healtheconnections®

health information exchange:

public health authorized user training
authorized user policy and procedure

agenda

- HIE by the numbers
- Our services
- Consent
  - consent exceptions
- Audits
- HIPAA & the HIE
- Public health access
  - access at multiple organizations
  - authorized user form
  - public health participant profile
- Accessing HealtheConnections for public health
- Demo of the system and/or HIE user manual review

participants and data sources

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

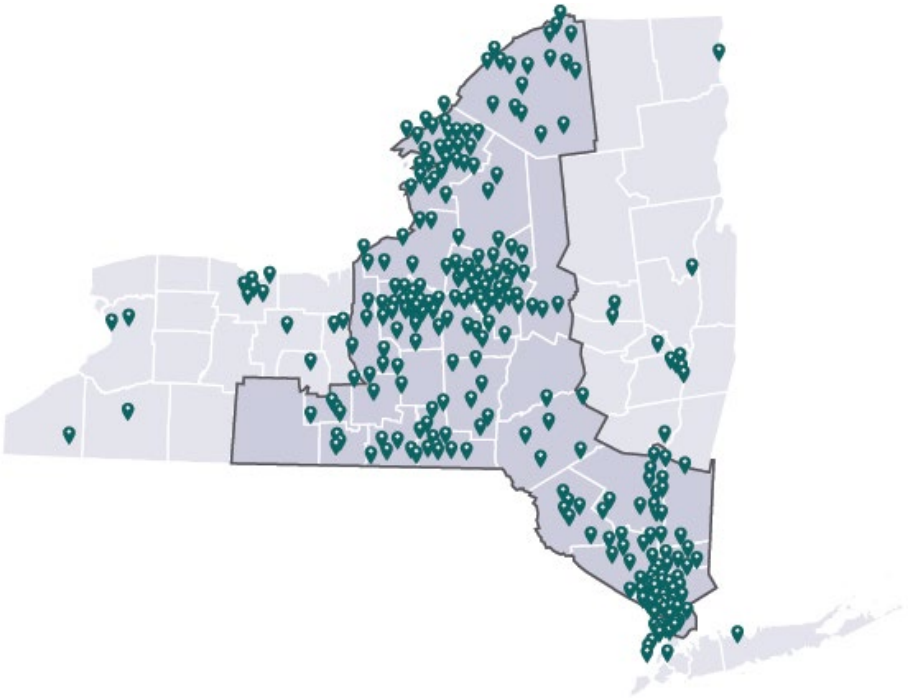
6 million patients are able to receive better care

26-county service area

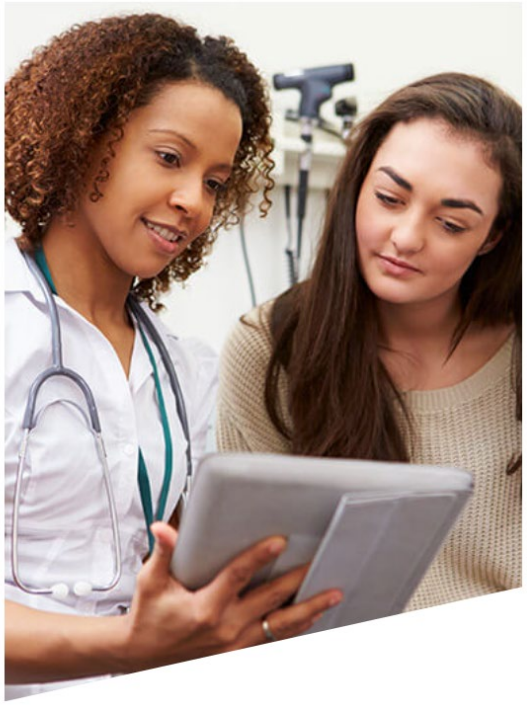
440,000 unique patients accessed per month

