Managing Consent

Our Mission

Through trusted collaboration and valued services, we enable improvement in health and healthcare delivery that result in healthier people, better care and efficient cost.

What It Means

We're bringing valuable tools and resources to the healthcare community to provide great care, and actively support initiatives that improve the health of the population. We want to help our stakeholders transform and improve health and healthcare delivery as we know it today, to create an even better tomorrow.

- Health Information Exchange
- Population Health Improvement
- Value-Based Solutions

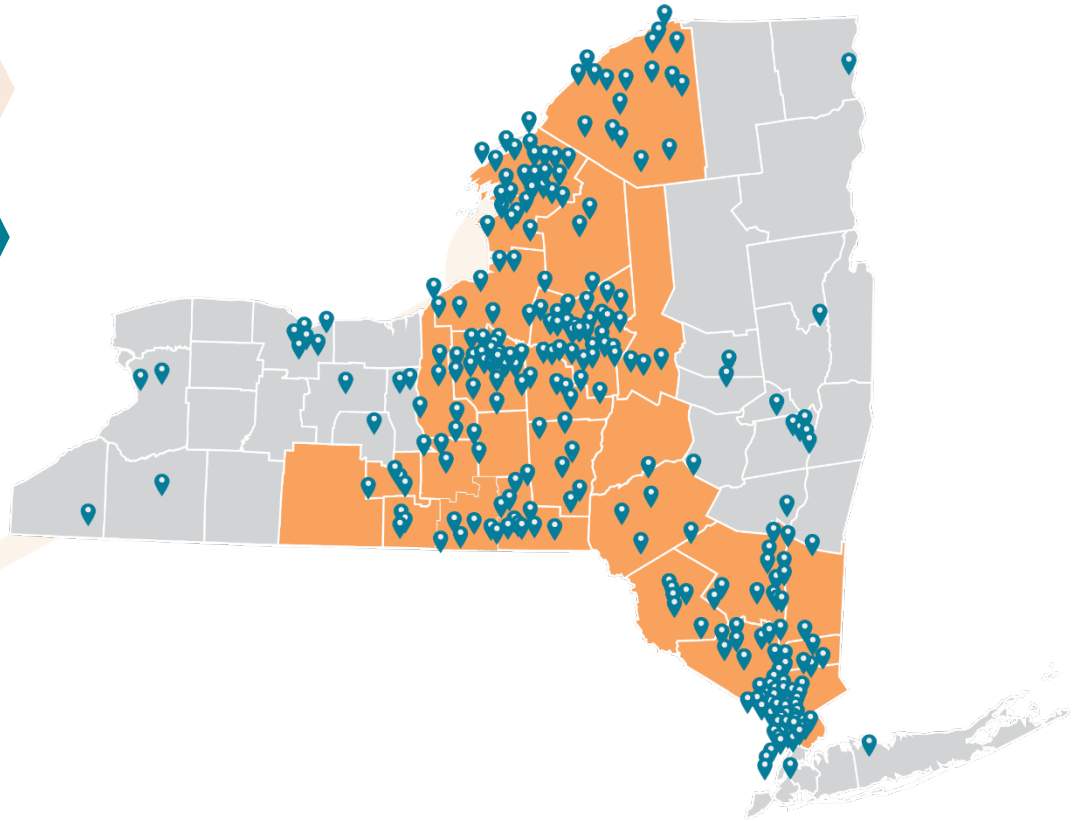
HIE By the Numbers

6 MILLION
PATIENTS ABLE TO RECEIVE BETTER CARE

26-COUNTY
SERVICE AREA

1,400
ORGANIZATIONS CONNECTED TO THE HIE

4,000
LOCATIONS CONNECTED TO THE HIE



What is the HealtheConnections HIE?

- **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
  - 6 core, no-cost HIE services readily available
  - Additional analytics and incentive program consulting & resources
  - On-call support team

- Improve Quality of Care
- Lower Cost of Care
- Improve Clinician Experience
- Improve Patient Experience

Our HIE Services & Use Cases

Image Exchange

Diagnostic-quality images directly delivered to you

Query-Based Exchange

Access information through state and national databases

Patient Lookup

Real-time patient records at the touch of a button

Direct Mail

HIPAA-compliant secure mail & national provider directory

Results Access & Delivery

Labs, rads, and reports easily accessed or delivered directly

myAlerts

Clinical alerts for hospital admits, discharges, and more with extensive filtering capabilities

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?

