

Consent Tool User Guide

Purpose of the Consent Tool

The CRISP DC Consent Tool allows providers and staff to document patient consent for sharing protected health information through the Health Information Exchange (HIE). For patients providing a 42 CFR Part 2 consent, this authorizes their Substance Use Disorder (SUD) treatment provider to share information related to their SUD treatment with the DC HIE, where it can be accessed by other participating members of the patient's care team across CRISP-affiliated HIE networks. The tool also supports other consent scenarios that require patients to opt in to the sharing of specific types of health information.

Capturing Consent at In-Person Visit

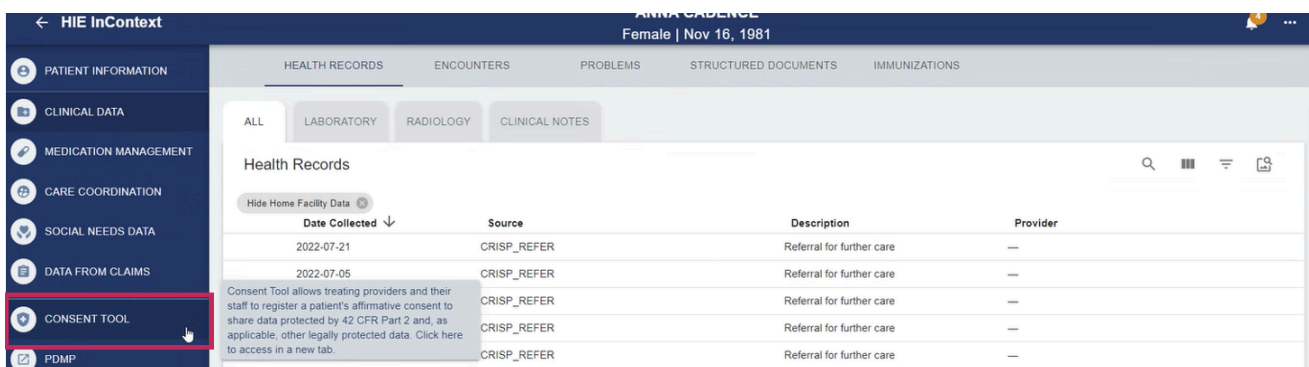
The provider searches for the patient in the DC Portal or launches the Consent Tool through single sign-on (SSO) from the EHR. Once the tool is open, the provider reviews the consent with the patient, explaining what information will be shared and who will have access to it. If the patient chooses to share all Substance Use Disorder (SUD) treatment data, the patient or parent/guardian signs the consent directly within the tool during the in-person visit. The provider then completes the required legal attestations, enters their name, and submits the consent.

Capturing Consent with the Paper Form

During the appointment, the patient will complete the paper version of the Consent Form. Once that is executed, a credentialed staff member may complete the patient's registration in the Consent Tool based on the patient's designation and select the "Attestation for Consent on File" checkbox in the signature section.

A signed copy of the consent form must be retained on file, as federal law requires patient authorization before Substance Use Disorder (SUD) information can be shared. The signed consent must be available upon request.

Launching the Consent Tool via the InContext App in your EHR



1. Click on the consent tool tab on the left-hand side of your screen.
2. The tool will launch a new window.

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Launching the Consent Tool via the Web-Based Portal

1. Enter your patient name and date of birth in the patient search.
2. Select the patient from search results, and choose Consent Tool.

3. Choose the Part II Provider form.
 - a. If you are registering consent for a new patient (one not currently on your existing CRISP panel), a "Attest to Relationship" prompt will appear. Click 'Proceed' to continue.
 - b. Next, you must select a reason for searching the patient. Please select the option that applies to you.

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CRISP DC Consent Consent History

Consent Status: Opted to Disclose All SUD Treatment Data, Expiration Date: Does Not Expire [Dismiss](#)

Patient Consent to Disclose Substance Use Disorder (SUD) Treatment Information [Next](#)

Patient Details

Name (First/Last)	GILBERT GRAPE
Date of Birth (mm/dd/yyyy)	01/01/1984
Address	4145 EARL C ADKINS DR
City	RIVER
State	WV
Zip	26000

Information about this Consent

By completing and signing this form, you will be allowing your 42 CFR Part 2 – Substance Use Disorder treatment provider to share information about your 42 CFR Part 2 – Substance Use Disorder treatment with CRISP DC who may share it with other members of your health care team for purpose of treatment, payment, and health care operations. Examples of who may see your information include, but may not be limited to, your primary care provider, hospital and emergency providers, case managers or care coordinators, your insurance company or payer, and other individuals who are involved in coordination or payment of your care. The information will be shared with members of your healthcare team who participate with the CRISP Shared Services affiliate HIEs including Maryland, DC, West Virginia, Connecticut, Alaska and any HIE affiliates in the future.

