



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!*

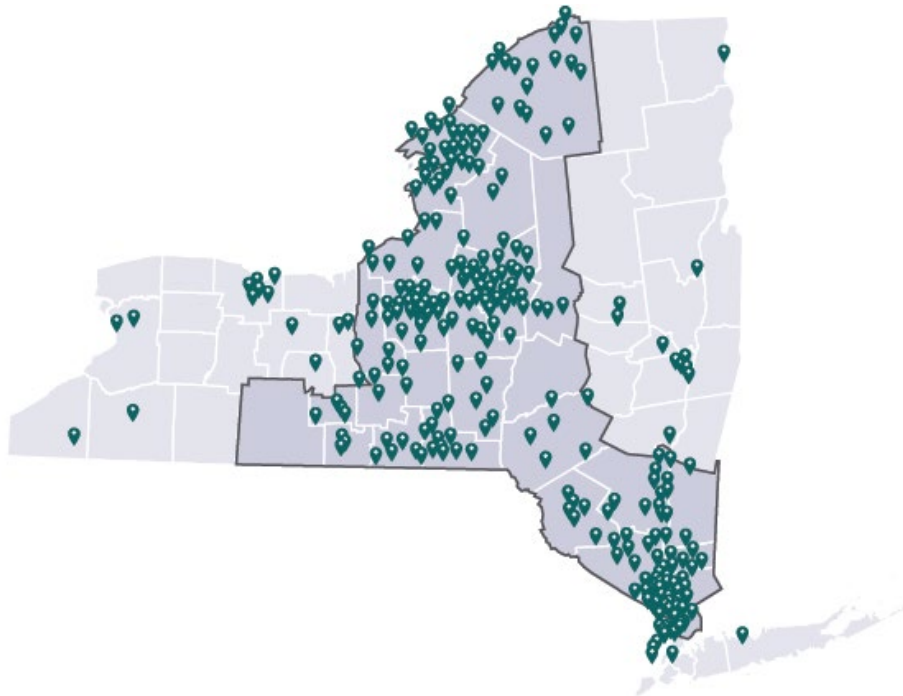
**6 million patients  
are able to receive  
better care**

**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**



# healthconnections 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 HealthConnections



# 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

## 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 healthconnections
- The RHIO administrator for each public health organization is responsible for contacting healthconnections 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

healthconnections **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: <small>(we will assign based on availability)</small>	Existing or Previous HIE User Account Information: <input type="checkbox"/> Currently Employed OR <input type="checkbox"/> Previous Employed Elsewhere with Access Organization Name: Username:

**REQUIRED for Prescribing Clinicians:**

NPI:

* Training Method <input type="checkbox"/> RHIO-led training <input type="checkbox"/> Facility staff-led training <input type="checkbox"/> 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 HealthConnections 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, HealthConnections 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



## 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 QQPS)	
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



## 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<sup>1</sup>.

**Authorizing Signature**

\_\_\_\_\_  
**Printed Name:** Sally Dreslin

**Title:** Executive Deputy Commissioner

**Date:** \_\_\_\_\_

<sup>1</sup> Any changes to roles will be reported by RHIO Administrator.