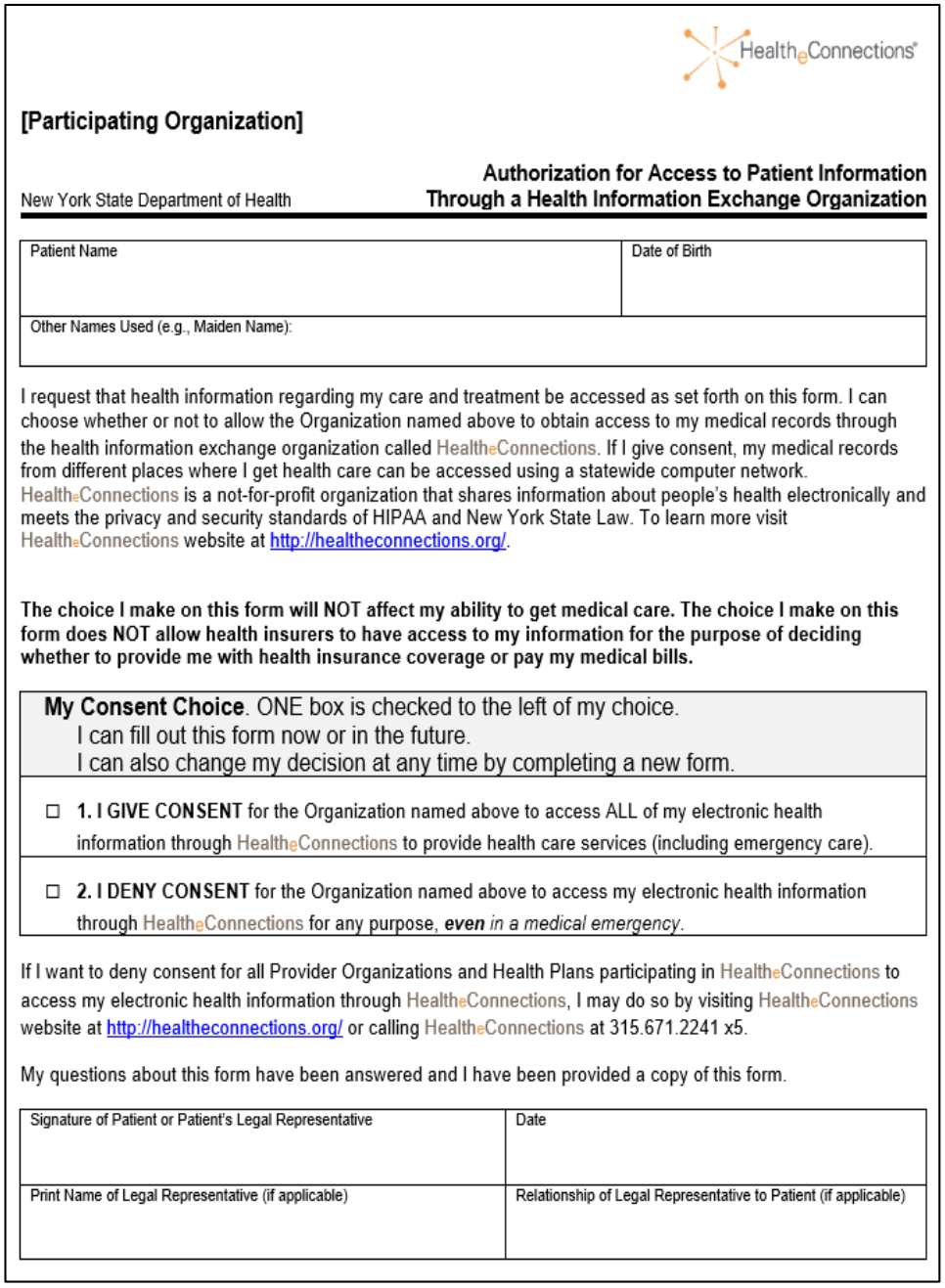
- **Patients under 18 years:** Parents, Legal Guardians, or State Officials can sign the consent form on behalf of the patient
- **Patients aged 18+ years:** May provide consent for themselves
- **Health proxy/representative:** If an agent is appointed by a patient in a health proxy document or due to 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 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*

* Only select participants have this option

Consent Form



HealtheConnections®

[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 HealtheConnections. If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network. HealtheConnections 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 HealtheConnections website at http://healtheconnections.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.

☐ **1. I GIVE CONSENT** for the Organization named above to access ALL of my electronic health information through HealtheConnections to provide health care services (including emergency care).

☐ **2. I DENY CONSENT** for the Organization named above to access my electronic health information through HealtheConnections for any purpose, ***even*** *in a medical emergency*.

If I want to deny consent for all Provider Organizations and Health Plans participating in HealtheConnections to access my electronic health information through HealtheConnections, I may do so by visiting HealtheConnections website at http://healtheconnections.org/ or calling HealtheConnections at 315.671.2241 x5.

My questions about this form have been answered and I have been provided a copy of this form.

