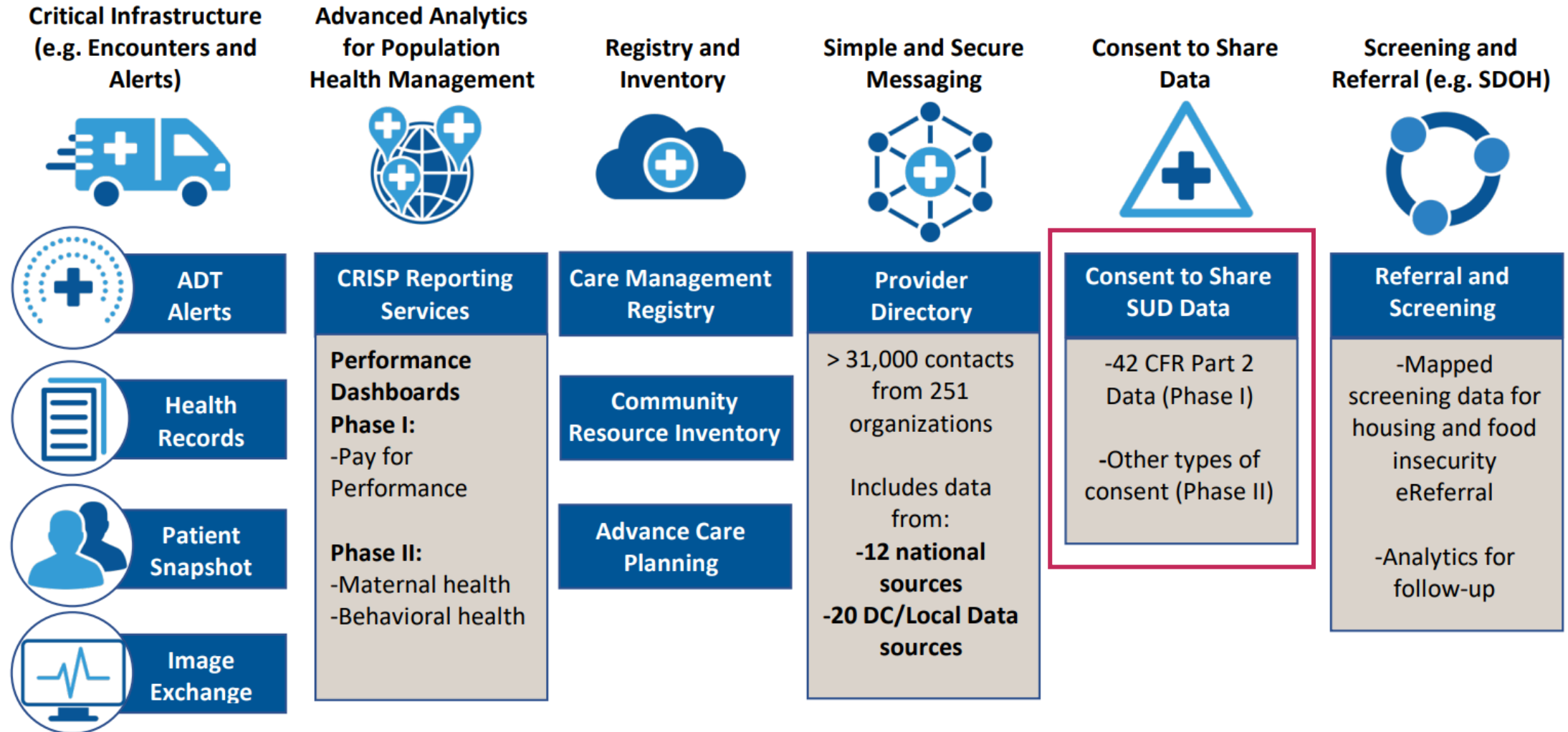




Portal User Guide for the Consent Tool

January 2023

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



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 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.

Steps to Register a Consent via DC Portal



1. Launch the CRISP DC Portal and search for a patient

CRISP DC

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This query portal is for authorized use only. By using this system, all users acknowledge notice of, and agree to comply with, CRISP-DC's Participation Agreement ("PA") and CRISP-DC Policies and Procedures. [Click here to review the policies and procedure.](#) CRISP-DC uses a privacy monitoring tool to ensure all users are adherent to an approved policy or use case. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use.

