Connecting Care CRISP DC

Consent Tool User Guide- Portal and SSO

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The DC HIE is a Health Data Utility with Six Core Capabilities for Providers

Critical Infrastructure (e.g. Encounters and Alerts)

- **ADT Alerts**
- **Health Records**
- **Patient Snapshot**
- **Image Exchange**

Advanced Analytics for Population Health Management

CRISP Reporting Services

Performance Dashboards
Phase I:
-Pay for Performance

Phase II:
-Maternal health
-Behavioral health

Registry and Inventory

- **Care Management Registry**
- **Community Resource Inventory**
- **Advance Care Planning**

Simple and Secure Messaging

Provider Directory

> 31,000 contacts from 251 organizations

Includes data from:
-12 national sources
-20 DC/Local Data sources

Consent to Share Data

Consent to Share SUD Data

-42 CFR Part 2 Data (Phase I)

-Other types of consent (Phase II)

Screening and Referral (e.g. SDOH)

Referral and Screening

-Mapped screening data for housing and food insecurity eReferral

-Analytics for follow-up

Consent Tool Overview

Purpose of the Consent Tool

- The CRISP DC Consent Tool is a platform for providers and staff to register patient consents to share 42 CFR Part 2-protected data.
- **What is my patient consenting to?**
  - To allow their Substance Use Disorder (SUD) treatment provider to share information about their SUD treatment with the DC Health Information Exchange (HIE).
  - The HIE will then share it with other members of the patient's health care team who participate with CRISP HIEs
    - Including Maryland, DC, West Virginia, Connecticut, Alaska, Virgina and any HIE affiliates in the future.
- Find our complete list of FAQs here or at https://crispdc.org/wp-content/uploads/2022/04/ConsentFAQs.pdf

Registering a Consent for Telehealth Patients

Using the CRISP Consent Form for Telehealth Patients

- The patient must complete and sign the CRISP SUD Consent Form prior to provider registering consent via the attestation button in the tool.
  - Form can be found here or at 42_CFR_Part_II_Provider_Consent_Form_DC.pdf (crispdc.org). This is the PDF/ paper version of the Consent Tool.
- After the telehealth appointment has occurred, a credentialed staff member may complete the registration in the Consent Tool, based on the patient's designation, before checking the “Attestation for Consent on File” box in the signature section.
- *Please keep the signed copy of the consent form on file. It is required by federal law to have a patient signature to share the patient’s SUD information available upon request.*

Registering a Consent During In-Person Visits

Using the CRISP Consent Form for In-Person Visits

- Provider searches for their patient in DC Portal or through SSO in their EHR.
- After launching the tool, provider explains the consent to their patient, educating them on what data they are sharing.
- Patient designates to share "all SUD treatment data" or "SUD treatment providers contact info only."
- Patient (or parent/guardian) signs directly in the tool during the in-person visit.
- The provider registers their own legal attestations in the tool and then adds their name before submitting the consent.

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Steps to Register a Consent

via Single Sign-On (SSO) from an EHR

Launch the Consent Tool from the InContext App in your EHR

- Click on the consent tool tab on the left-hand side of your screen
- The consent tool will open in a new tab in a new window
- Follow the Portal registration instructions (on subsequent slides) to register the patient's consent the same way as you would via the DC Portal

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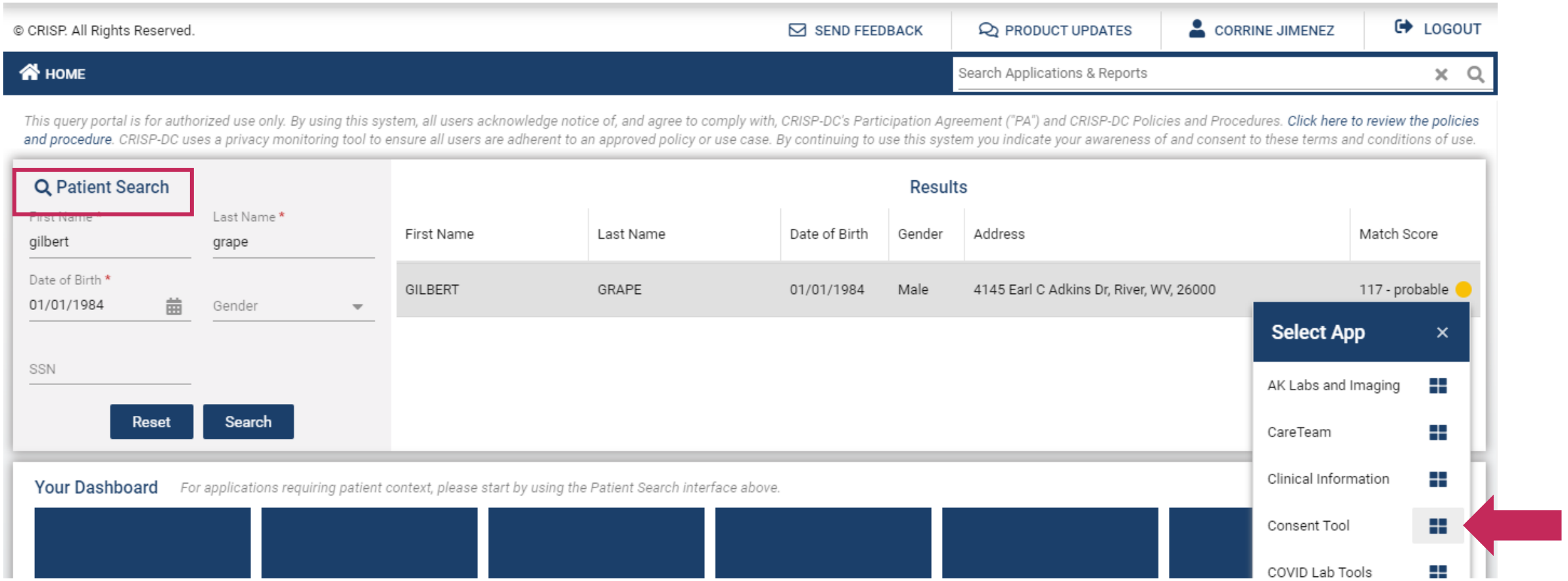
Steps to Register a Consent