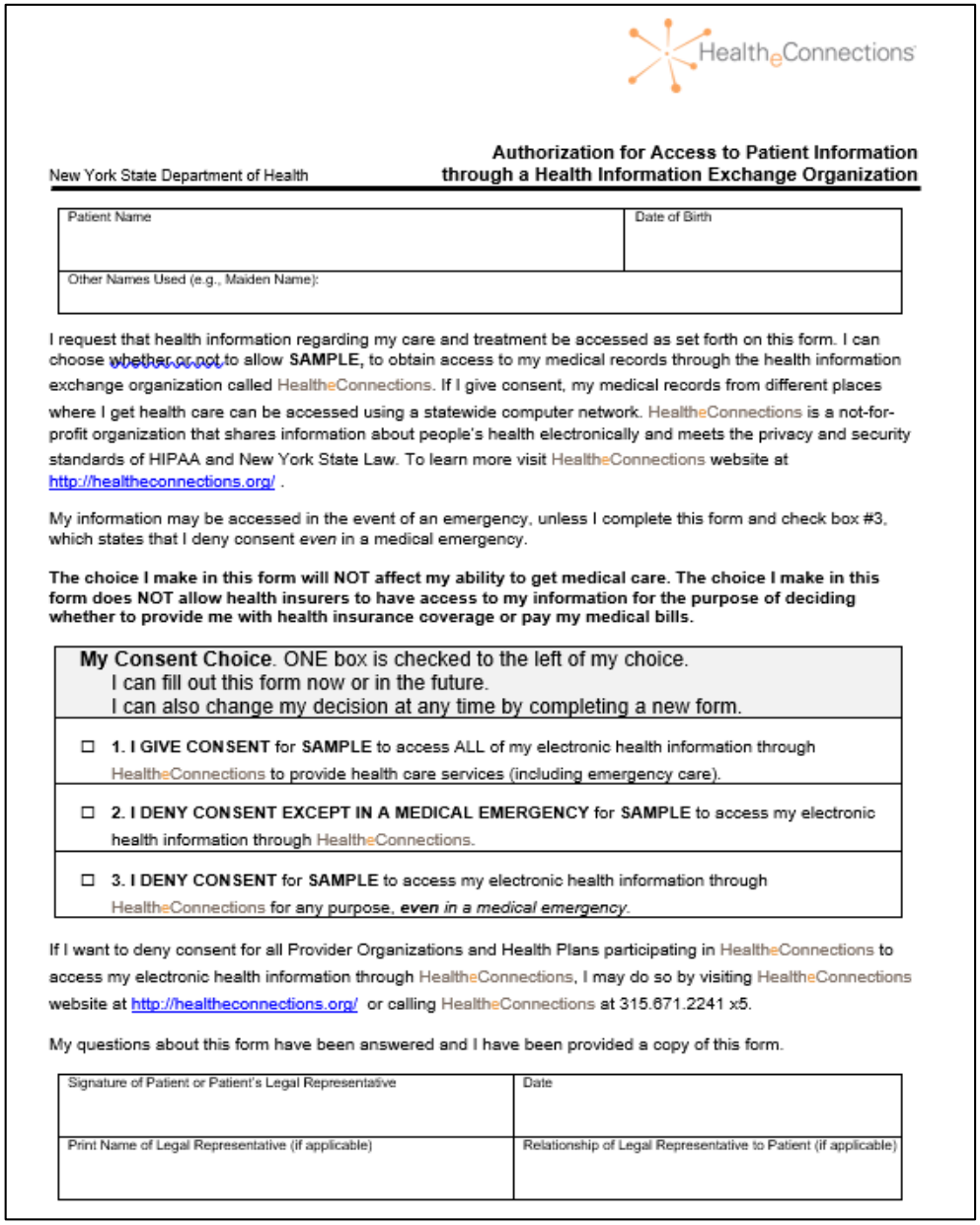
Signature of Patient or Patient's Legal Representative	Date
Print Name of Legal Representative (if applicable)	Relationship of Legal Representative to Patient (if applicable)

- 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.



HealtheConnections

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 HealtheConnections. If I give consent, my medical records from different places where I get health care can be accessed using a statewide computer network. HealtheConnections 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 HealtheConnections website at http://healtheconnections.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.

☐ **1. I GIVE CONSENT** for **SAMPLE** to access ALL of my electronic health information through HealtheConnections to provide health care services (including emergency care).

☐ **2. I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY** for **SAMPLE** to access my electronic health information through HealtheConnections.

☐ **3. I DENY CONSENT** for **SAMPLE** to access my electronic health information through HealtheConnections for any purpose, ***even in a medical emergency***.

If I want to deny consent for all Provider Organizations and Health Plans participating in HealtheConnections to access my electronic health information through HealtheConnections, I may do so by visiting HealtheConnections website at http://healtheconnections.org/ or calling HealtheConnections 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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Capturing Consent

- Present the patient/guardian with the consent form for your organization
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- 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

Capturing Consent

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

- Most facilities log into HealtheConnections 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

