



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!

- Organizations must appoint at least one person as a RHIO Administrator.
- The RHIO Administrator will be the point of contact between the organization and HealtheConnections.
- All Hospitals must appoint a Clinical RHIO Administrator and a Technical RHIO Administrator.
- For security purposes, the RHIO Administrator(s) will be the only staff authorized to contact HealtheConnections support regarding user access.
- The RHIO Administrator will also have an assigned Account Manager who will assist with HealtheConnections training and services.

responsibilities

The **RHIO Administrator** is the organization's point of contact for HealtheConnections notifications, updated materials, roll-out of new features/functionality, and all types of information requests

- Contact HealtheConnections Support for patient merges, unmerges, or inaccurate data.
- Approve all requests for training of Authorized Users and approve services for each Authorized User.
- Notify HealtheConnections of any changes within the organization:
 - Practice closure
 - 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)

patient education

- HealthConnections and its 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
- HealthConnections offers an informed consent script for staff to utilize when asking patients to sign the consent form if requested
- It is the RHIO Administrator's responsibility to ensure staff has been adequately and appropriately trained to educate patients on HealthConnections consent and services
- It is the RHIO Administrator's responsibility to ensure staff are relaying information accurately to patients regarding consent and to answer any additional questions the patient may have

consent

NYS law requires that participating organizations obtain a patient's affirmative consent before viewing their HIE records

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 required to provide consent for a participating organization once
- A patient may change their consent choice at any time by filling out a new consent form at each participating organization
- Providers cannot refuse treatment to a patient based on the patient's willingness to provide consent

For public health access, consent is not required

- Additional information for public health access is available by contacting HealtheConnections

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.

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.
<input type="checkbox"/> 1. I GIVE CONSENT for SAMPLE to access ALL of my electronic health information through HealthConnections to provide health care services (including emergency care).
<input type="checkbox"/> 2. I DENY CONSENT EXCEPT IN A MEDICAL EMERGENCY for SAMPLE to access my electronic health information through HealthConnections .
<input type="checkbox"/> 3. I DENY CONSENT for SAMPLE to access my electronic health information through HealthConnections for any purpose, even in a medical emergency .

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)

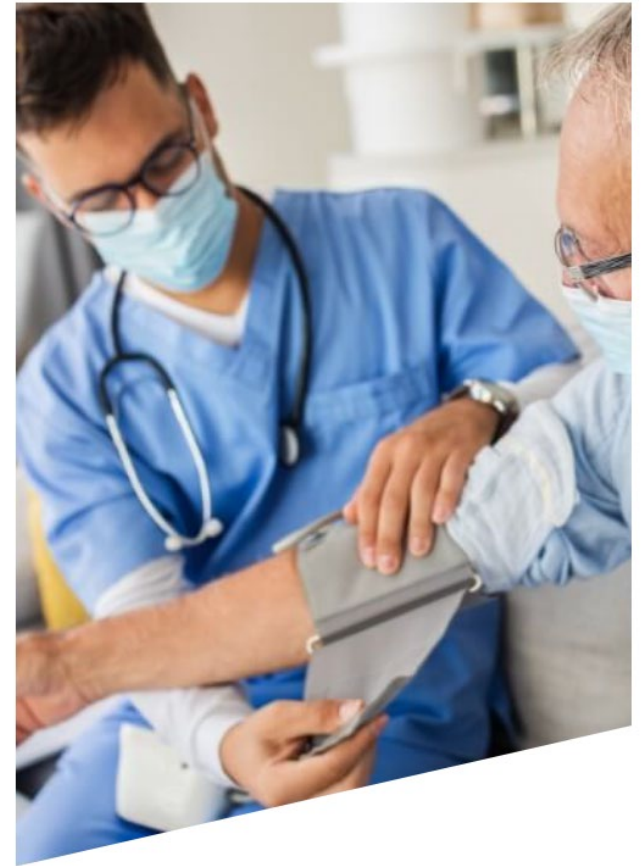
consent values

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*



maintaining consent forms

- Patient consent forms must be kept on file at a participating organization for six (6) years
- The RHIO Administrator is responsible for maintenance, and submission upon request, of the consent
- The RHIO Administrator is responsible for relaying the consent storage and maintenance workflow to all staff accessing patient records
- Signed paper consent forms can be stored in patient charts OR electronic (scanned) copies of the consent forms can be kept on 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

community-wide deny responsibilities

If patient requests “Community-wide Deny” consent, the following options are available:

- The patient completes a Community-wide Deny consent form, RHIO Administrator verifies identity and discusses ramifications of this option with the patient. The RHIO Administrator submits the 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

access

- Access to patient records is given to Authorized Users at the organization level
- The RHIO Administrator for each organization is responsible for contacting HealthConnections regarding the activation and deactivation of authorized users
- The RHIO Administrator is responsible for identifying Authorized Users privileges (Break the Glass, Demographic only, etc) and services
- Users will need to complete an Authorized User form and receive annual refresher training
- The Authorized User form should be signed by the RHIO Administrator after verification of identity and review of completeness, and returned to support@healthconnections.org for processing

authorized user form:



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:

* Training Method		* Training Completion Date:	
<input type="checkbox"/> RHIO-led training <input type="checkbox"/> Facility staff-led training <input type="checkbox"/> Self-trained			
* Patient Lookup Access Type			
<input type="checkbox"/> Clinical records OR <input type="checkbox"/> Patient Demographics Only <input type="checkbox"/> Public Health <small>(only available for PH organizations)</small> 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)			
<input type="checkbox"/> Secure Mail <input type="checkbox"/> Transfer to PACS (TTP) <input type="checkbox"/> Alerts <small>(Complete Alert Form)</small> <input type="checkbox"/> Community Referrals ** <input type="checkbox"/> SSO <small>(provide EMR Username):</small> <input type="checkbox"/> myResults <small>(including delegation - Complete myResults Form)</small> <input type="checkbox"/> Perinatal Referrals <input type="checkbox"/> RHIO Administrator <input type="checkbox"/> Audit Report Recipient			
** Secure Mail Address for Community Referrals <small>(leave blank if requesting new HealthConnections Secure Mail account):</small>			

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:

direct mail management

- The RHIO Administrator can allow end-users to have access to a unique Direct Mail account within the myConnections portal
- RHIO Administrators can provide a list of Authorized Users for Direct Mail account set-up to HealthConnections support or this can be identified on the Authorized User Certification and Application
- All users can be set up with Direct Mail
- 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)

myAlerts management

- The RHIO Administrator can help determine which alert types best fit the organizational workflow
- If a user would like alerts, the RHIO Administrator will identify and authorize alerts for end-users by completing appropriate paperwork
- The RHIO Administrator may also assist with maintaining lists for Subscription based alerts

Please reference the myAlerts Training Guide for more information

results access & delivery management

- The RHIO Administrator may assist as a facilitator for available HealthConnections services including; results delivery, myResults, and EHR interfaces
- For results delivery, the RHIO Administrator will assist in project initiation with EHR vendor
- The RHIO Administrator will provide a list of NPIs to EHR vendor and to HealthConnections for Results Delivery set-up

Contact your account manager today for more information.



breach management

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

policy compliance

- Participating organizations shall implement sanctions and hold workforce accountable for applying with the policies and procedures
- RHIO Administrator must report violation of policy to the entity's privacy officer and to HealthConnections
- Disciplinary measures may include written warnings, re-training requirements, and termination of participating in the HIE

audits

The RHIO Administrator should request the Audit Report service badge so that Authorized User activity may be monitored

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 by way of the RHIO Administrator or by contacting HealthConnections

For more information on audits, please review the audit user guide manual or contact HealthConnections for additional support.

important information

HealthConnections Support:

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

Training Materials:

- Additional materials and forms are available on our webpage <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, which may go to your Junk folder. If it is not in your Junk folder, contact our Support team at support@healthconnections.org

thank you!

support@healthconnections.org

315-671-2241 x5