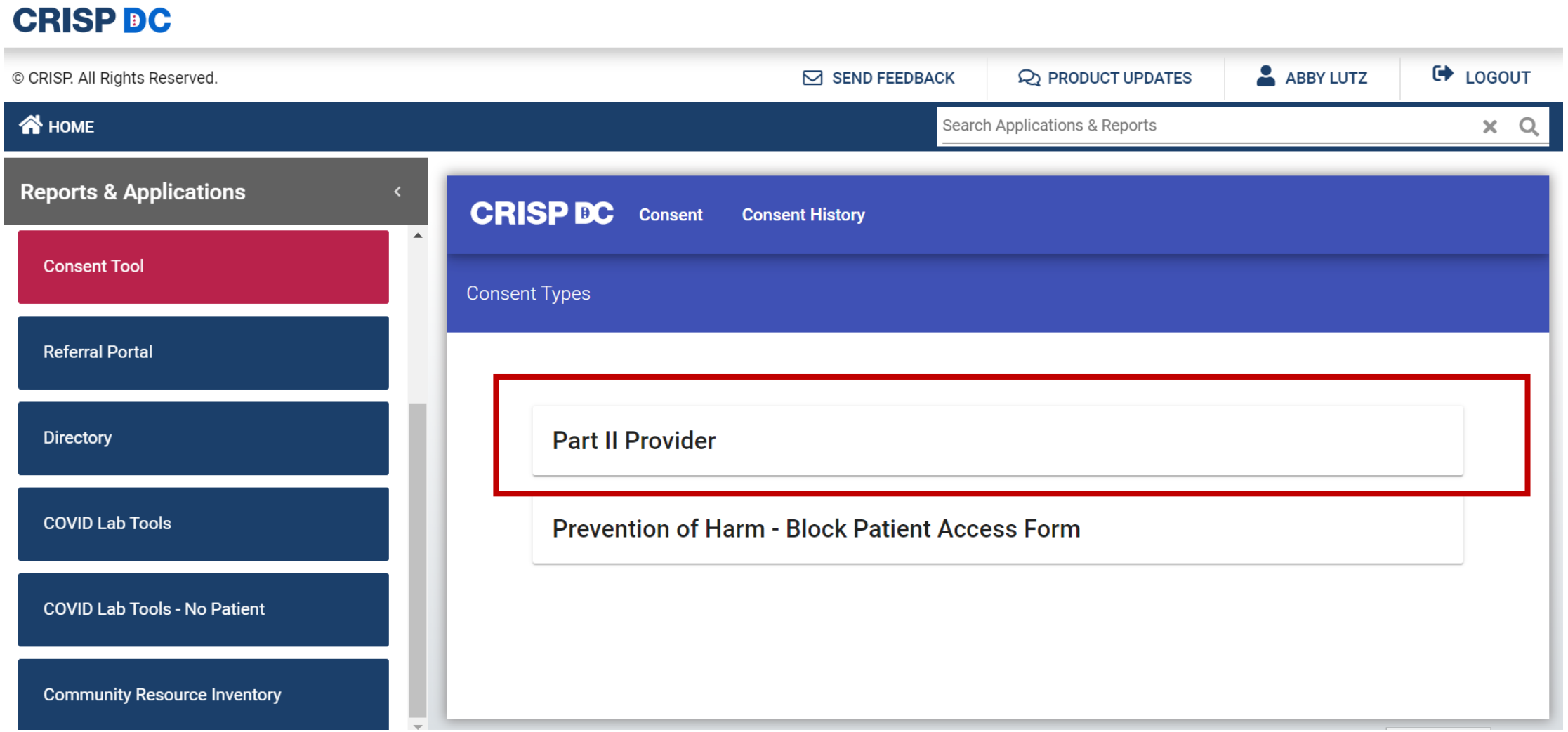
in the DC Portal

Launch the CRISP DC Portal and search for a patient

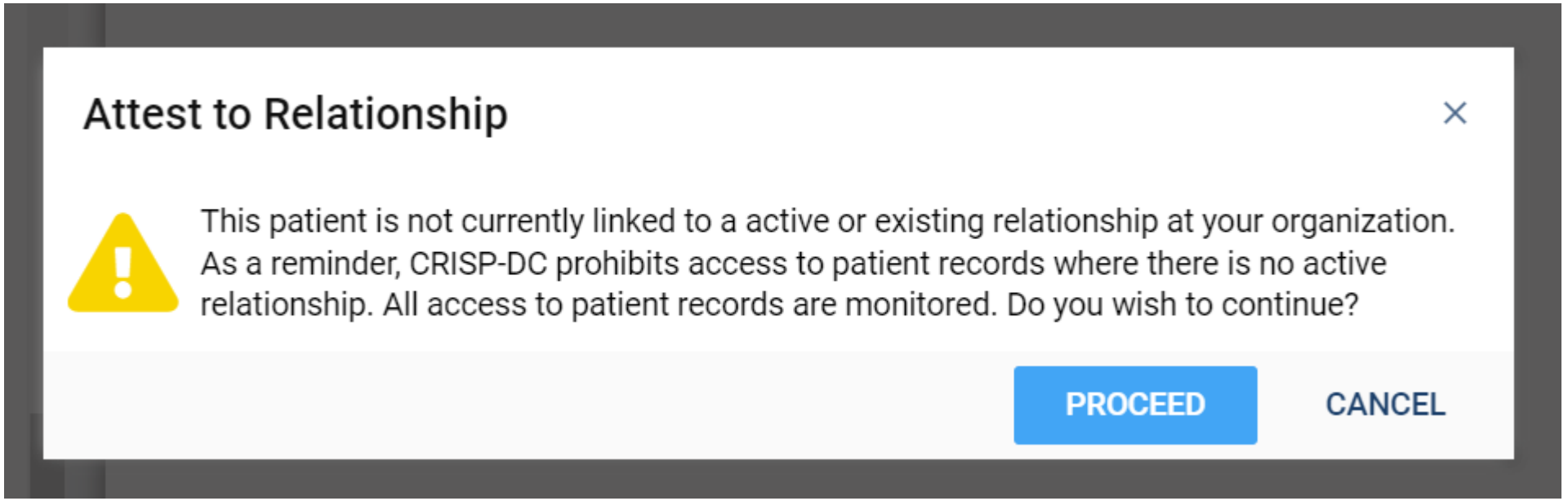


- Enter patient name and date of birth into Patient Search
- Select the patient from search results returned
- Click on the square icon next to the Consent Tool app

Select Part II Provider Form



Attest to Patient Relationships

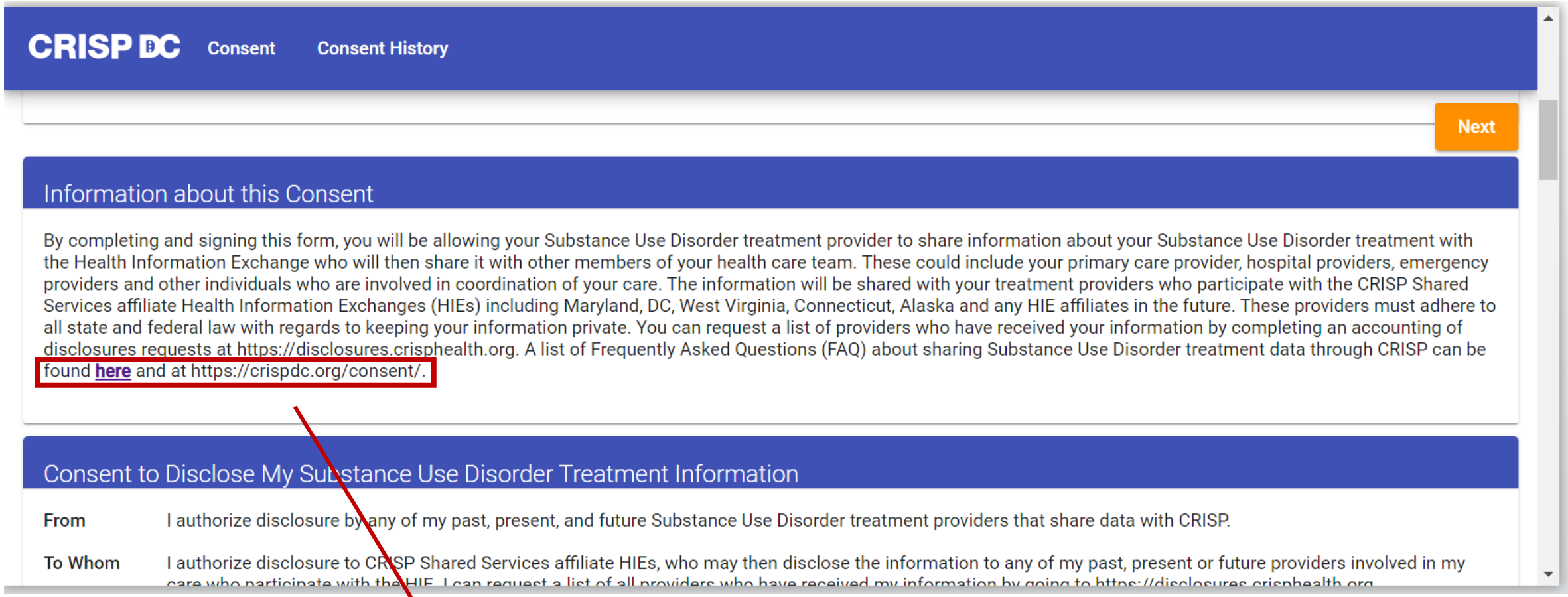


- If you are registering consent for a new patient (one not currently on your existing CRISP panel), a “Attest to Relationship” prompt will appear.
  - Click 'Proceed' to continue.