3.4 million clinical summary documents received each month

More than 500 organizations providing data



healtheconnections services



Patient Lookup
Real-time patient records at the touch of a button

Image Exchange
Real-time patient records at the touch of a button

Query-Based Exchange
Access information in state and from national databases

myResults
Labs, rads, and reports easily accessed or delivered directly

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

Results Delivery
Labs, rads, and reports easily access or delivered directly

Direct Mail
HIPAA-compliant secure mail & national provider directory

myData
Dashboards that allow users to better understand their patient profiles

consent

- Public health access does NOT require consent to view information in the RHIO
- For non-public health access, New York State law requires each participating organization to obtain a patient's consent choice before viewing their PHI for non-emergency treatment
- A patient's consent choice applies only to the participating organization that collected the consent form, not to all participating organizations
- 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

consent exceptions

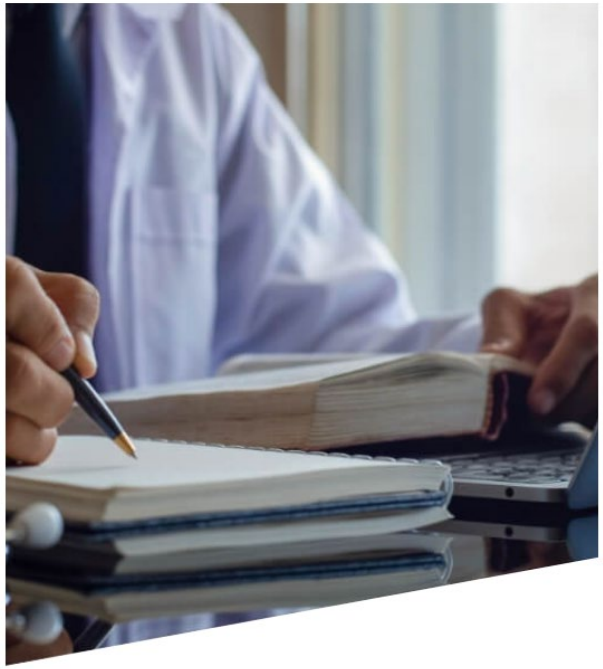
Consent is NOT required for:

- Data sources sending patient medical records to the HIE
- One-to-one exchanges (results delivery)
- Emergency situations, if patient has not yet consented, or has not selected “deny to the participating organization” or “community-wide deny” consent
- De-identified data
- Public health access

audits

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 or by contacting HealtheConnections



protected health information (PHI)

Protected health information (PHI) is any individually identifiable health information, which may include sensitive health conditions including, but not limited to:

- Substance use disorder
- Birth control and abortion (family planning)
- Genetic (inherited) diseases or tests
- Any mention of HIV/AIDS
- Mental health conditions
- Sexually transmitted diseases

redisclosure notice: any patient records that are accessed through HealtheConnections' health information exchange are subject to all applicable federal and state laws for redisclosure, including but not limited to Minor Consented Services, Substance Use Disorder, HIV/AIDS, Mental Health, and Developmental Disabilities. If such information is present in the HIE, law prohibits you from making any further disclosure of this information without the written consent of the person to whom it pertains. A general authorization for the release of medical or other information is NOT sufficient for this purpose. As an authorized user of the HIE, you are responsible for understanding and following the applicable laws.

hipaa

HIPAA privacy and security rules must be followed for using the HIE, including, but not limited to, rules such as:

- Minimum necessary access
- Re-disclosure requirements (state and federal)
- Do not share your login credentials with anyone
- Do not look up yourself, family members, or friends
- Looking up your own record is a VIOLATION and will create an AUDIT

PHI should be securely shared using one of the following methods:

- Direct mail
- Fax
- Email – only if the PHI file is encrypted and/or password protected

For more information about HIPAA policy, visit: http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html