Anyone receiving your information must follow all state and federal laws to keep your information private; however, there is the potential for the records used or disclosed pursuant to the consent to be redisclosed by the entities receiving the information and the information may no longer be protected by 42 CFR Part 2 (the federal regulation which protects the privacy of substance use disorder (SUD) information). Once your SUD information is shared with members of your health care team for purposes of treatment, payment, or operations, they may incorporate it into their records and further share it with other health care providers, payers, or organizations that provide services for them. Your information may be redisclosed or shared in accordance with HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you, the patient.

You can request a list of organizations who have received your information by completing an accounting of disclosures requests at <https://disclosures.crisphealth.org>. A list of Frequently Asked Questions (FAQ) about sharing 42 CFR Part 2 – Substance Use Disorder treatment data through CRISP DC can be found [here](#) and at <https://crispdc.org/wp-content/uploads/2023/12/FAQs-for-Patients-v2.pdf>.

CRISP DC does not require you to sign this consent, and it will not impact the sharing of any of your health information through the HIE, except for your 42 CFR Part 2 – Substance Use Disorder information. If you do not consent to the disclosure of your SUD information, it may not be readily available through CRISP DC to those who need the information to give you appropriate care, especially in an emergency.

- Review the Information section with patient, using the Accounting of Disclosures and FAQ links as needed.

CRISP DC Consent Consent History

Type and Amount of Data and Purpose of Disclosure [Next](#)

Purpose The information shared will be used for purposes of treatment, payment, and health care operations as defined by HIPAA. The information to be shared could include but may not be limited to clinical documents, lab results, hospital discharge summaries, medication information, and claims data relating to my Substance Use Disorder treatment.

Consent Options

☐ **Disclose All Substance Use Disorder Data for TPO Purposes**
This information could include my treatment plan, medications, laboratory results, clinical notes, health care encounters, claims information, and other data about my substance use disorder care.

- Select consent option to disclose all substance use disorder data for TPO purposes. Please note patients must elect to share ALL SUD information with this form.

CRISP DC Consent Consent History

Submission Instructions [Next](#)

Expiration Date: This is the date the consent will expire if the patient does not revoke consent prior to expiration. The patient can choose any date for expiration. This date can be changed by clicking on the calendar and selecting a different day, month, and/or year. If the patient does not choose a date, the consent will not expire unless the patient takes an affirmative action to revoke it.

Identity Validation and Education Attestation: Select both checkboxes attesting patient's identity has been validated and patient has been educated on terms of this consent and questions have been answered.

Signature and Submission:

In-person Encounter: If registering this consent at an in-person encounter, the patient should sign their name electronically in the Patient Signature box. The patient's Legal Guardian, Parent, or Legally Authorized Representative, may sign on behalf of the patient by checking the corresponding box and signing in the signature box, provided they may sign for the patient under applicable law.

Attestation for Consent on File: For consents that are otherwise obtained and on file, please ensure the CRISP DC 42 CFR Part 2 – SUD consent form or a substantially similar form is signed. **The consent must be signed and must enable sharing for purposes of treatment, payment, and health care operations and explain to the patient that information may be further disclosed in accordance with HIPAA.** CRISP DC may audit records at any time to confirm the existence of the consent. Once you have the written and signed 42 CFR Part 2 – SUD consent form on file, select the "Attestation for Consent on File" checkbox in the HIE. Remember to keep the previously captured consent on file (either as electronic or hard copy).

Name of Person Registering Consent: Type the name of the person registering this consent.

- Review Submission Instructions section.
 - For paper consents or consents that are otherwise obtained and on file, please make sure to have the CRISP 42 CFR Part 2 SUD Consent Form (or a substantially similar form) signed and completed by the patient before attesting to having the consent on file in the tool.