Attest to Patient Relationships

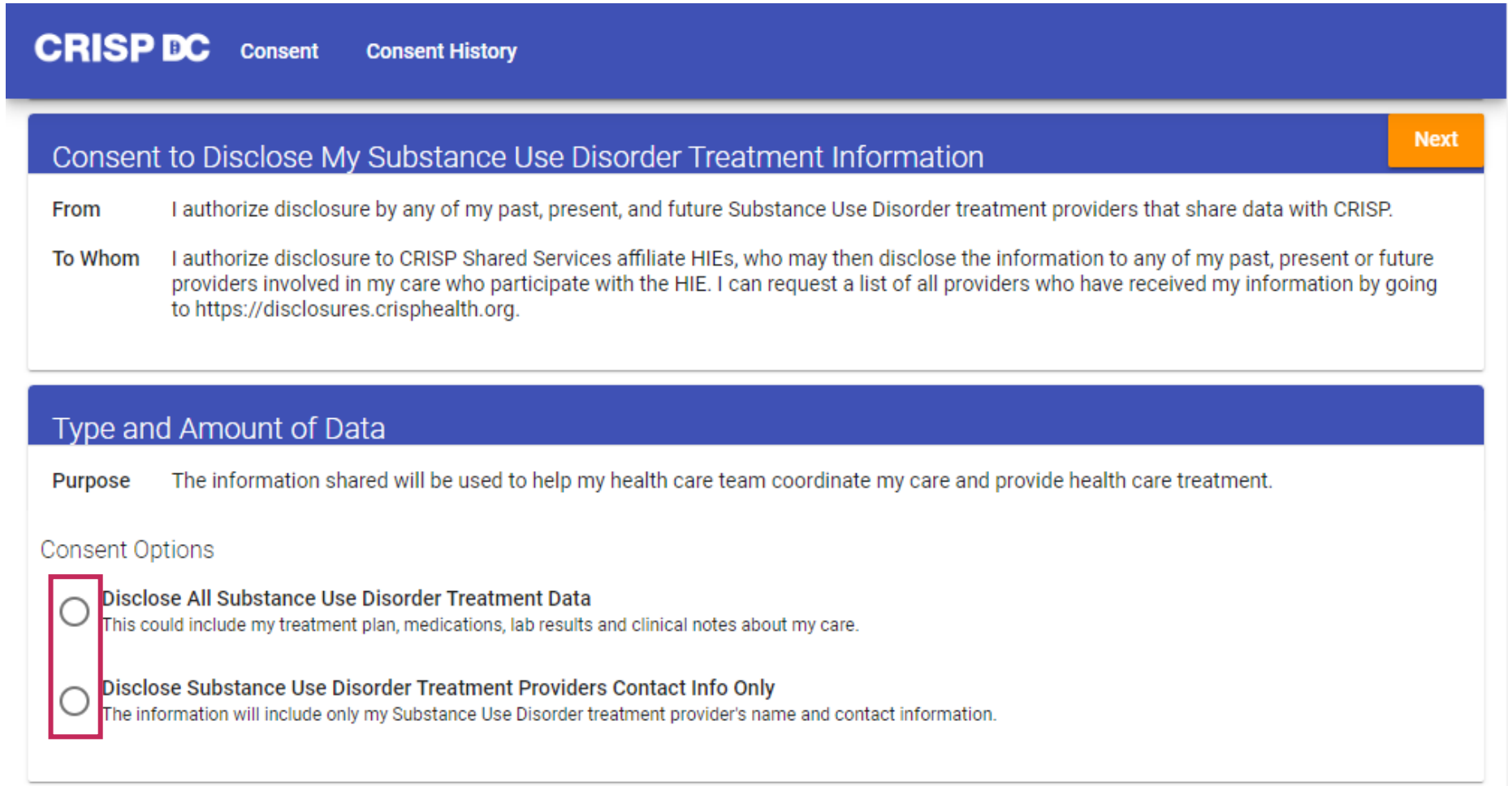
- After clicking “proceed”, you must select a reason for searching the patient. Please select the option that applies to you.

Review the Information Section with patient, using the Accounting of Disclosures and FAQ links as needed



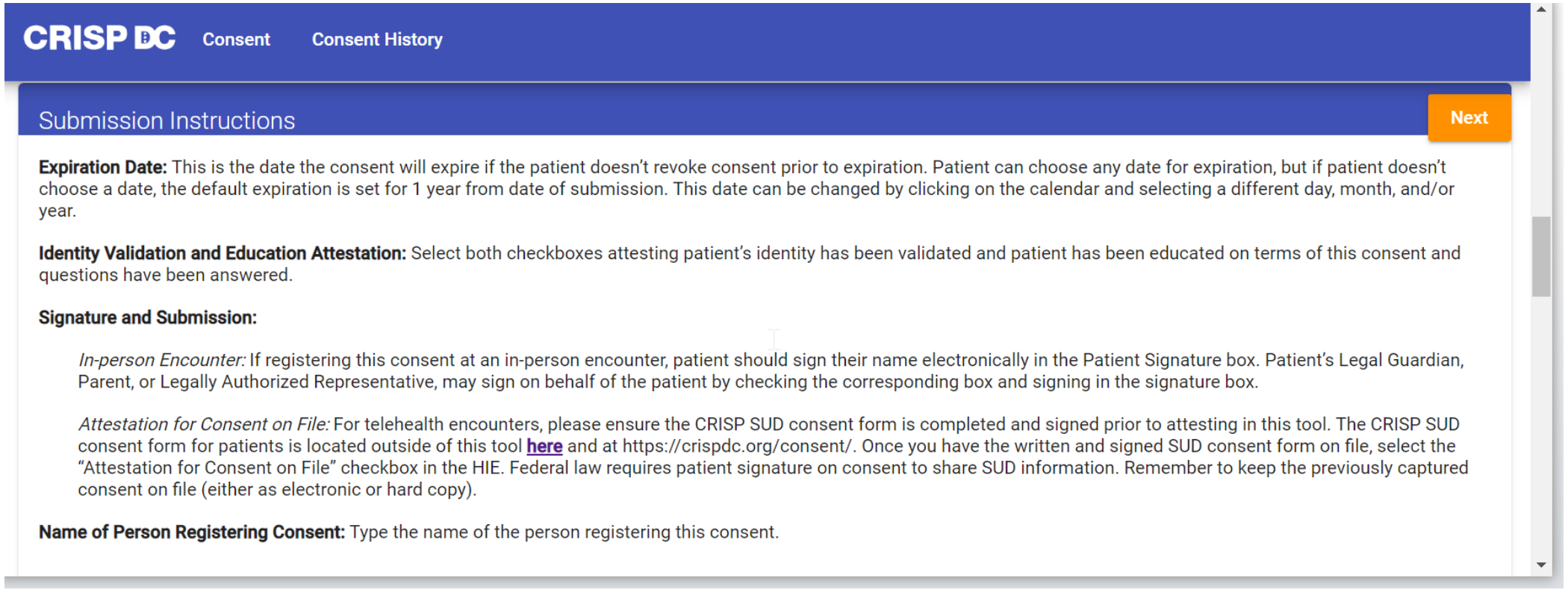
[Consent Tool - CRISP DC - DC Designated Health Information Exchange]

Patient must select the amount and kind of information to disclose



- Providers/staff are required to select one of two options by clicking the button next to the patient's selection.