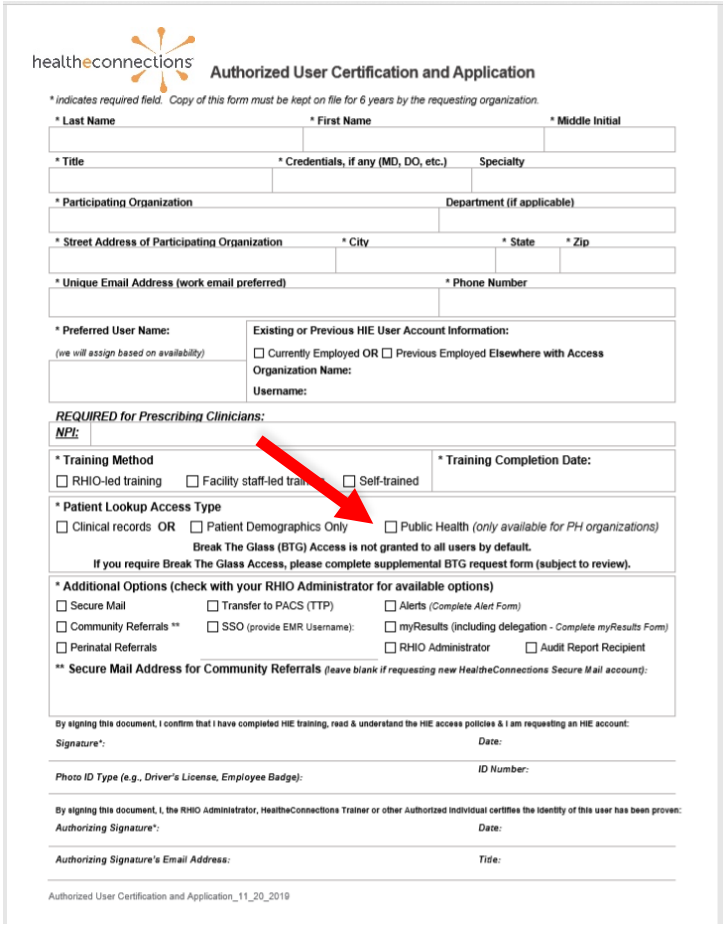
public health access

- Public health access is only for individuals who work at public health organizations
- Users with public health access do NOT require consent to view information within healtheconnections
- The RHIO administrator for each public health organization is responsible for contacting healtheconnections regarding the activation and deactivation of authorized users
- Users will need to complete an authorized user form and receive annual refresher training
- Public health access is audited weekly to ensure proper access

access at multiple organizations

- Users who work at multiple organizations will have one username and password
- After logging in, the user must select the organization they are currently working on behalf of
- Public health access should only be selected while working on behalf of the public health organization
- If you are working on behalf of any organization in a manner that is NOT related to public health access, consent must be obtained
- Please remember, patient consent is given at the organization level, and applies only to the organization at which it was given

authorized user form



healtheconnections

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:**
(we will assign based on availability)

Existing or Previous HIE User Account Information:
☐ Currently Employed **OR** ☐ Previous Employed **Elsewhere with Access**
Organization Name:
Username:

REQUIRED for Prescribing Clinicians:
NPI:

*** Training Method**
☐ RHIO-led training ☐ Facility staff-led trai ☐ Self-trained

*** Training Completion Date:**

*** Patient Lookup Access Type**
☐ Clinical records **OR** ☐ Patient Demographics Only ☐ Public Health *(only available for PH organizations)*

Break The Glass (BTG) 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)**
☐ Secure Mail ☐ Transfer to PACS (TTP) ☐ Alerts *(Complete Alert Form)*
☐ Community Referrals ** ☐ SSO (provide EMR Username): ☐ myResults (including delegation - *Complete myResults Form*)
☐ Perinatal Referrals ☐ RHIO Administrator ☐ Audit Report Recipient

**** Secure Mail Address for Community Referrals** *(leave blank if requesting new HealtheConnections 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, HealtheConnections Trainer or other Authorized individual certifies the identity of this user has been proven:
Authorizing Signature*: ***Date:***

Authorizing Signature's Email Address: ***Title:***

Authorized User Certification and Application_11_20_2019

public health participant profile

healtheconnections

Public Health Participant Profile

Participant/Organization Name	New York State Department of Health
Participant Agreement Signatory	Name: Sally Dreslin Title: Executive Deputy Commissioner
Program/Unit Code (to be assigned by OQPS)	
Participant Site Address	

NYSDOH SHIN-NY Contact

Name	Deirdre Depew
Phone Number	518-473-4645
Email	Deirdre.depew@health.ny.gov

NYSDOH Public Health Contact

Name	Geraldine Johnson
Phone Number	518-474-3962
Email	Geraldine.johnson@health.ny.gov

Access Type

☐ Public Health Clinical Viewer
☐ Public Health Oversight
☐ Transmittal Data
☐ Aggregate Reports Access

public health participant profile

healtheconnections

Accessing Program Information

Access Requestor

Name	
Title	
Phone Number	
Email	

RHIO Administrator/Trusted Agent

Name	
Title	
Phone Number	
Email	

Audit Reports Recipient (if other than RHIO Administrator/Trusted Agent)

Name	
Title	
Phone Number	
Email	

By signing this document, I certify the validity of this request for Public Health access to QE[1].