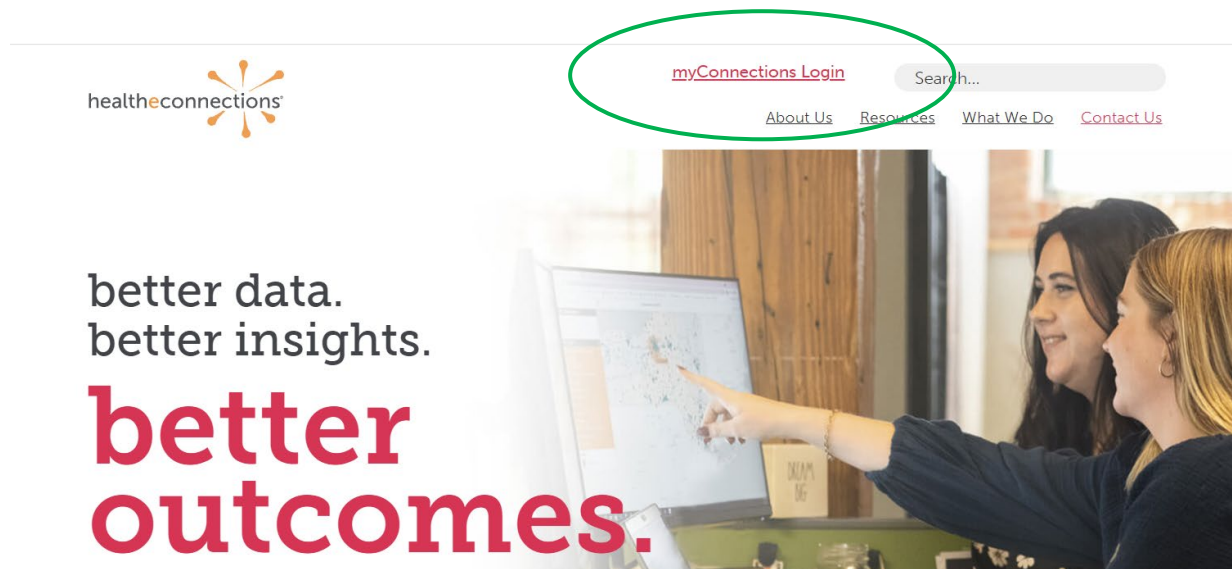
# public health participant profile



Individual	Title	Role	Phone/Email
		<input type="checkbox"/> Authorized User <input type="checkbox"/> RHIO Administrator <input type="checkbox"/> Other (Specify) ex: transmittal data	
		<input type="checkbox"/> Authorized User <input type="checkbox"/> RHIO Administrator <input type="checkbox"/> Other (Specify)	
		<input type="checkbox"/> Authorized User <input type="checkbox"/> RHIO Administrator <input type="checkbox"/> Other (Specify)	
		<input type="checkbox"/> Authorized User <input type="checkbox"/> RHIO Administrator <input type="checkbox"/> Other (Specify)	
		<input type="checkbox"/> Authorized User <input type="checkbox"/> RHIO Administrator <input type="checkbox"/> Other (Specify)	
		<input type="checkbox"/> Authorized User <input type="checkbox"/> RHIO Administrator <input type="checkbox"/> Other (Specify)	
		<input type="checkbox"/> Authorized User <input type="checkbox"/> RHIO Administrator <input type="checkbox"/> Other (Specify)	

