



health information exchange:  
**rhio administrator**  
**training guide**



# rhio administrator introduction

Thank you for choosing to participate with HealtheConnections and for serving as the RHIO Administrator for your organization! This is an important role to support your team and your patients.

You will be the primary point of contact between your organization and HealtheConnections. Organizations must appoint at least one person as a RHIO Administrator, but you may also have more than one.

For security purposes, the RHIO Administrator(s) will be the only staff authorized to contact HealtheConnections support regarding user access.

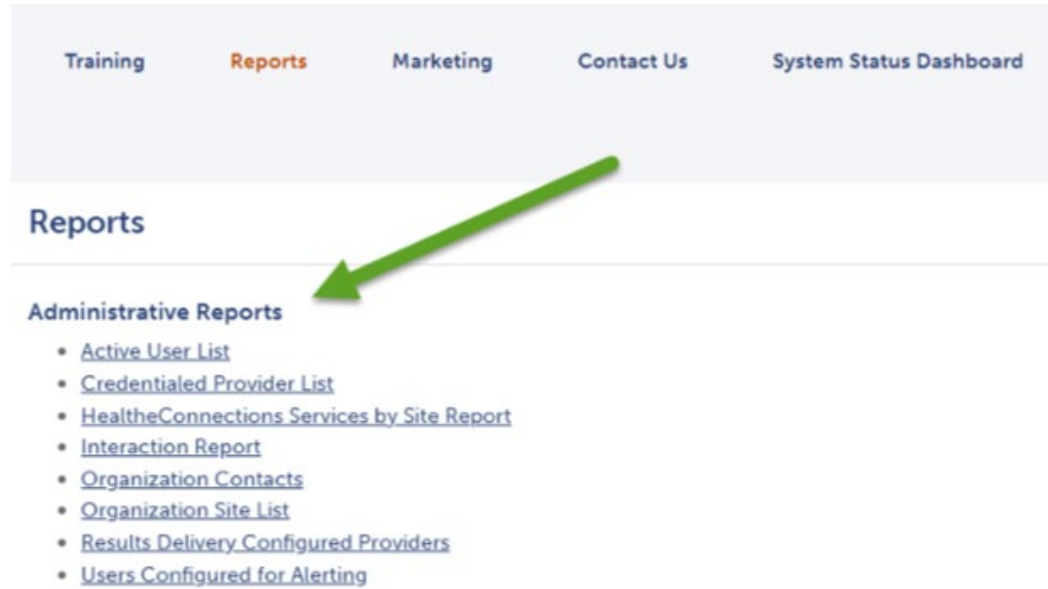
# responsibilities

As the RHIO Administrator, you are the organization's point of contact for HealtheConnections notifications, updated materials, roll-out of new features/functionalities, and all types of information requests. Don't worry – our current RHIO Administrators agree the time investment is not high.

- Contact HealtheConnections Support for patient merges, unmerges, or inaccurate data.
- Approve and identity-proof any Authorized User requests for your organization
- Notify HealtheConnections of any changes within the organization:
  - Practice or site closures, additions, or address changes
  - 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)

# reports and resources

- A set of RHIO Administrator reports are available in myConnections, designed to let you quickly and easily review important usage information, provider lists, site lists, and more.
- Training & Documents webpages are available through myConnections contain downloads, printables, videos, and contact links to help you and your users navigate HealtheConnections services and maintain compliance.



See more on our [Training & Documents webpage](#).

# patient education

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.

It will be your responsibility to ensure staff are adequately and appropriately equipped to educate patients on HealtheConnections consent and are relaying that information accurately to patients.

HealtheConnections offers informed consent scripts for staff to reference when asking patients to sign the consent form. [Download our Printable Consent Instruction Card](#) now!

*See more on our [Training & Documents webpage](#).*

# patient consent to access records

NYS law requires a patient's affirmative consent before viewing their HIE records. We encourage you to learn more about consent through the documents available on our website.