Authorizing Signature

_____ ____ **Date:**_____

Printed Name: Sally Dreslin

Title: Executive Deputy Commissioner

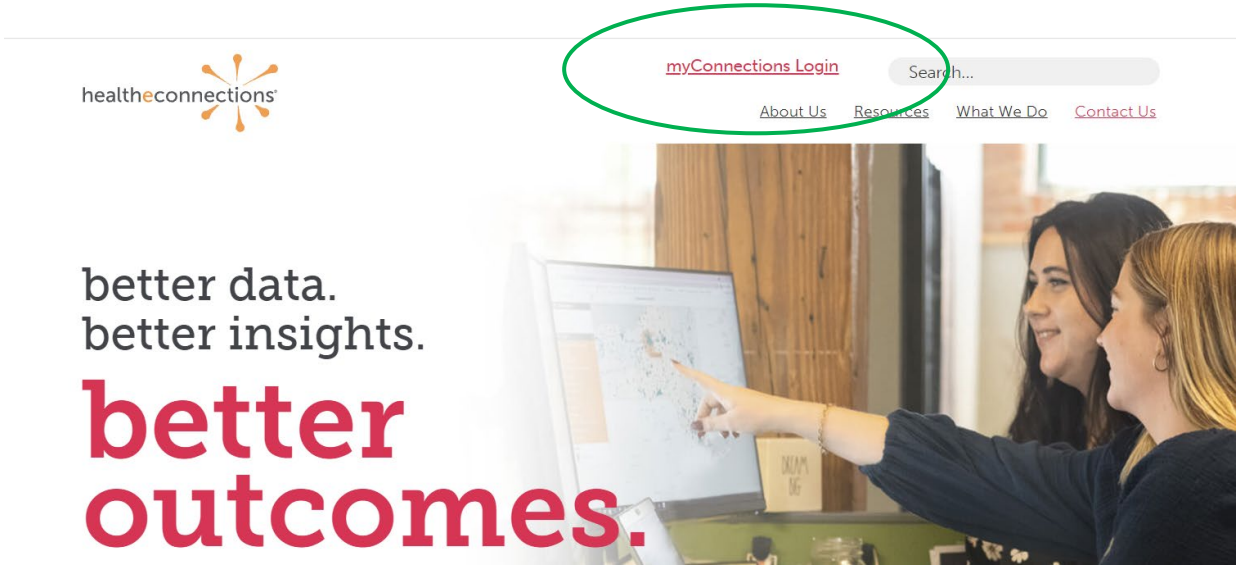
[1] Any changes to roles will be reported by RHIO Administrator.

public health participant profile

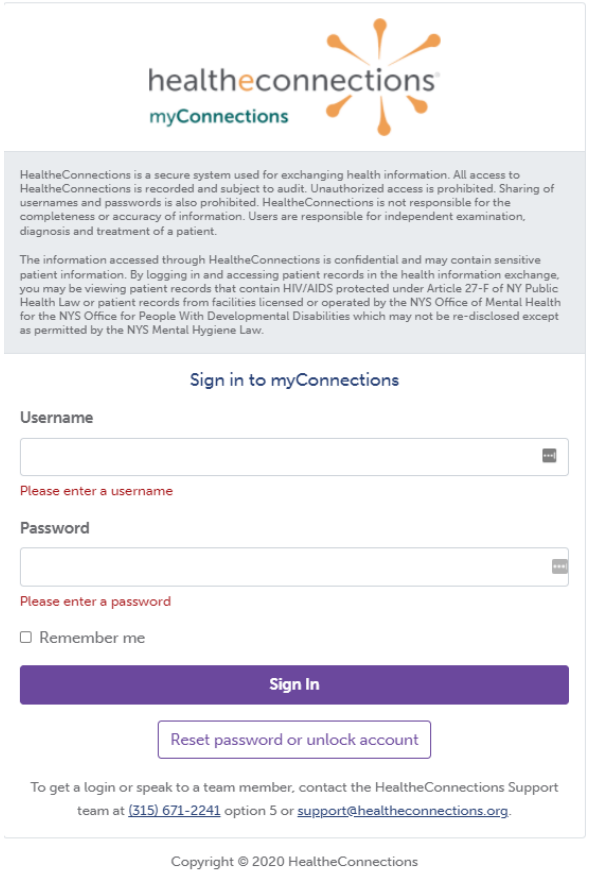
Individual	Title	Role	Phone/Email
		☐ Authorized User ☐ RHIO Administrator ☐ Other (Specify) ex: transmittal data	
		☐ Authorized User ☐ RHIO Administrator ☐ Other (Specify)	
		☐ Authorized User ☐ RHIO Administrator ☐ Other (Specify)	
		☐ Authorized User ☐ RHIO Administrator ☐ Other (Specify)	
		☐ Authorized User ☐ RHIO Administrator ☐ Other (Specify)	
		☐ Authorized User ☐ RHIO Administrator ☐ Other (Specify)	
		☐ Authorized User ☐ RHIO Administrator ☐ Other (Specify)	