Minor Consented Services Override

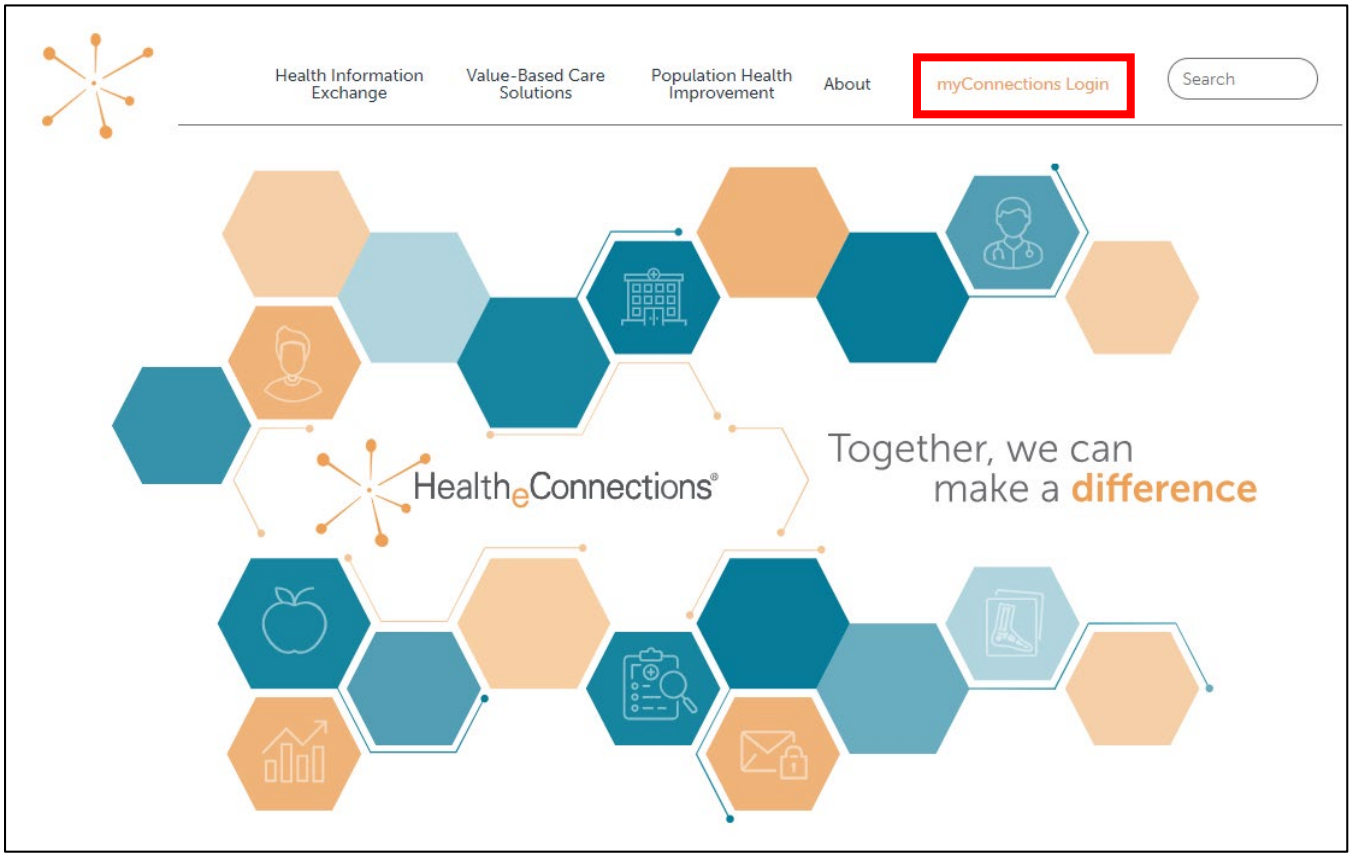
Patients under 18 years old can override parental/guardian consent for a minor consented service

- 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

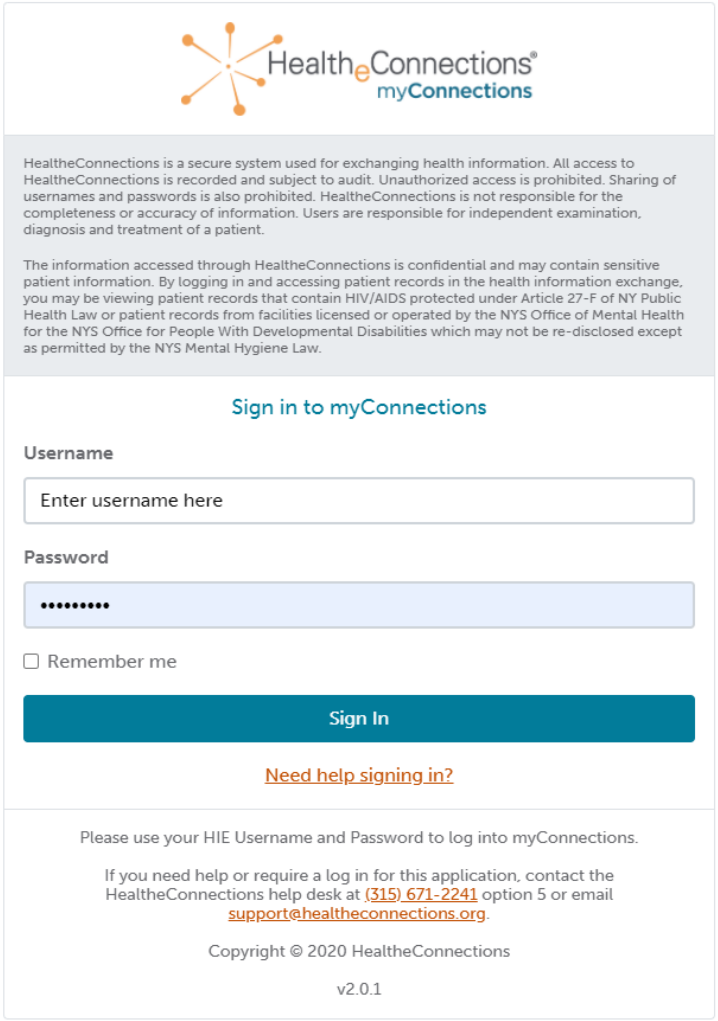
- Providers also can treat minors in an emergency without parental consent, but for other types of care minors must ordinarily obtain parental consent
- Providers should note that a minor's ability to give informed consent is based on capacity for consent, as discussed above, not on age, and there is 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 HealtheConnections