Consent Tool User Guide

The screenshot shows the CRISP DC web interface. At the top, there's a dark blue header with the CRISP DC logo and navigation links for 'Consent' and 'Consent History'. Below this is a light blue section titled 'Expiration and Revocation' with a 'Next' button on the right. The main content area is white and contains two sections: 'REVOKING MY PERMISSION' and 'EXPIRATION DATE'. The 'REVOKING MY PERMISSION' section contains a paragraph explaining that consent can be revoked at any time and that information shared before revocation remains in files. The 'EXPIRATION DATE' section contains a paragraph stating that the consent remains in effect until a date is indicated, unless revoked. Below this, there's a dark blue bar with the title 'Expiration Date'. Underneath, there's a toggle switch for 'Does Not Expire' which is currently turned off, and a 'Choose a date' button with a calendar icon.

7. Review the Expiration/Revocation sections.

- Discuss the Revocation section with the patient and explain that consent may be revoked at any time.
- By default, the expiration date is set to "Does Not Expire."
- If the patient would like the consent to expire on a specific date, deselect "Does Not Expire" and use the calendar icon to select the desired expiration date.
- For paper consents, update the expiration date to match the date indicated on the signed SUD Consent Form.
- For in-person visits, the expiration date may be set to any future date based on the patient's preferences and discussion with the provider.

Type and Amount of Data

The information shared will be used for the purposes of treatment, payment, and health care operations as defined by HIPAA. The information to be shared could include but may not be limited to clinical documents, lab results, hospital discharge summaries, medication information, and claims data relating to my 42 CFR Part 2 -- Substance Use Disorder treatment.

Consent Options

☐ Disclose All Substance Use Disorder Data for Treatment, Payment, and Operations Purposes

This could include my treatment plan, medications, laboratory results, clinical notes, health care encounters, claims information, and other data about my 42 CFR Part 2 -- Substance Use Disorder care.

REVOKING MY PERMISSION

I understand that I may revoke this consent at any time, by requesting one of my CRISP DC participating providers to deactivate my consent in person or via written request. I understand that my information will be shared during the time the consent is active and my health care team may use this information for treatment, payment, and health care operations in accordance with state and federal law. I understand that the revocation will not affect any reliance, action, or disclosure of information by the organization that was authorized to release my information before it received notice of my revocation of my consent. I understand that CRISP DC cannot retrieve information once it is released; if I revoke my consent, whatever has been shared before that consent may continue to be in the files of the entities with whom it was shared before I revoked my consent and may be further shared in accordance with HIPAA and state law.

EXPIRATION DATE

This Consent and Authorization to share my 42 CFR Part 2 -- Substance Use Disorder treatment information will remain in effect until the date indicated, unless revoked prior to that time. If no date is the consent will not expire and will remain in effect until revoked.

Expiration Date:

[If no date is entered, the consent will remain in effect until it is revoked]

Consent Tool User Guide

When Registering a Consent via the Paper Form:

- **Important:** Patients must designate their own expiration date on the paper Consent Form. If a patient selects an expiration date, providers must ensure the date entered in the Consent Tool exactly matches the date authorized on the paper form. The online form defaults the expiration date to "Does Not Expire." If the patient chooses a specific expiration date, it must be documented both on the paper form and in the Consent Tool. If no expiration date is provided, the consent remains in effect until it is revoked.
- If any fields are left blank, the form is invalid. Providers and staff must not register the patient's consent preferences in the Consent Tool unless the form is fully completed.

Consent Tool Resources

For Patients	4	1. SUD Consent Form – For Patients (ENGLISH)
For Providers	11	2. Consent Tool FAQs for Patients
All	11	3. Consent Quick Guide
		4. Consent InContext One-Pager

The paper form is available in the resources section on the Consent page of the CRISP DC website.

Identity Validation and Education Attestation
Next

Patient Identity Verification
☐ I hereby attest that I have validated the patient's identity and obtained consent from this patient or person authorized to provide consent in accordance with the terms stated above.

Patient Education Attestation
☐ I hereby attest that I have informed the patient named in this consent to the terms of this consent and answered all questions to the best of my ability.

8. Complete the provider Identity Validation and Education Attestation
 - a. Providers/staff obtaining patient consent **must** attest that they have:
 - i. Verified the patient identity *and*;
 - ii. Informed the patient of all terms of the consent.