## **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 HealtheConnections
- 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 only required to provide consent for a participating organization once, but may change their consent choice at any time
- Providers cannot refuse treatment to a patient based on the patient's willingness to provide consent

If you are an authorized public health professional, consent may not be required. Information about public health access is available on our Training & Documents webpages or contacting HealtheConnections Support.

*See more on our [Training & Documents webpage](#).*

# sample consent:

|                                       |               |
|---------------------------------------|---------------|
| 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.**

|  |
|--|
| <b>My Consent Choice. ONE box is checked to the left of my choice.</b><br>I can fill out this form now or in the future.<br>I can also change my decision at any time by completing a new form.                    |
| <input type="checkbox"/> <b>1. I GIVE CONSENT</b> for <b>SAMPLE</b> to access ALL of my electronic health information through <b>HealthConnections</b> to provide health care services (including emergency care). |
| <input type="checkbox"/> <b>2. I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY</b> for <b>SAMPLE</b> to access my electronic health information through <b>HealthConnections</b> .                                    |
| <input type="checkbox"/> <b>3. I DENY CONSENT</b> for <b>SAMPLE</b> to access my electronic health information through <b>HealthConnections</b> for any purpose, <b>even in a medical emergency</b> .              |

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) |

# consent values

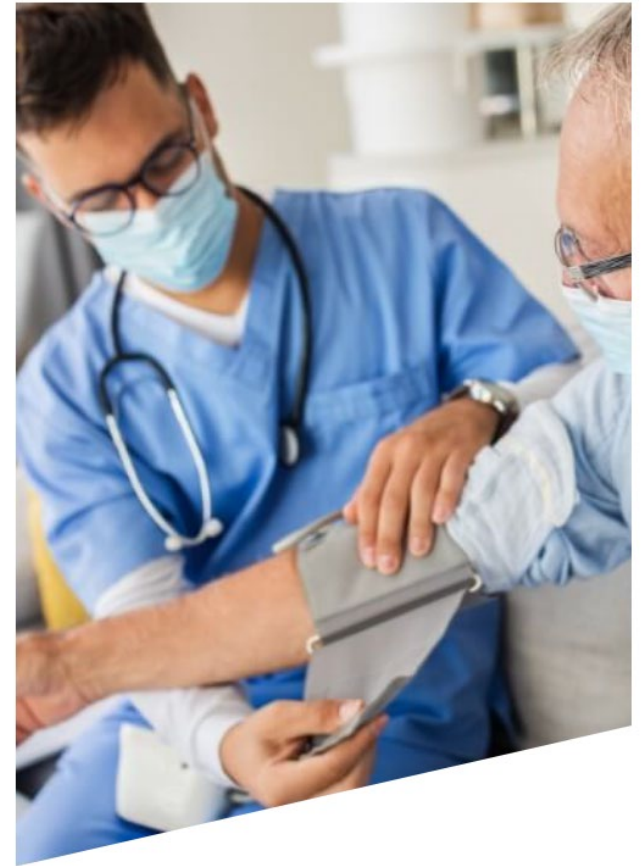
**I GIVE CONSENT** for the Provider Organization or Health Plan to access ALL of my electronic health information through HealtheConnections to provide health care services (including emergency care).

**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*

See more on our [Training & Documents webpage](#).





# maintaining consent forms

- Patient consent forms must be kept on file at a participating organization for six (6) years.
- You are responsible for the maintenance of the consent and presenting it upon request.
- You are also responsible for ensuring all staff who access patient records understand the consent storage and maintenance workflow.
- Consent forms should be signed and stored in one of two ways:
  - Hard copy paper consents can be saved in patient files or scanned into an EHR or other electronic file
  - Electronic consent form with e-signature can be kept in EHR or other electronic 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.

See more on our [Training & Documents webpage](#).

# 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. Your role is to verify their identity and discusses ramifications of this option with the patient, then submit the completed 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.

See more on our [Training & Documents webpage](#).

# authorizing access to patient records

Access to patient records is given to Authorized Users at the organization level. You are the signing authority to confirm that a user works at your organization and that they should have access to patient records as a part of their job.