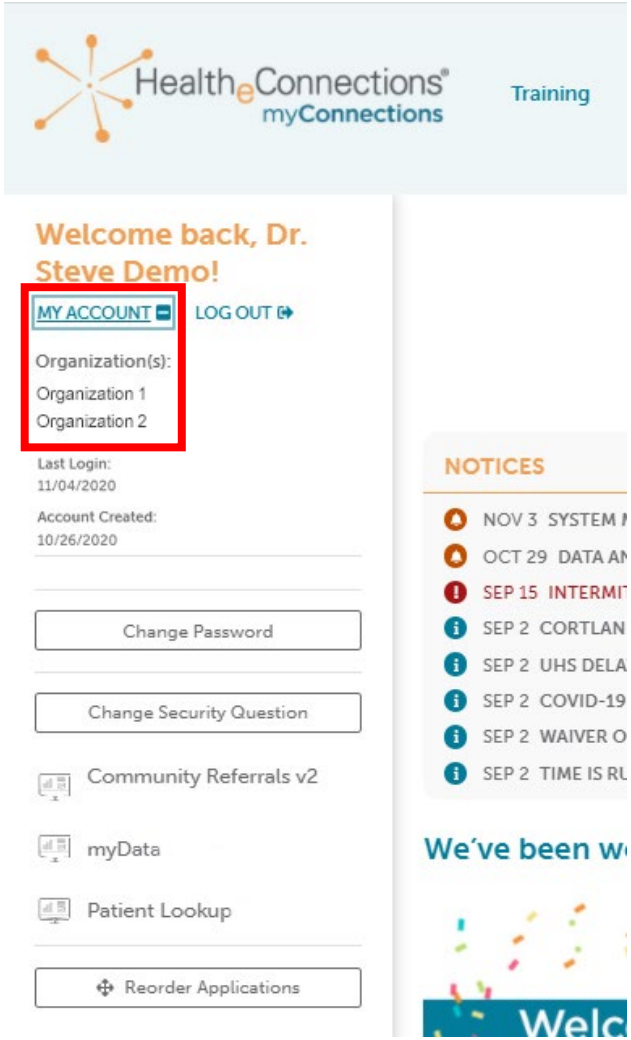
- Access myConnections portal via any web browser
- Click **myConnections Login** to enter

Logging In



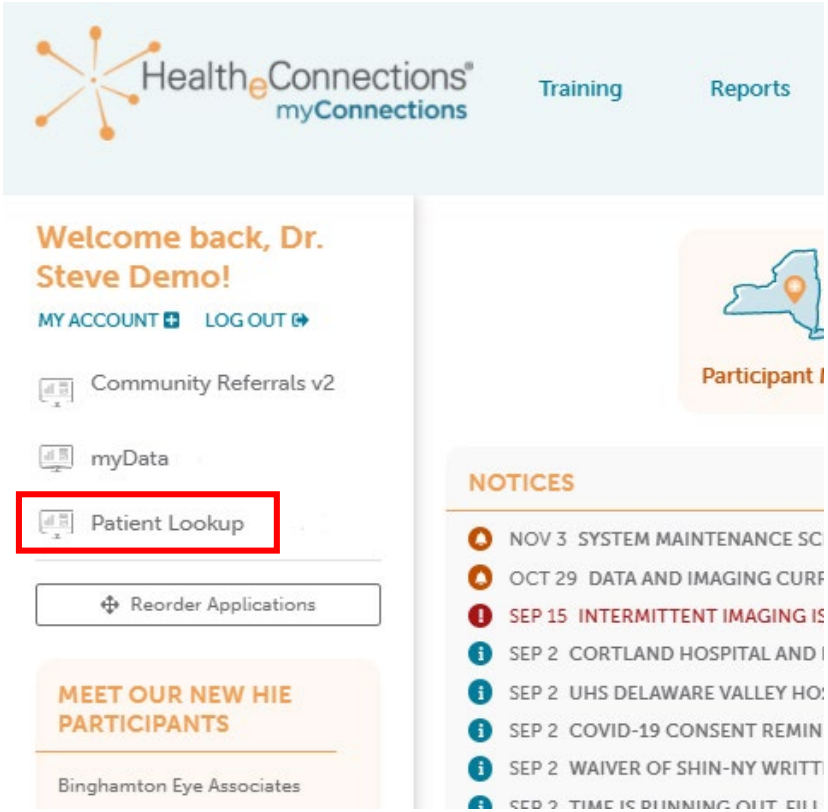
- Enter your username and password.
- Click “Sign In”
- If you forgot your password, click “Need help signing in?” You’ll receive an email from noreply@okta.com, which may go to your Junk folder. If it is not in your Junk folder, contact our Support team at support@healtheconnections.org.