accessing HealtheConnections

- Access myConnections portal via any web browser
- Click “myConnections Login” to enter your username and password



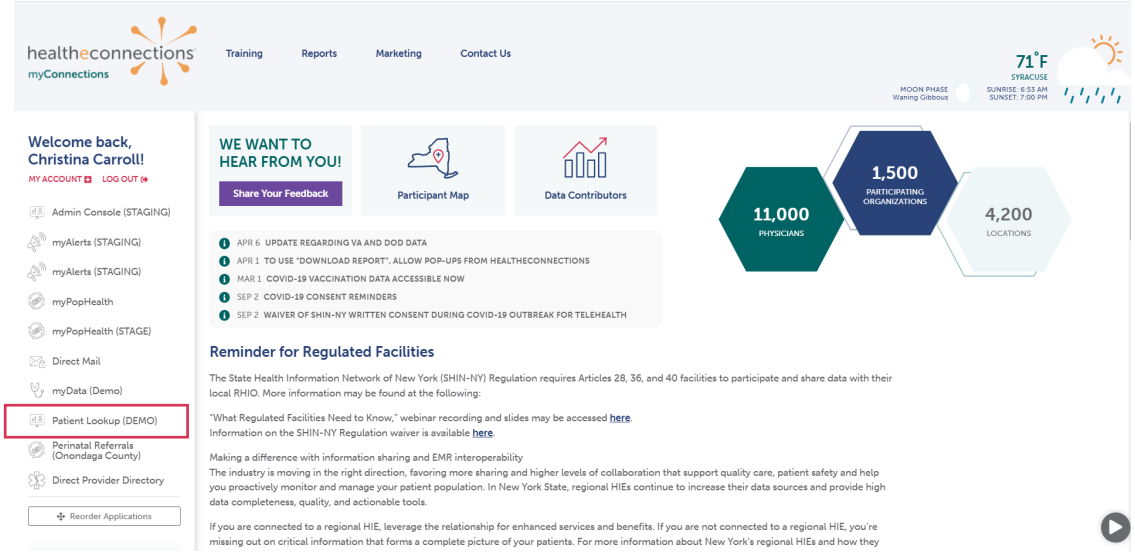
logging in



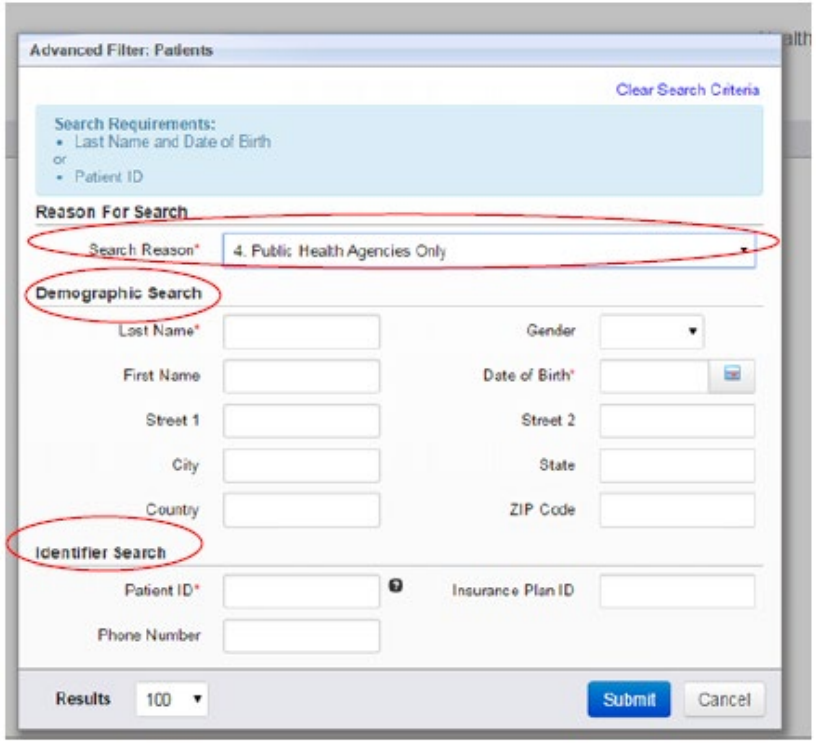
- Enter your username and password
- Click “Sign in”
- If you forgot your password, click “Need help signing in?” You’ll receive an email from **noreply@okta.com**, which may go to your Junk folder. If it is not in your Junk folder, contact our Support team at **support@healtheconnections.org**

myConnections

- Click on “patient lookup” for the public health organization where you are working
- This will give you access to patient information without consent
- Remember, if you also work on behalf of another organization, you will need to choose the correct organization AND obtain the required patient consent for access

