# CliniSync Consent FAQs

## What do I have to do before I allow users at my facility to have access to the Community Health Record?

As of December 2015, affirmatively obtaining patient consent is no longer required prior to accessing a patient's information from the Community Health Record (CHR). Instead, the new policy is more closely aligned with the practice of providing notice of participation in HIE, which is already in place by many Covered Entities. The new policy requires that a patient is provided notice of the organization's participation in Health Information Exchange and right to opt out. This can be done using the organization's Notice of Patient Privacy, within general consent forms or any other written notice that is given to the patient. The policy does not prescribe where the notice is given. The notice must be in place before an organization goes live on the CHR, and we recommend clients add it as soon as possible to prepare for use of the CHR.

## Do you have model language I can use in my NPP or other notice documents?

The policy doesn't dictate the language that must be used. However, we have prepared the following language that meets all the policy requirements if you would like to use it. Here is the language:

We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying [the Health Information Management Services/Medical Records Department] OR [the office administrator].

## If a patient wants to opt out of the HIE, how do they do that?

CliniSync Policy requires that an organization have a mechanism for a patient to opt out. If a patient decides to opt out, that decision must be communicated to the Partnership  as soon as possible and no later than three (3) days after receipt of request. Four methods for doing this are listed below.

- The organization sends CliniSync a flag in its ADT message.
- The organization's staff is trained on the CliniSync Consent tool in the CliniSync web portal and uses it to change consent status.
- The organization sends CliniSync a support ticket requesting the patient be opted out.
- The patient contacts CliniSync directly and mails a completed and notarized opt-out form that will is available on the CliniSync website under Member Resources, Policies and Documents.

## What kind of information is available from the Community Health Record?

The type of information treating physicians will get is any lab work, departmental reports or discharge summaries from hospitals where they received care. The only information that will be available is information sent to the HIE after that facility went live. There is no historical information in the HIE from before a hospital was participating in CliniSync. The best way to think about CliniSync notification is "consent for access."

## What is the difference between notice of participation in HIE and the HIPAA consent to treat?

Providing notice of participation in the HIE allows a treating physician electronic access to that patient's information stored on the HIE from any organizations participating in the CliniSync HIE. It's in addition to HIPAA consent to treat, which is a consent that informs the patient that their information may be used or disclosed for treatment, payment or healthcare operations, such as submitting claims for billing.

## What if a patient exercises his or her right to opt out of the HIE and then opts back in? How does that affect what information is available on the HIE?

If a patient exercises his or her right to "opt out" and then changes it to "opt in," the data flowing to the HIE does not stop and start again. Data is always flowing to the HIE after the hospital is live. The consent status governs whether or not a treating physician can actually access the data, not what data is available.

## What if I still want to gather a patient's consent and send that consent status to CliniSync?

CliniSync's Policy has always allowed any client to have a more conservative approach to consent, and if you wish to continue to ask for patient consent and obtain a signature as the previous policy required, we are happy to work with you to keep your current procedures in place.

You can provide patients with an opportunity to give their consent using the old consent form or the modified language on your current forms that require a signature. The consent form serves as the notice and also gives the patient an opportunity to opt in or out. If you do this, you will need to assign someone at your office with access to the patient consent tool in the CHR and they will need to change your patient's consent status depending on the patient's decision when presented with the form. You could also work with us to send a flag that the patient has explicitly opted in or explicitly opted out. This can be done by working with our technical team to create an ADT feed from your EHR to CliniSync and may incur a fee from your vendor.

If you choose to send an ADT feed with consent status, you will have to complete a technical project prior to going live on the CHR. The ADT feed will allow you to send an Opt In (OI) flag for patient that sign your consent form or an Opt Out (OO) flag for those who do not. There will be training involved for your registration staff as well as workflow adjustments that may need to be made. However, it will allow you to easily address a situation where a patient chooses to opt out or if a patient chooses to opt in after previously being opted out. It should be noted that there are some registration systems that cannot accommodate this change to the ADT. CliniSync staff can advise you if this is the case and you wish to pursue this option.

### If we decide to ask for consent, even though it is not required by CliniSync Policy, do we have to ask for it every time a patient presents at our hospital?

The CliniSync web portal will always have the most recent consent given by a patient stored. However, if you choose to integrate CliniSync consent to your registration system, it is recommended that you request CliniSync consent at every encounter. The reason for this is that if the patient receives treatment at your facility and then goes to another facility participating in CliniSync and changes their consent status, your registration system will not reflect this change. If you do not want to request consent every time, it is recommended that you search the web portal for the patient and note their consent status before determining if you should ask for CliniSync consent.

### Can a patient consent to have information shared for specific providers?

No. At this time there is no way to single out consent for specific providers or care episodes. The only option a patient has is to opt out of having all their information shared. The CliniSync consent does not cover other exchange of information among providers not conducted through the HIE (mail, faxing, email).

### Do I need to present the CliniSync notification language separately?

No, you do not. You can include the language from the consent form as part of any of your current forms of patient notification, such as a Notice of Privacy Practices.

### If I decide to get consent, what do I do with the consent form after a patient has signed it?

You should handle storage of the CliniSync Consent Form in the same way you store the other consent forms that patients sign. You do not need to send the consent form to CliniSync, but need to have it on file in case the form needs to be reviewed as part of a CliniSync audit.

## Technical Questions

### How do I integrate CliniSync consent to my registration system?

Consent can be captured within your registration system with the addition of two fields within an ADT system. The two fields leveraged for consent are:

PD1:12 – Consent Flag and

PD1:13 – Consent Date/Time Stamp

Patient consent (PD1:12) has three states:

NULL – Default Opt-In

OO – Explicit Opt-Out

OI – Explicit Opt-In

## Do I include the text "NULL" in PD1:12 if the status is Default Opt-In or do I just leave it blank?

If you are setting up your registration system to send a NULL value, there should be nothing included in PD1:12. In this circumstance the field should be blank. You should never send the text NULL in this field.

## Workflow Questions

### When should I add the HIE notification language to my forms?

The notice must be in place before an organization goes live on the CHR, and we recommend clients add it as soon as possible to prepare for use of the CHR.

### What should my registration staff say if asked if this is part of Obamacare?

Some patients confuse Health Information Exchange with Health Insurance Exchange (insurance plans in the marketplace). Unfortunately, they believe it may be part of Obamacare and may refuse on those grounds alone. Please advise patients that the exchange of patient health records started under former President George W. Bush and has nothing to do with health care reform and insurance exchanges. We suggest you stay away from the term HIE and instead, say sharing of electronic health information with your doctors.