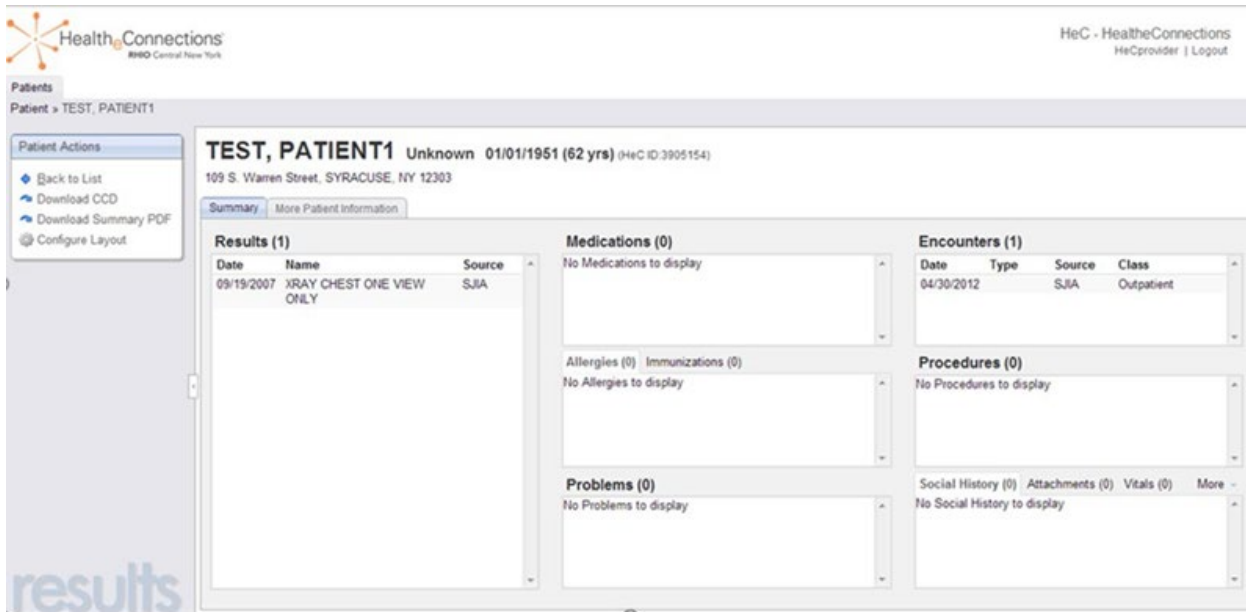
Consent Type	Active	Applied To	Authoring Facility	Effective On	Expires On	Attachment
Yes	✔	Organization: HealtheConnections	HealtheConnections RHIO	10-02-2013		
No		Organization: HealtheConnections	HealtheConnections	05-29-2013		
Yes		Organization: HealtheConnections	HealtheConnections RHIO	04-29-2013		

+ Add Consent

results

Viewing Consent Status

- 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.



The screenshot shows the patient summary page for 'TEST, PATIENT1'. The patient's information includes 'Unknown 01/01/1951 (62 yrs)' and '109 S. Warren Street, SYRACUSE, NY 12303'. The page is divided into several sections:

- Results (1):** A table with one entry:

Date	Name	Source
09/19/2007	XRAY CHEST ONE VIEW ONLY	SJIA
- Medications (0):** No Medications to display.
- Encounters (1):** A table with one entry:

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.

On the left side, there is a 'Patient Actions' menu with options: 'Back to List', 'Download CCD', 'Download Summary PDF', and 'Configure Layout'. The word 'results' is visible in the bottom left corner of the interface.

Changing the Consent Value to “Yes”

- The consent value that is currently active will be indicated by a green check mark.
- To change the consent value to “Yes”, click the “+Add Consent” button.
- Then, from the dropdown menu select “Yes” and input the effective date and click “Save”.
- The consent value has now been changed to “Yes” and you will have access to that patient’s records..

Patientone, Test Male 10/20/1953 (67 yrs) (HeC ID:6012201)
 123 MAIN ST, ANYWHERE, NY 13367

This Patient Has Declined Access To Their Data
 Consent In Effect: User Provider Group

You can manage consent

Consent Information

Consent Type	Applied To	Authoring Facility	Effective On	Expires On	Active
No	Organization: HealtheConnections	Group: HealtheConnections	05-06-2021		✓
Yes	Organization: HealtheConnections	Group: HealtheConnections	10-29-2020		

+Add Consent

Add Consent ✕

Consent Type* ▼

Effective On*

Changing the Consent Value to “No”

- The consent value that is currently active will be indicated by a green check mark.
- To change the consent value to “No”, click the “+Add Consent” button.
- Then, from the dropdown menu select “No” and input the effective date and click “Save”.
- The consent value has now been changed to “No” and you will have access to that patient’s records.

Other Information Advance Directives **Consent** Facilities Insurance Info Next of Kin Patient Aliases Providers Support Persons

Consent In Effect: User Provider Group

Consent Information

Consent Type	Applied To	Authoring Facility	Effective On	Expires On	Active
Yes	Organization: HealthConnections	Group: HealthConnections	10-29-2020		✓

+Add Consent

Add Consent X

Consent Type* ▼

Effective On*

Minor-Consented Services Override

Patients under 18 years old can override parental/guardian consent for a minor consented service if:

- The parent/guardian has not previously consented.
- The parent/guardian has selected “Deny” or “Deny, Except in an Emergency”.

A minor cannot override a “YES” consent provided by a parent or legal guardian.

Overrides remain in effect ONLY for the duration of the visit and expires upon logging out of your account.

Parent/guardian shall never be provided information about the minor-consented service or consent override unless authorized by the minor.

Detailed instructions and policies surrounding this option are provided on our [website](#).

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



Support Options

HealthConnections Support 24/7:

Email: support@healthconnections.org

Direct Email: support@hiemail.healthconnections.org

Phone: 315-671-2241 ext. 5

Contact Method	Business Hours	Off Hours
Phone	Immediate	Immediate
Voice Mail	2 hrs	4 hrs
e-mail	4 hrs	Next Business Day

Others to support you:

- Your account manager.
- Your RHIO Administrator.
 - If you do not know who your RHIO Administrator or Account Manager is, contact support@healthconnections.org.



Support Options

Training Materials

- Policy and Procedure for Authorized Users and Authorized User Training Guide.
- Additional materials and forms are available here.

myConnections:

- If you forgot your password or have been locked out of your account, click the “Reset password or unlock account” button.
- You’ll receive an email from noreply@okta.com, which may go to your Junk folder. If it is not in your Junk folder, contact our Support team at support@healthconnections.org.