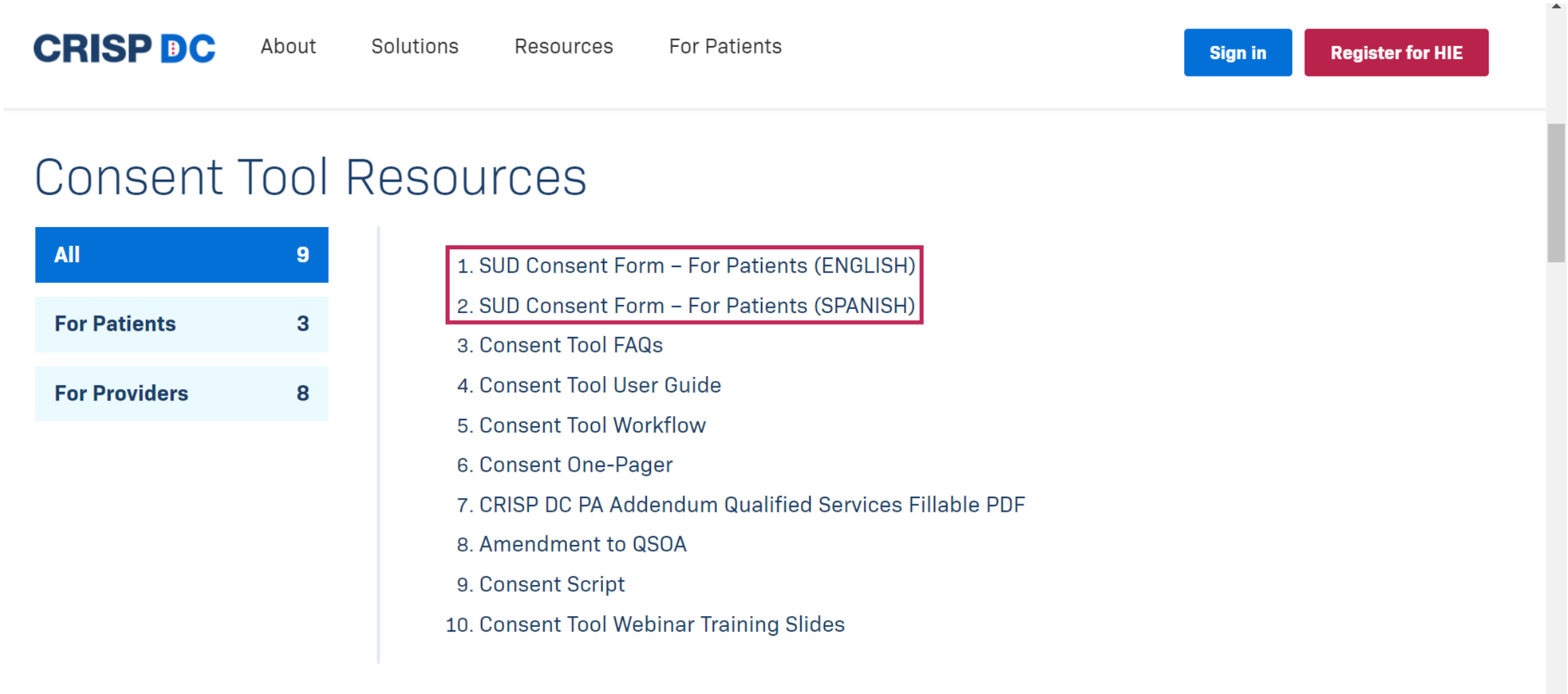
Review Submission Instructions section



- Please review instructions for each type of visit carefully
- For **telehealth visits**, please make sure to have the CRISP SUD Consent Form signed and completed by the patient **before** attesting to having the consent on file in the tool.
- CRISP SUD Consent form can be found by clicking on the link within the tool: Consent Tool - CRISP DC - DC Designated Health Information Exchange

The SUD Consent Form is also available on the resources page of the CRISP DC website:

https://crispdc.org/consent



SUD Consent Form

CRISP DC

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

Patient Details

Name (First/Middle/Last)

Date of Birth (mm/dd/yyyy)

Phone

Address

City

State

Zip

Information about this Consent

By completing and signing this form, you will be allowing your Substance Use Disorder treatment provider to share information about your Substance Use Disorder treatment with the Health Information Exchange who will then share it with other members of your health care team. These could include your primary care provider, hospital providers, emergency providers and other individuals who are involved in coordination of your care. The information will be shared with your treatment providers who participate with the CRISP Shared Services affiliate Health Information Exchanges (HIEs) including Maryland, DC, West Virginia, Connecticut, Alaska and any HIE affiliates in the future. These providers must adhere to all state and federal law with regards to keeping your information private. You can request a list of providers 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 Substance Use Disorder treatment data through CRISP can be found by going to https://crispdc.org/wp-content/uploads/2022/01/SUD-FAQ2022-1.pdf.

Consent to Disclose My Substance Use Disorder Treatment Information

From Whom

I authorize disclosure by any of my past, present, and future Substance Use Disorder treatment providers that share data with CRISP.

To Whom

I authorize disclosure to CRISP Shared Services affiliate HIEs, who may then disclose the information to any of my past, present or future providers involved in my care who participate with the HIE. I can request a list of all providers who have received my information by going to https://disclosures.crisphealth.org.

CRISP DC

Type and Amount of Data

The information shared will be used to help my health care team coordinate my care and provide health care treatment.

Consent Options (choose one)

☐ Disclose All Substance Use Disorder Treatment Data

This could include my treatment plan, medications, lab results and clinical notes about my care.

☐ Disclose Substance Use Disorder Treatment Providers Contact Info Only

The information will include only my Substance Use Disorder treatment provider's name and contact information.

REVOKING MY PERMISSION

I understand that I may revoke this consent at any time, by requesting one of my CRISP 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 providers may use this information for my treatment and care coordination in accordance with state and federal law. I understand that the revocation will not affect any action by the organization that was authorized to release my information before it received notice of my revocation.

EXPIRATION DATE

This Consent and Authorization to share my Substance Use Disorder treatment and information will remain in effect until the date indicated, unless revoked prior to that time.

Expiration Date (enter date below)

SIGNATURE/ATTESTATION

Patient or Legal Guardian Signature

By signing below, I acknowledge that I have the legal authority to consent to share the named individual's Substance Use Disorder treatment information. 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.

Signature of Patient

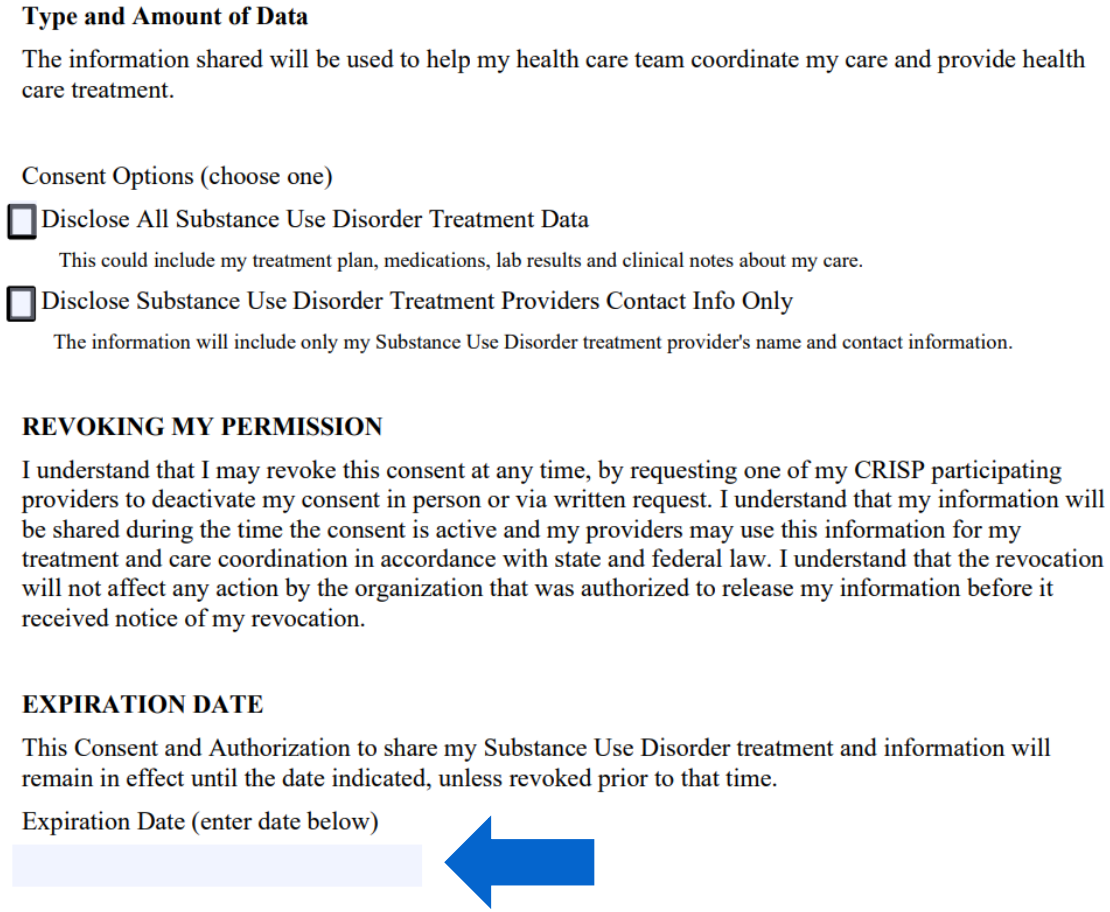
Signature of Patient or Legal Guardian, Parent, or Legally Authirized Representative (if applicable)