myConnections



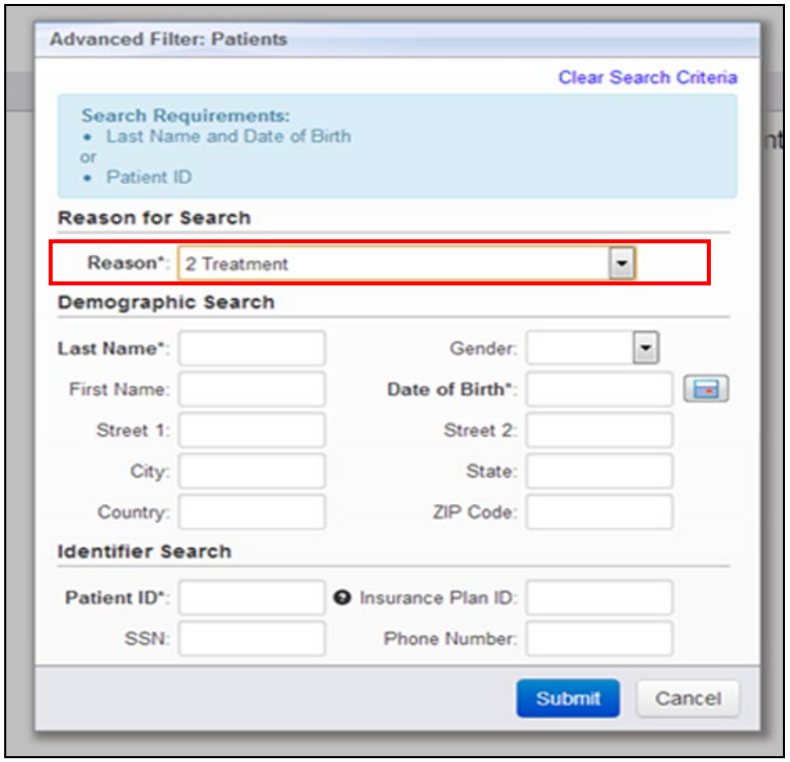
- Click on "MY ACCOUNT" under your name on the left-hand side of the page.
- Select the organization you're working for. This is important for those who are associated with multiple organizations.
- Once you've selected your organization, click on "MY ACCOUNT" to minimize the dropdown menu.

myConnections



- Click on “Patient Lookup”

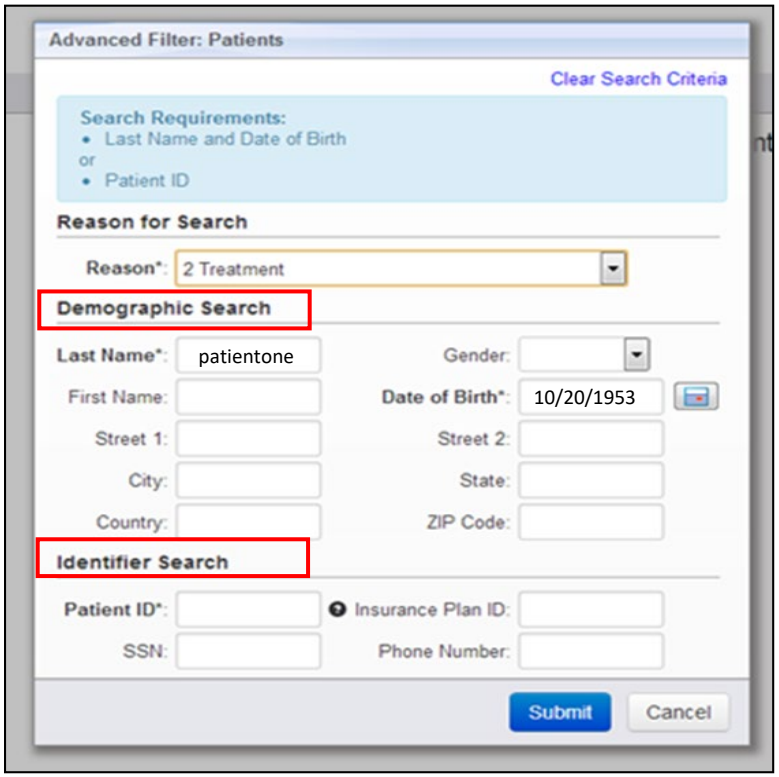
Patient Search



- 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. **HealtheConnections Support**