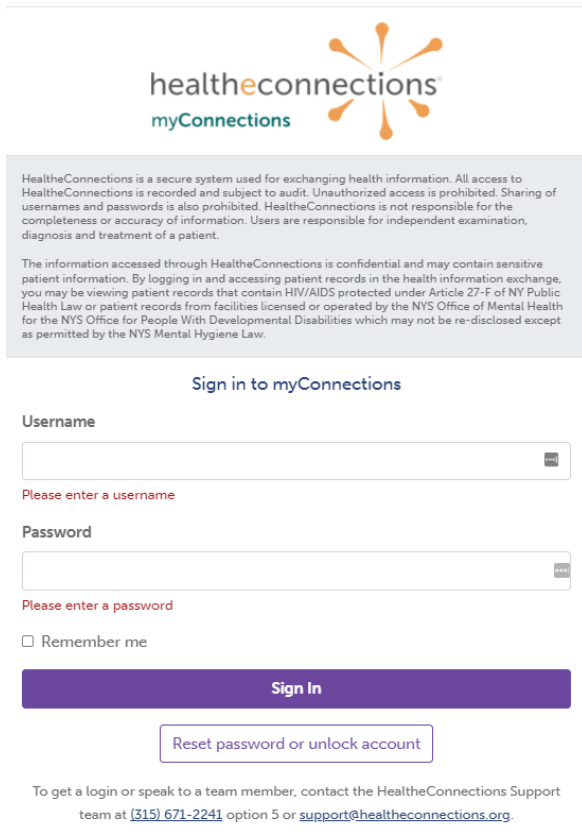
# accessing HealtheConnections

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





# logging in



The screenshot shows the login interface for HealthConnections myConnections. At the top is the logo, which consists of the text "healthconnections" in a sans-serif font with "myConnections" in a smaller font below it, and an orange starburst icon to the right. Below the logo is a grey box containing two paragraphs of text. The first paragraph states that the system is secure and that unauthorized access is prohibited. The second paragraph states that the information accessed is confidential and may contain sensitive patient information. Below this text is a link that says "Sign in to myConnections". Underneath the link are two input fields: one for "Username" and one for "Password". Each field has a red error message below it that says "Please enter a username" and "Please enter a password" respectively. Below the password field is a checkbox labeled "Remember me". At the bottom of the form is a large purple button labeled "Sign In". Below the button is a link that says "Reset password or unlock account". At the very bottom of the page is a footer that says "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."

healthconnections<sup>®</sup>  
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](tel:3156712241) option 5 or [support@healthconnections.org](mailto:support@healthconnections.org).

- 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@healthconnections.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

The screenshot shows the healthconnections myConnections web application. The header includes the logo, navigation links (Training, Reports, Marketing, Contact Us), and weather information for Syracuse (71°F, Sunrise 6:53 AM, Sunset 7:50 PM). The main content area is divided into several sections:

- Welcome back, Christina Carroll!** with links for MY ACCOUNT and LOG OUT.
- A sidebar menu with links: Admin Console (STAGING), myAlerts (STAGING), myAlerts (STAGING), myPopHealth, myPopHealth (STAGE), Direct Mail, myData (Demo), **Patient Lookup (DEMO)** (highlighted with a red box), Perinatal Referrals (Onondaga County), and Direct Provider Directory. A button for Reorder Applications is at the bottom.
- WE WANT TO HEAR FROM YOU!** with a Share Your Feedback button.
- Participant Map** and **Data Contributors** sections.
- A list of updates: APR 6 UPDATE REGARDING VA AND DOD 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, and SEP 2 WAIVER OF SHIN-NY WRITTEN CONSENT DURING COVID-19 OUTBREAK FOR TELEHEALTH.
- Reminder for Regulated Facilities** section with text about SHIN-NY Regulation and links for more information.
- Statistics** section with three hexagonal boxes: 11,000 PHYSICIANS, 1,500 PARTICIPATING ORGANIZATIONS, and 4,200 LOCATIONS.
- A video player at the bottom right.

# searching patient records

Advanced Filter: Patients

Clear Search Criteria

Search Requirements:

- Last Name and Date of Birth
- or
- Patient ID

Reason For Search

Search Reason\* 4. Public Health Agencies Only

Demographic Search

Last Name\*

First Name

Street 1

City

Country

Gender

Date of Birth\*

Street 2

State

ZIP Code

Identifier Search

Patient ID\*

Insurance Plan ID

Phone Number

Results 100

Submit Cancel

- 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

HealthConnections - Pat

https://hie.healthconnections.org/mirthresults/Patient.action

healthconnections

HealthConnections RHIO - HealthConnections  
HeCprovider | Logout

Patients

Advanced Search

Patient Actions

Refresh List

Patients

Displaying all 3 items

Date of Birth: 01/01/1951

Last Name: test

Clear Search

<input type="checkbox"/>	Name	Date Of Birth	Gender	Address	City	State	Postal	Voice #	SSN
<input type="checkbox"/>	TEST, PATIENT1	01/01/1951	Unknown	109 S. Warren Street	SYRACUSE	NY	12303	(315) 671-2241	***-**-8901
<input type="checkbox"/>	TEST, PATIENT3	01/01/1951	Male	124 Nowhere Ave	SYRACUSE	NY	12310	(315) 453-2365	***-**-8789
<input type="checkbox"/>	TEST, PATIENT	01/01/1951	Female	9101 Lovers Lane	Camillus	NY	13031	(315) 671-2241	***-**-7890

- 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](mailto:support@healtheconnections.org)
- Direct Email: [support@hiemail.healtheconnections.org](mailto: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](mailto:support@healtheconnections.org)

# thank you!

[support@healtheconnections.org](mailto:support@healtheconnections.org)

315-671-2241 x5

