

## DC HIE's Consent Management Solution

### What is it?

CRISP DC partnered with the District of Columbia Department of Health Care Finance (DHCF) to develop a comprehensive, open-source consent management solution to enable compliant electronic exchange of substance use disorder (SUD) data protected by 42 CFR Part 2, through the District of Columbia Health Information Exchange (DC HIE). Based on a patient's authorization, this data is shared with treating providers through the DC HIE. CRISP DC made the consent tool available to all clinical CRISP DC users in July 2022 and has already begun receiving consent registrations from care team members in the District.

### What key features are now available in the consent tool?

- Easy integration into existing workflows and clinical systems
- Electronic signatures for patients to *opt-in* to sharing their 42 CFR Part 2 protected data
- Attestation functionality allowing providers to register consent with the tool for their patients who have telehealth appointments
- Flexible expiration dates for consent registration, with a maximum expiration date five (5) years from the date the consent tool is opened
- Specific provider forms that give patients a variety of consent options to share all their treatment data (treatment plan, medications, lab results, clinical notes, claims data) or only the care teams contact information

### View of the consent tool in CRISP DC:

**CRISP DC** Consent Consent History

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 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.

Signature/Attestation

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

Patient Signature

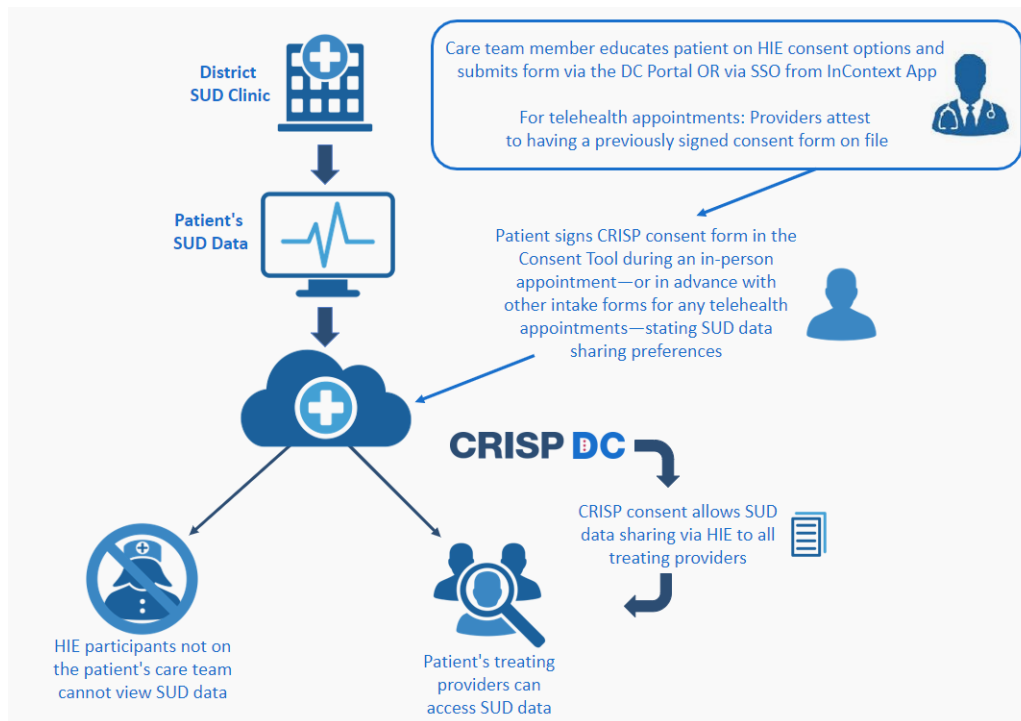
I acknowledge that I have read this consent form and understand that as indicated on this form, my Substance Use Disorder treatment information may be shared with CRISP who may then share it with members of my health care team who participate with CRISP.



Please, sign above \*

## How will providers access and use the tool to document consent?

- Providers can access the consent tool through the CRISP DC Portal or through SSO via the InContext application in their EHR
- Providers have the option to register a new consent or search for an existing consent on file for their patient, in the consent history tab
- Patients will indicate their consent preferences and can either electronically sign the consent form or submit an additional paper form for telehealth visits, with the option to revoke their consent at any time
- Providers must attest to providing the patient education and verifying the patient's identity before registering consent
- Information on SUD data flow from District SUD Clinic to the DC HIE is illustrated in the below diagram



SUD care team and treating providers can access consent history, contact information, and clinical data according to patient preference

**Please note:** Consent to share SUD information can be updated or revoked at any time

## What information can be shared and who has access to it?

- District SUD providers who fall under 42 CFR Part 2 and wish to share their data with CRISP DC will be required to submit a qualified service organization agreement (QSOA) with CRISP DC to enable sharing of 42 CFR Part 2 protected data
- CRISP DC will only share SUD information to other members of the patient's care team once a patient has registered their consent via the CRISP Consent Tool
- All SUD data displayed in CRISP will be accompanied by a notice that SUD covered data cannot be redisclosed in accordance with 42 CFR Part 2 requirements.

**To learn more about the tool, please reach out to [dcoutreach@crisphealth.org](mailto:dcoutreach@crisphealth.org)**

*This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as a part of a financial assistance award totaling \$4,616,075.00 with 100% funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS or the U.S. Government.*