Printed Name

1140 3rd St NE | Washington, DC 20002 | T/833-580-4646 | dcoutreach@crisphealth.org | www.crispdc.org

On the SUD Consent Form, a patient must designate their own expiration date for their consent

- Providers must ensure that the date of expiration entered in the consent tool matches what the patient has authorized on the form.
  - In the tool, the expiration date field is blank to allow providers to chose a date patients prefer. You will only be able to choose a date that is five years in advance from the date you are filling out the form
  - Providers may amend this expiration date to match what the patient has indicated in the expiration date field on the separate form.



Type and Amount of Data

The information shared will be used to help my health care team coordinate my care and provide health care treatment.

Consent Options (choose one)

☐ Disclose All Substance Use Disorder Treatment Data

This could include my treatment plan, medications, lab results and clinical notes about my care.

☐ Disclose Substance Use Disorder Treatment Providers Contact Info Only

The information will include only my Substance Use Disorder treatment provider's name and contact information.

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EXPIRATION DATE

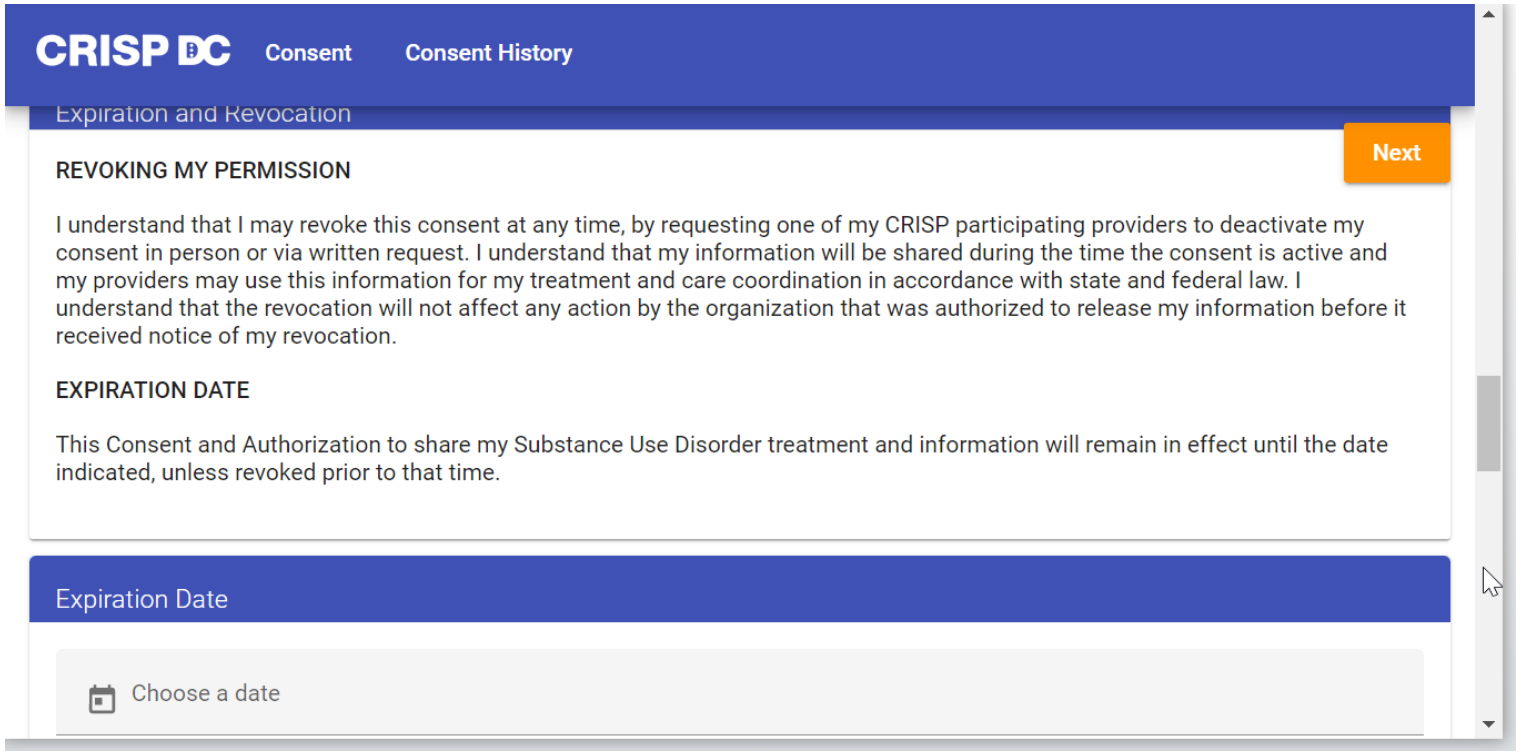
This Consent and Authorization to share my Substance Use Disorder treatment and information will remain in effect until the date indicated, unless revoked prior to that time.

Expiration Date (enter date below)

NOTE: If any fields in the SUD Consent Form are left blank, the form is invalid and providers/staff must not register the patient's consent preferences unless the form is 100% complete

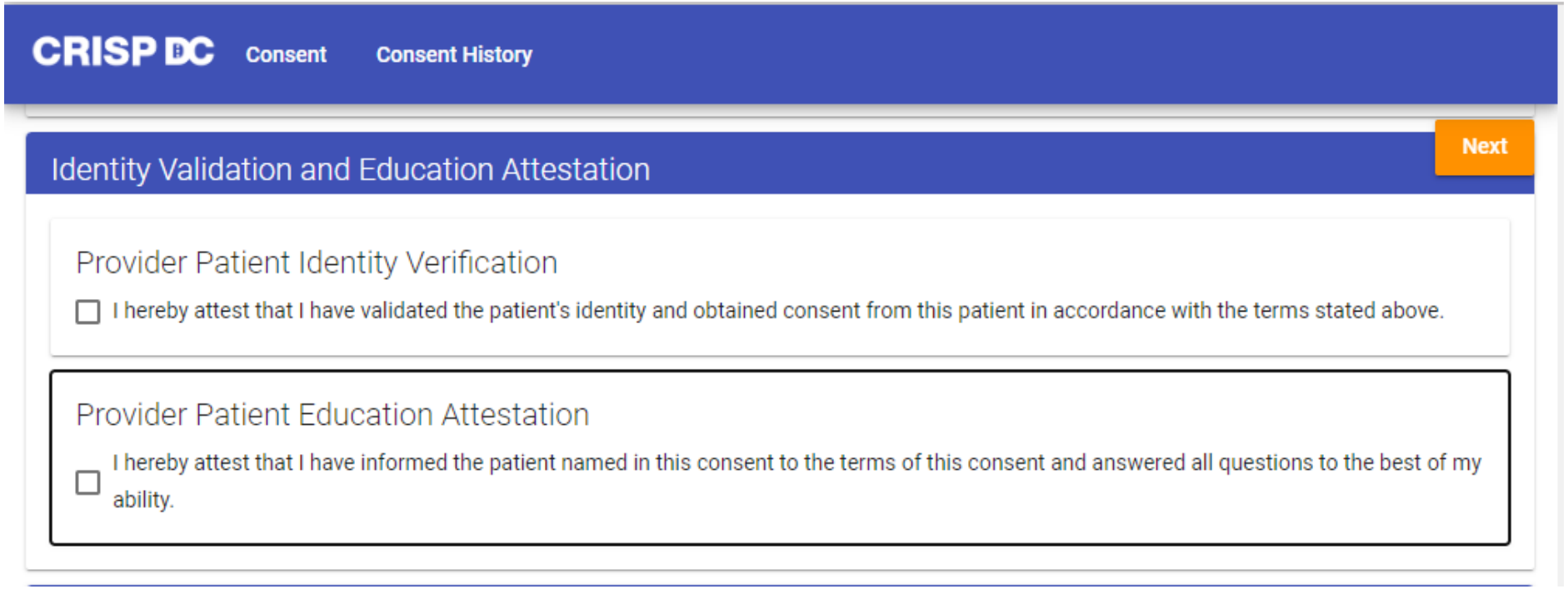
Review the revocation and expiration sections