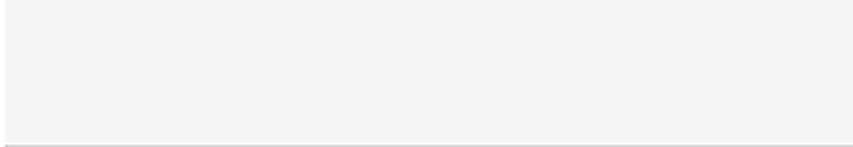
Consent Tool User Guide

Signature/Attestation

☐ Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative.

Patient Signature

I acknowledge that I have read this consent form and understand that as indicated on this form, my 42 CFR Part 2 – Substance Use Disorder treatment information may be shared with CRISP DC who may then share it with members of my health care team who participate with CRISP DC.



Please, sign above *

OR

Attestation for Consent on File

☐ I hereby attest that I have obtained WRITTEN and SIGNED consent from this patient as required by applicable law and will retain the form in my records. I will make this consent available to CRISP DC upon request. If the consent is revoked or expires, I will immediately inform CRISP DC. I have conveyed to the patient that CRISP DC cannot retrieve information once it is released; if the patient revokes their consent or if it expires, whatever has been shared before that consent may continue to be in the files of the entities with whom it was shared before the consent was revoked, and they may continue to share it in accordance with applicable law.

9. Complete the Signature/Attestation section

a. For electronic registration:

- i. Patient enters electronic signature using a mouse, stylus pen, or finger via touchscreen/ signature pad.

b. For registrations of paper consents:

- i. Check the box under “Attestation for Consent on File.”
- ii. CRISP SUD Consent Form or a substantially similar form **must** be completed by the patient *before* attesting.

Signature/Attestation

☒ Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative.

☐ Check here if you would like to capture both a Patient Signature and a Legal Guardian, Parent, or Legally Authorized Representative signature.

Legal Guardian/Parent/Authorized Representative Signature.

First Name



Last Name



Please, sign above *

c. For a legal guardian, parent, or legally authorized representative signature (as applicable):

- i. Checkbox only required if the person signing the consent is the patient's legal guardian, parent, or legally authorized representative.
- ii. The person signing on behalf of a patient **MUST** enter their name into the form and electronically sign.

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Name of Person Registering Consent

Name of Person Registering Consent
John Smith

Consent Successfully Submitted

Do you want to print this consent before exiting?

Print and Exit

Exit

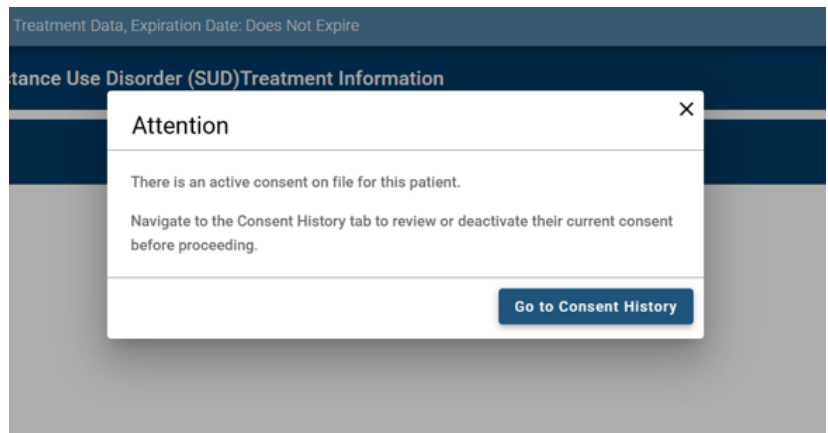
10. Submit the Consent

- Enter the name of the person registering this consent.
- Click "Submit" once – to avoid duplicate entries.
- Click "Print and Exit" or "Exit."

Additional Functions in the Tool

Consent on File Notification

- If a patient already has an active consent on file, a notification will appear once you click into the Part II Provider form.
- Since the patient already has an active consent form on file, another one does NOT need to be submitted, and the form will not allow you to submit another Part II consent.



CRISP DC

Consent

Consent History

Patient Consent to Disclose Substance Use Disorder (SUD) Treatment Information

Viewing Consent History

- After searching for your patient, click "Consent History."
- Click on the active consent to review the consent details.