Authorized User request forms will be sent to you electronically to review and e-sign. The form can be found on our [Training & Documents webpage](#).

Your responsibilities include:

- Verify an Authorized User's identity and agree that the level of access and services they are requesting is appropriate for their role. Identity proofing can be done using a driver's license, an employee badge, or staffing database, depending on the procedures in your organization.
- Contacting HealthConnections Support regarding the activation and deactivation of authorized users
- Identifying Authorized Users privileges (Break the Glass, Demographic only, etc) and services

*See more on our [Training & Documents webpage](#).*

# direct mail management

End users can have access to a unique HIPAA-compliant Direct Mail account within the myConnections portal, to be used for sending secure messages with PHI between providers or HealtheConnections. This is available to all users if requested.

- A user will request this account when they submit their Authorized User webform.
  - If the user already has an account, they will fill out a Direct Mail User Form and send it to you to sign. Once signed, send to HealtheConnections Support.
  - If you have a large list, you can provide a list of Authorized Users for Direct Mail account set-up to HealtheConnections Support.
- 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).

See more on our [Training & Documents webpage](#).

# myAlerts management

- In your role, you can help determine which alert types best fit your organization's workflow.
- If a user would like alerts, they will request it on their Authorized User form for you to approve.
  - If the user already has an account, they will fill out a Direct Mail User Form and send it to you to sign. Once signed, send to HealthConnections Support.
- You may also assist with maintaining lists for subscription-based alerts

Please reference the myAlerts training materials available on the Training & Documents web pages for more information.

*See more on our [Training & Documents webpage](#).*

## results access & delivery management

- If a user would like myResults, they will request it on their Authorized User form for you to approve.
  - If the user already has an account, they will fill out a request form and send it to you to sign. Once signed, send to HealthConnections Support.
- You may assist as a primary contact point or facilitator for Results Delivery and EHR interfaces
  - Assisting in project initiation with HER vendor
  - Providing list of NPIs to vendor and/or HealthConnections



See more on our [Training & Documents webpage](#).

# breach management

HealtheConnections and its participating organizations must notify each other of any actual or suspected breaches. As the RHIO Administrator, you will be the point of contact for this activity.

- You MUST remain subscribed to HealtheConnections emails/whitelist HealtheConnections URLs to ensure you receive all required communications.
- HealtheConnections and the participating organization will investigate all incidents and communicate to the RHIO Administrator or Compliance officer their findings and remedies.

HealtheConnections will:

1. Notify participating organization RHIO Administrator if PHI was subject of a breach
2. Notify, or require participant to notify, the patient(s) whose PHI was breached
3. Notify any applicable regulatory agencies, as appropriate
4. Determine disciplinary and/or other sanctions, as appropriate

*See more on our [Training & Documents webpage](#).*

# policy compliance

- A set of RHIO Administrator reports are available in myConnections, designed to let you quickly and easily review important usage information, provider lists, site lists, and more. Reviewing these reports regularly will help you stay in compliance.
- Participating organizations shall implement sanctions and hold workforce accountable for applying with the policies and procedures.
- It is critical that you report any violation of policy to your organization's privacy officer and to HealtheConnections.
- Disciplinary measures may include written warnings, re-training requirements, and termination of participation in the HIE.

See more on our [Training & Documents webpage](#).



# important information

## HealthConnections Support:

- Email: [support@healthconnections.org](mailto:support@healthconnections.org)
- Direct Email: [support@hiemail.healthconnections.org](mailto:support@hiemail.healthconnections.org)
- Phone: 315-671-2241 ext. 5

## Training Materials:

- Additional materials and forms are available on our website <https://www.healthconnections.org/training/>

## myConnections:

- If you forgot your password, click “Need help signing in?” You’ll receive an email from [noreply@okta.com](mailto: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](mailto:support@healthconnections.org).

**thank you!**

**[support@healthconnections.org](mailto:support@healthconnections.org)**

**315-671-2241 x5**