- These sections explain the process and result of revoking this consent, which the patient may do at any time.
- The expiration date will automatically be blank. In the “chose a date” field you may only select a date that is five years from the date the tool is launched.



- For telehealth patients, this must be edited to match the expiration date on the SUD Consent Form, as indicated by the patient
- For in-person visits, this date may be updated to anything in the future based on discussion with your patient

Complete provider attestations

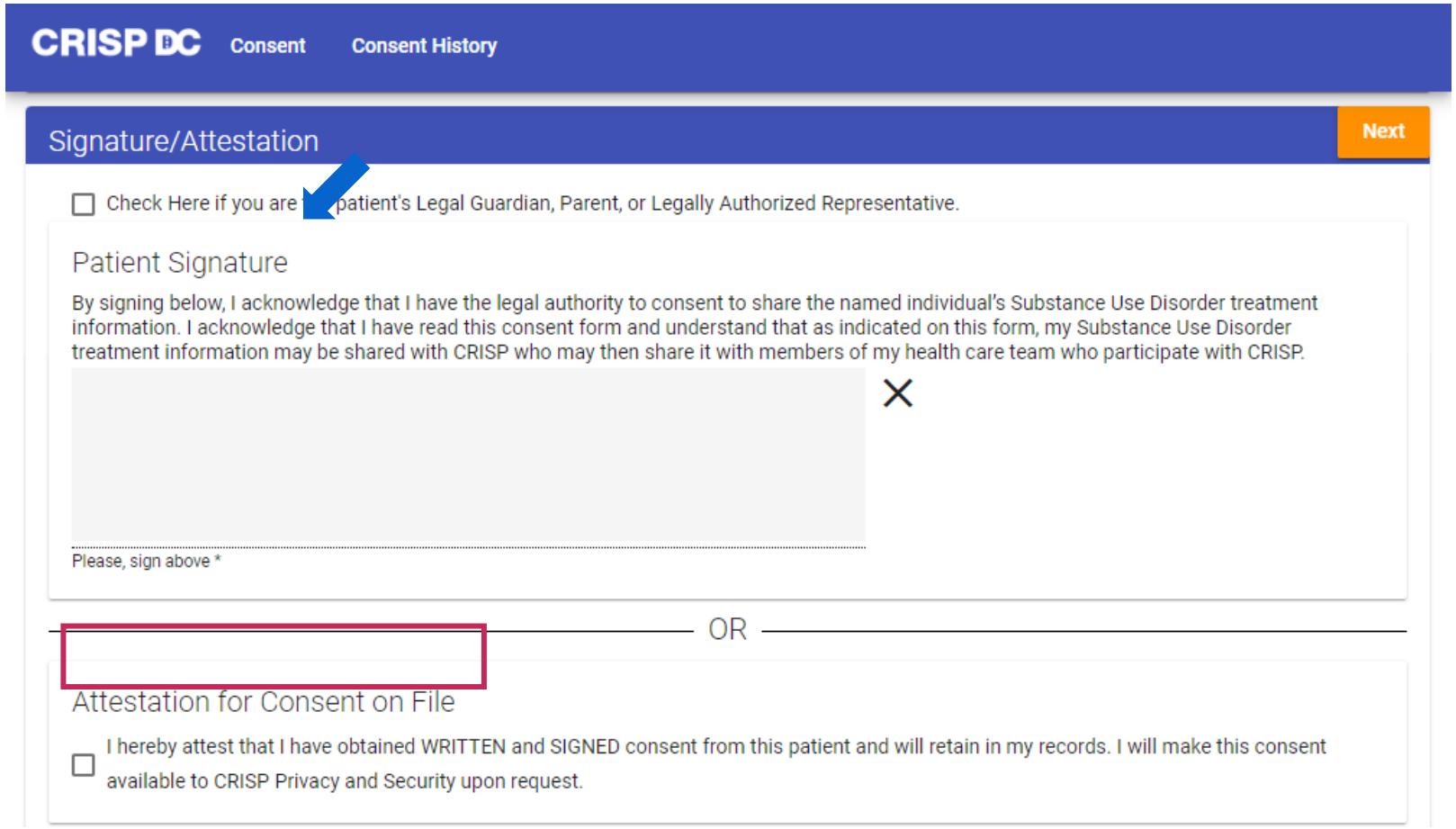


Providers/staff obtaining patient consent **must** attest that they have:

1. Verified the patient identity *and;*
2. Informed the patient of all terms of the consent.

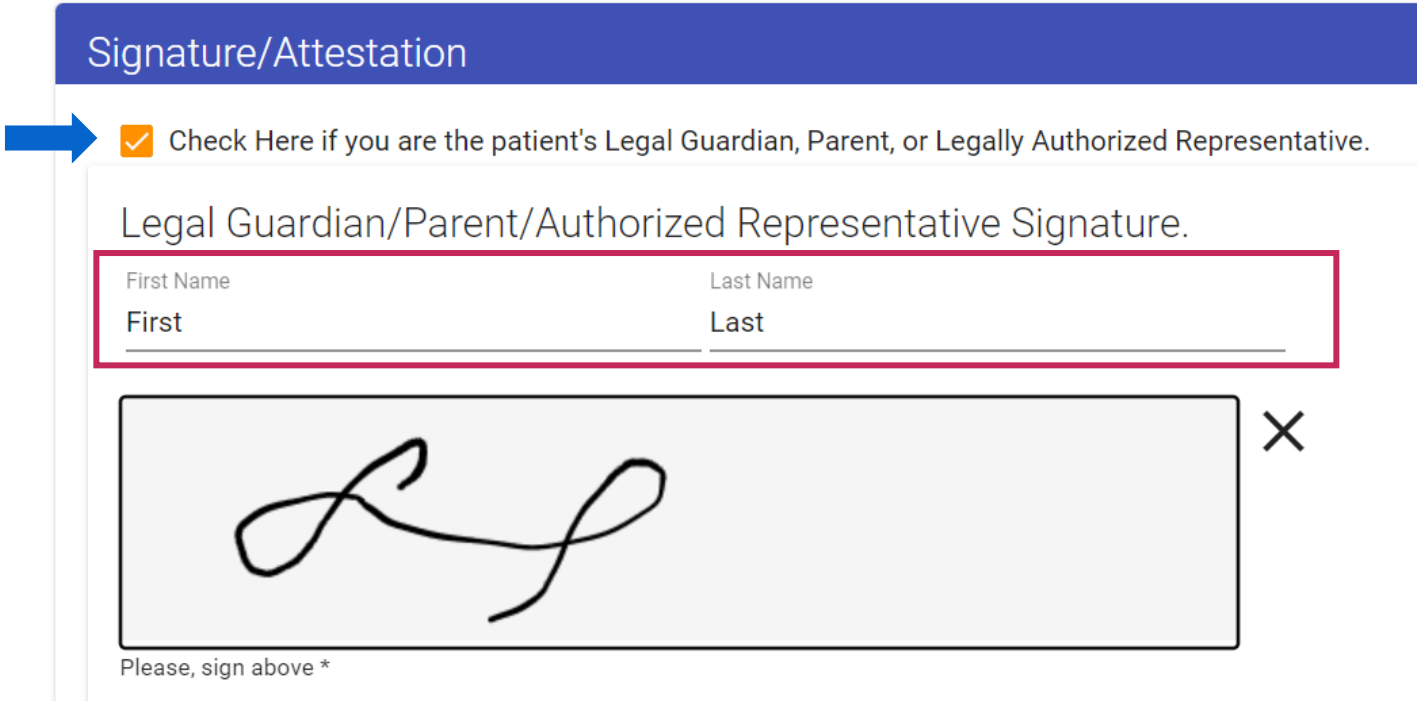
Complete signature section

- For in-person registration:
  - Patient enters electronic signature using a mouse, stylus pen, or finger via touchscreen/ signature pad.



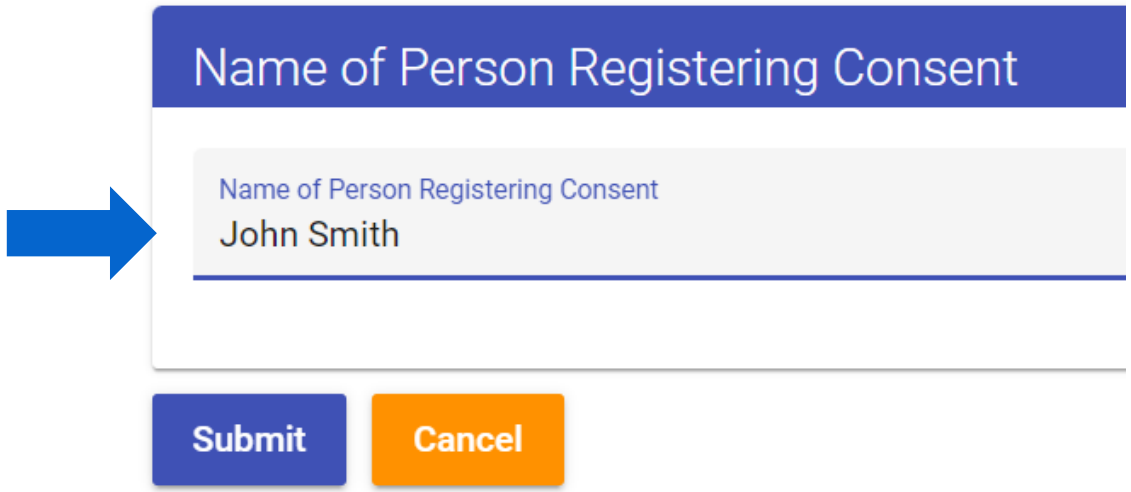
- For registrations of telehealth patients:
  - Check the box under "Attestation for Consent on File."
  - CRISP SUD Consent Form **must** be completed by the patient *before* attesting.

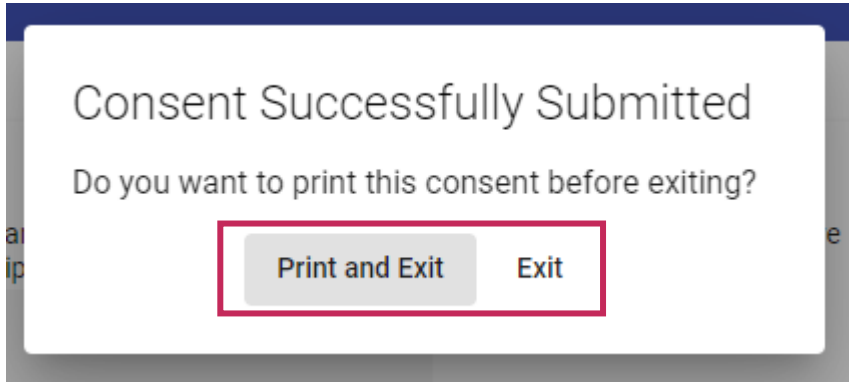
Legal guardian, parent, or legally authorized representative signature (as applicable)



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

8. Submit Consent



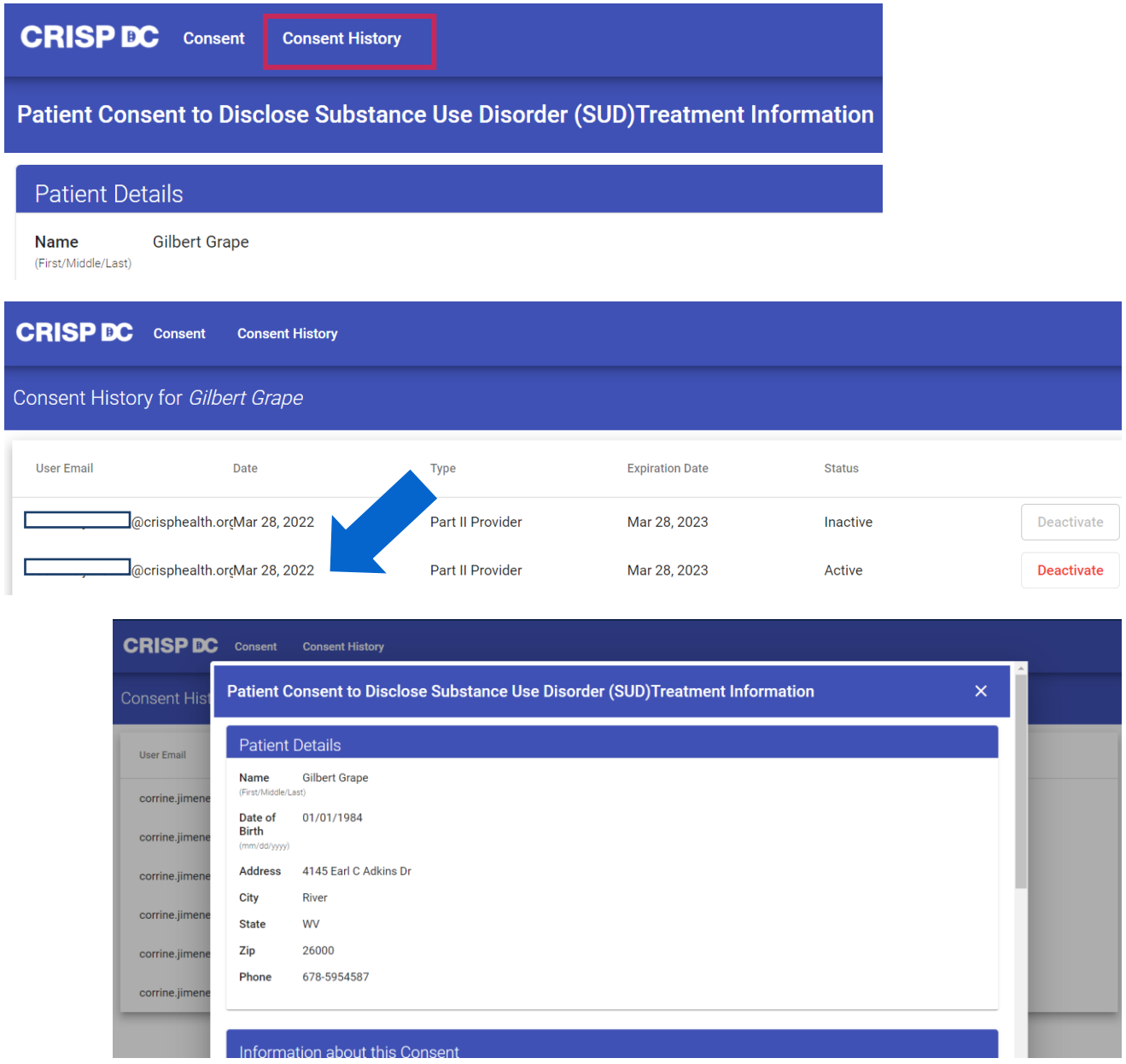


- Enter the name of the person registering this consent.
- Click "Submit" once – to avoid duplicate entries.
- Click "Print and Exit" or "Exit."