Consent History for <i>Gilbert Testpatient Grape</i>				
User Email	Date	Type	Expiration Date	Status
	Feb 28, 2025	Part II Provider	Does Not Expire	Active

Deactivate

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How to View Patient SUD Data



2022-07-01	2022-07-01	MD MEDICAID PRIORITY PARTNERS	FMH HOME HEALTH SERVICES	OUTPATIENT HOSPITAL CLAIM	Cutaneous abscess of right lower limb
2022-07-01	2022-07-01	MD MEDICAID PRIORITY PARTNERS	FMH HOME HEALTH SERVICES	COMMUNITY BASED SERVICES CLAIM	Cutaneous abscess of right lower limb
22-07-01	22-07-01	MD MEDICAID PRIORITY PARTNERS	FMH HOME HEALTH SERVICES	COMMUNITY BASED SERVICES CLAIM	Cutaneous abscess of right lower limb
22-07-01	22-07-01	MD MEDICAID PRIORITY PARTNERS	FMH HOME HEALTH SERVICES	COMMUNITY BASED SERVICES CLAIM	Cutaneous abscess of right lower limb
22-07-01	22-07-01	MD MEDICAID PRIORITY PARTNERS	FMH HOME HEALTH SERVICES	COMMUNITY BASED SERVICES CLAIM	Cutaneous abscess of right lower limb
22-07-01	22-07-01	MD MEDICAID PRIORITY PARTNERS	FMH HOME HEALTH SERVICES	COMMUNITY BASED SERVICES CLAIM	Cutaneous abscess of right lower limb
22-07-01	22-07-01	MD MEDICAID PRIORITY PARTNERS	FMH HOME HEALTH SERVICES	COMMUNITY BASED SERVICES CLAIM	Cutaneous abscess of right lower limb

- Once consent is submitted for a patient their SUD data covered by 42 CFR Part 2 will be identified within the DC HIE with a navy blue shield.
- This makes the data easily identifiable amongst other clinical data within the HIE.

How to Print a Consent Registration

Attestation for Consent on File

I hereby attest that I have obtained WRITTEN and SIGNED consent from this patient as required by applicable law and will retain the form in my records. I will make this consent available to CRISP DC upon request. If the consent is revoked or expires, I will immediately inform CRISP DC. I have conveyed to the patient that CRISP DC cannot retrieve information once it is released; if the patient revokes their consent or if it expires, whatever has been shared before that consent may continue to be in the files of the entities with whom it was shared before the consent was revoked, and they may continue to share it in accordance with applicable law.

☐

Signed on 02/28/2025

Name of Person Registering Consent

Abby

 **Print**

- Providers may review, print, or save a registered consent as a file.
- Search for a patient and open a record in their consent history.
- Scroll to the bottom of the window and click "Print."
- A print preview will appear where providers can make selections for how to print the file.

Consent Tool User Guide

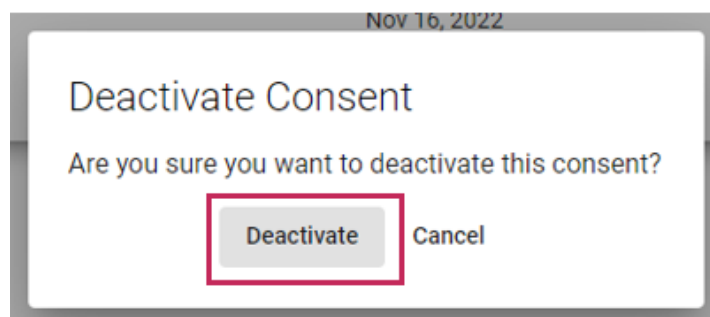
How to Deactivate a Consent Registration

Consent History for <i>Gilbert Testpatient Grape</i>				
User Email	Date	Type	Expiration Date	Status
	Feb 28, 2025	Part II Provider	Does Not Expire	Active



Deactivate

- Search for a patient and locate the "Active" record in their consent history.
- Click "Deactivate" on the record.
- Then click "Deactivate" on the prompt
- The record will no longer be viewable in the Consent History tab.



Additional Questions?

Contact Project Manager Abby Stretz via email at Abby.Stretz@crispdc.org or visit the [Consent Tool landing page](#) for additional information, training resources, and support.