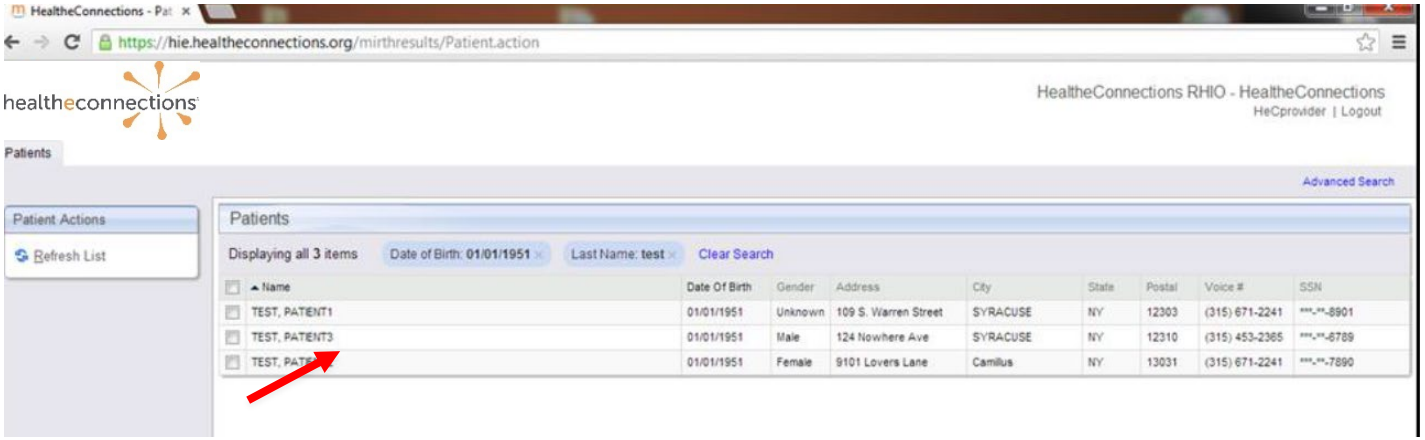


searching patient records



- On the next screen, you will need to enter a search reason to search for patient records
- For the search “reason”, select “public health agencies only”
- You may search the patient using either
  - Demographic search (last name, DOB)
  - Identifier search

searching patient records



- If your search yields more than one result, you can hover over a selection to find additional demographic information
- Choose desired patient by clicking on the row, which will bring you to the patient summary screen

important information

HealtheConnections Support:

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

Training Materials:

- Additional materials and forms are available on our webpage 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

thank you!

support@healtheconnections.org
315-671-2241 x5