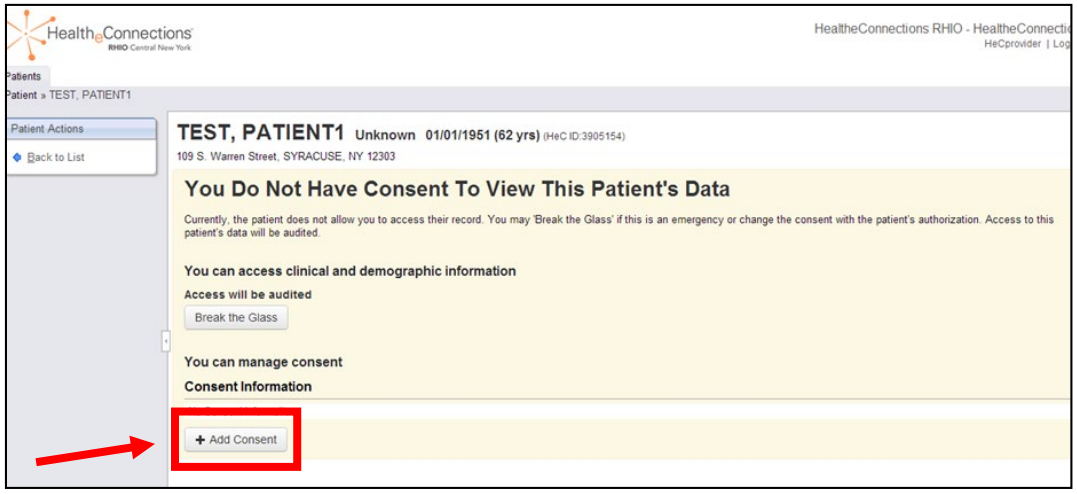
Patient Search

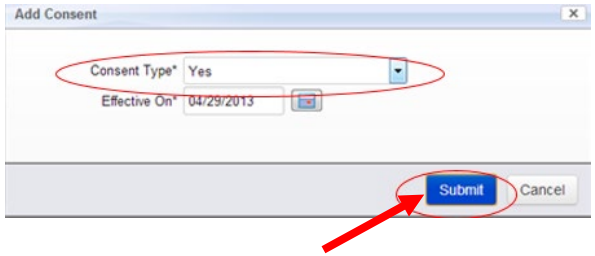


- You may search for the patient by using either:
  - Demographic Search where **Last Name** and **Date of Birth** are required (identified with asterisks)
  - Identifier Search by using the **Patient ID** which is the patient's Hospital Medical Record Number and is required for this type of search (identified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

Capturing Consent

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.

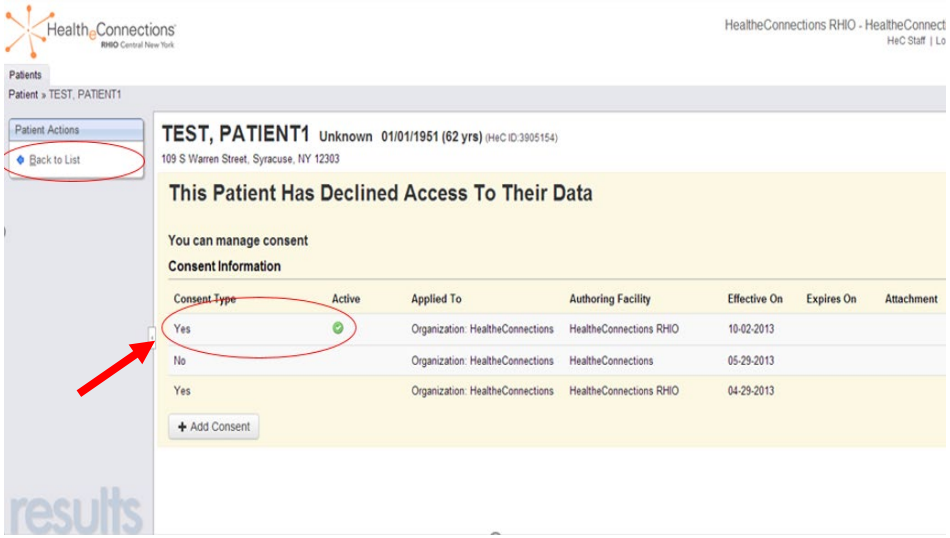




If your organization does not collect consent through your EMR follow these steps:

- 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

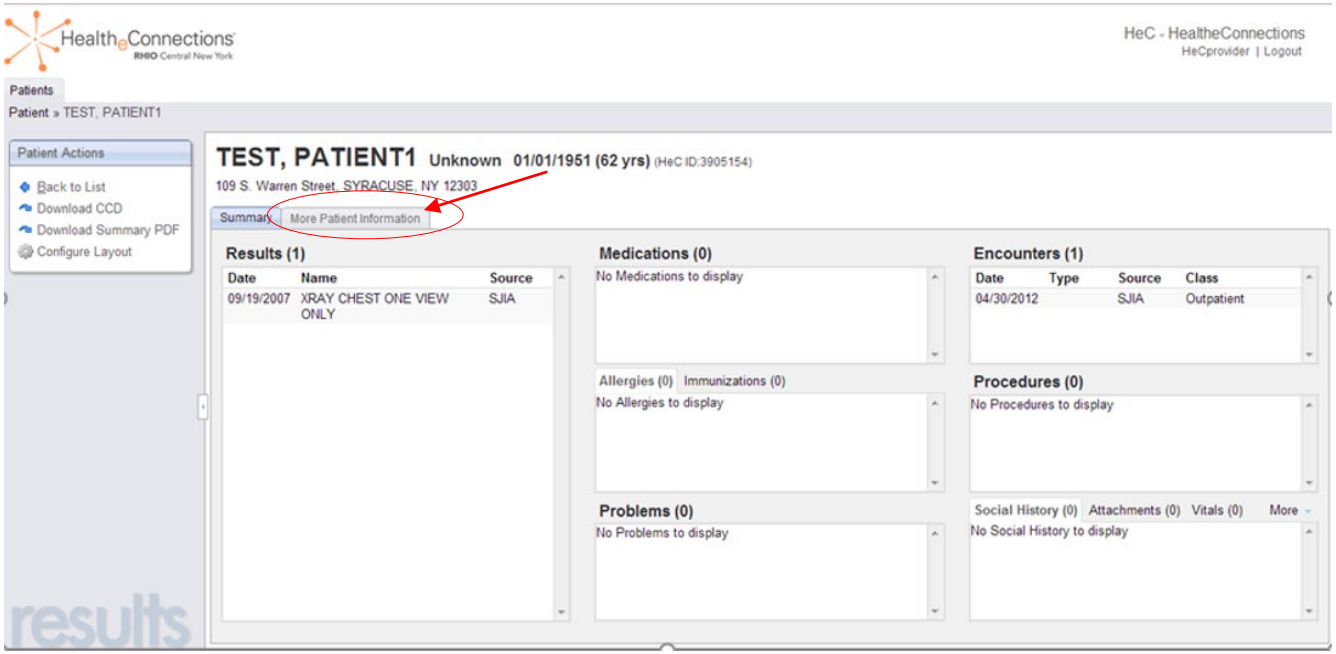
Capturing Consent



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

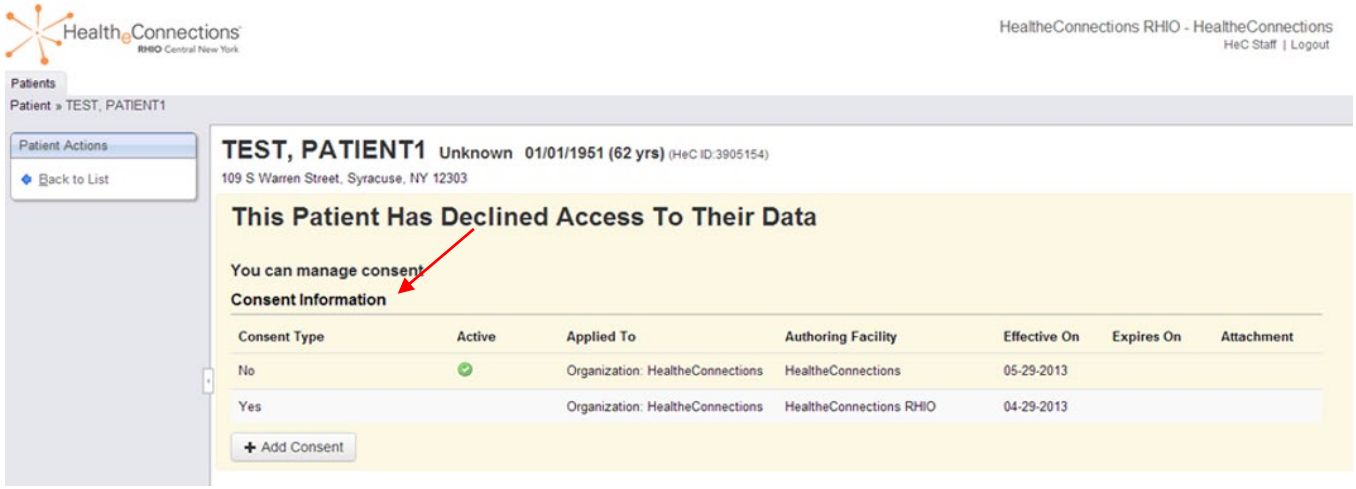
Changing Consent from “YES”



- 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

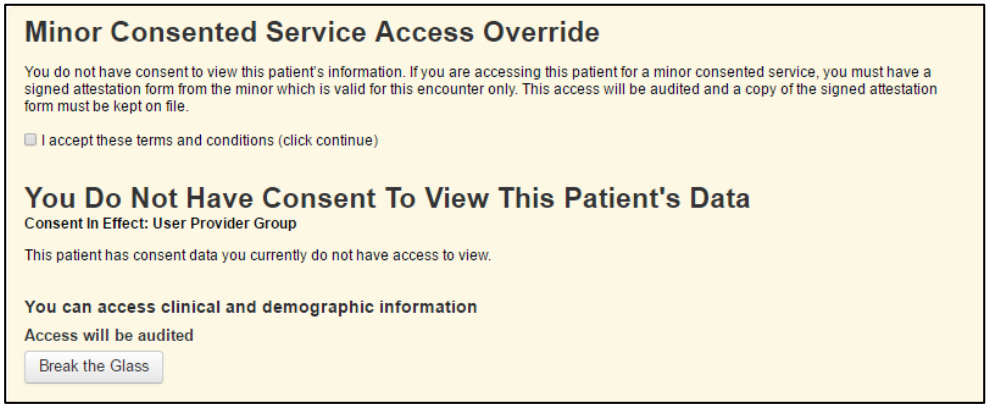
Changing Consent Values



- 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

Minor Consented Service Access Override

- 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*



Important Information

HealtheConnections Support:

- Email: support@healtheconnections.org
- Direct email: support@hiemail.healtheconnections.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: https://www.healtheconnections.org/training/

myConnections:

- If you forgot your password, click “Need help signing in?” 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@healtheconnections.org.

HealtheConnections®

Thank You

healtheconnections.org
info@healtheconnections.org