Additional Functions in the Consent Tool

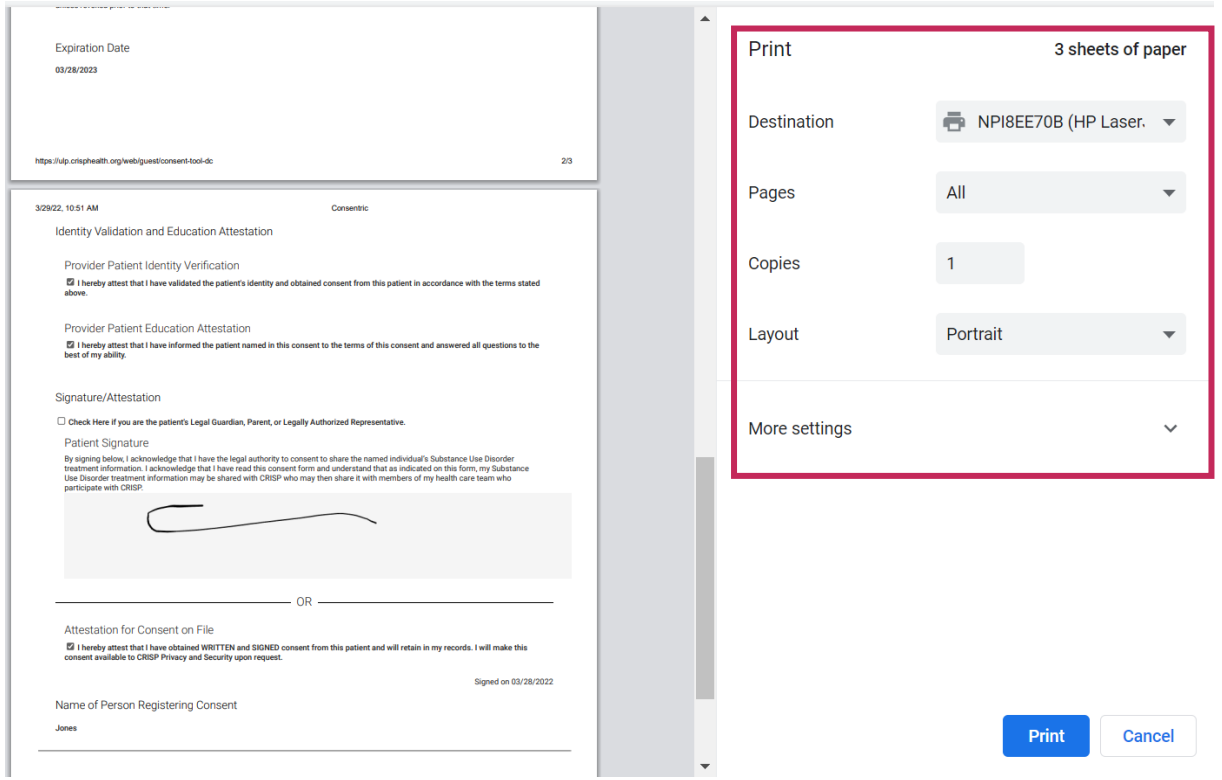
How to view consent history

- After searching for your patient, click "Consent History."
- Click on a row to open that consent.
- A pop-up window will appear with the consent registration details.

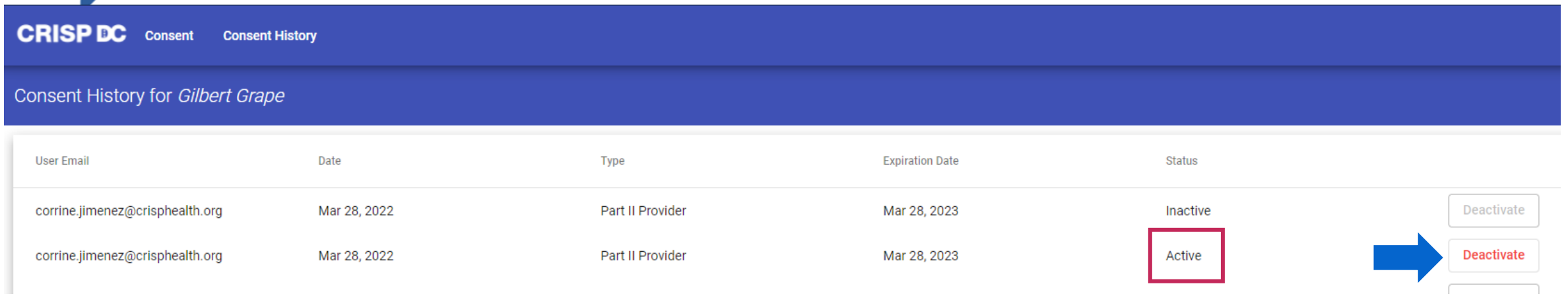


How to print a consent registration

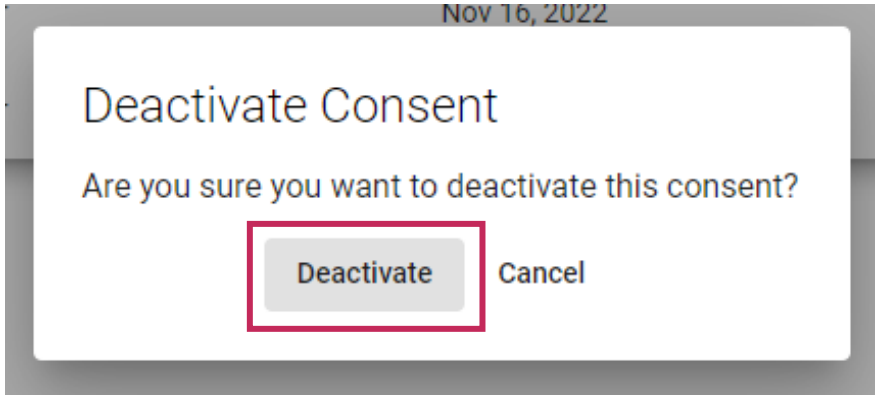
- Providers may review, print, or save a registered consent as a file.
- Search for a patient and open a record in their consent history.
- Scroll to the bottom of the window and click "Print."
- A print preview will appear where providers can make selections for how to print the file.

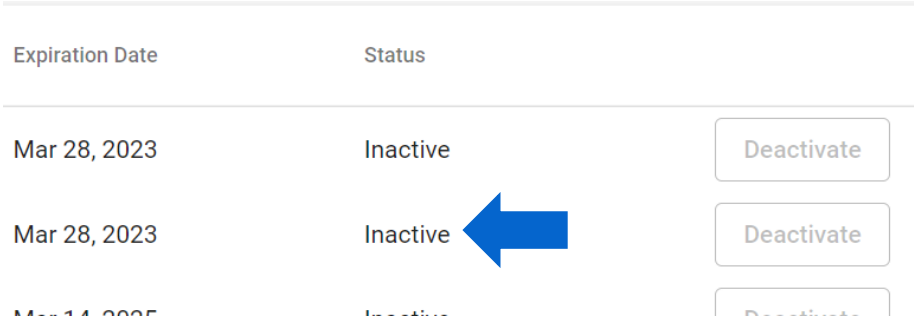


How to deactivate a consent registration



- 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's status will then update as "Inactive."





Connecting Care CRISP DC

For CRISP DC related inquiries please contact outreach at dcoutreach@crisphealth.org.

For support contact support@crisphealth.org or call 833.580.4646.

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