Q Patient Search

First Name

Last Name

Date of Birth

Gender

SSN

[Reset](#) [Search](#)

Results

First Name	Last Name	Date of Birth	Gender	Address	Match Score
GILBERT	GRAPE	01/01/1984	Male	4145 Earl C Adkins Dr, River, WV, 26000	117 - probable

Select App

- AK Labs and Imaging
- CareTeam
- Clinical Information
- Consent Tool
- COVID Lab Tools

Your Dashboard *For applications requiring patient context, please start by using the Patient Search interface above.*



- 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



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 HOME

Search Applications & Reports



Reports & Applications

Consent Tool

Referral Portal

Directory

COVID Lab Tools

COVID Lab Tools - No Patient

Community Resource Inventory

CRISP DC

Consent

Consent History

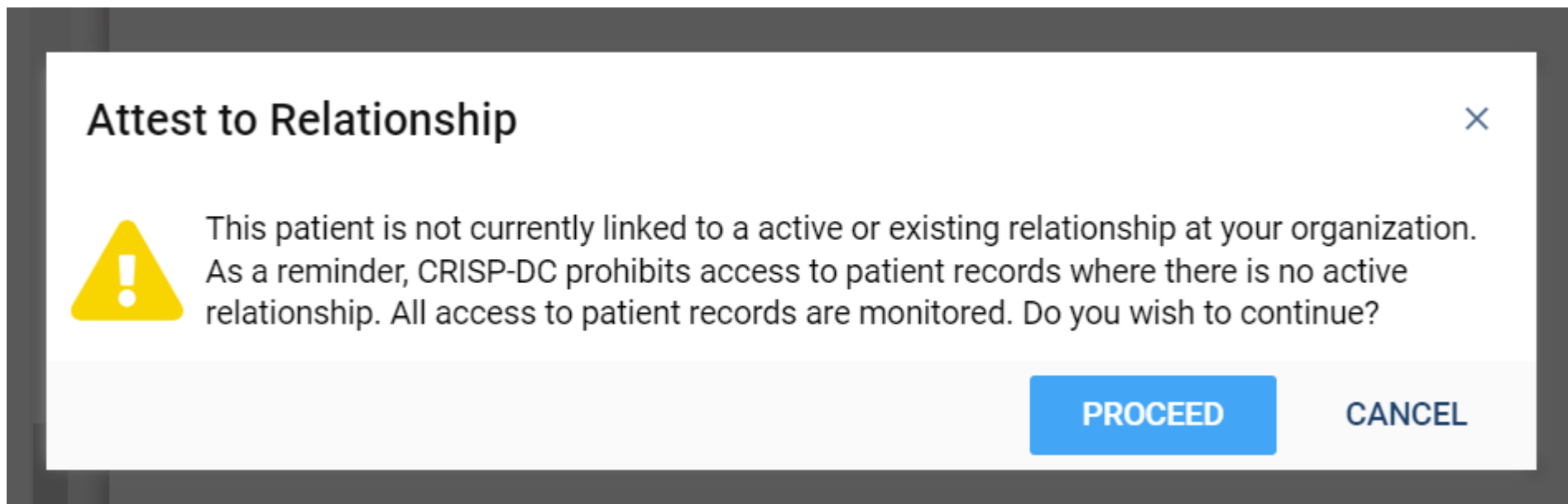
Consent Types

Part II Provider

Prevention of Harm - Block Patient Access 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

Please select a reason ×

Reason ▼

- New patient
- Treatment
- Care coordination
- Quality improvement
- Public health

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



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

CRISP DC

Consent

Consent History

Next

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 [here](https://crispdc.org/consent/) and at <https://crispdc.org/consent/>.

Consent to Disclose My Substance Use Disorder Treatment Information

From 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>.

[Consent Tool - CRISP DC -
DC Designated Health
Information Exchange](https://crispdc.org/consent/)



3. Patient must select the amount and kind of information to disclose

CRISP DC [Consent](#) [Consent History](#)

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

From 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>.

Type and Amount of Data

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

Consent Options

☐ **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.

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



4. Review Submission Instructions section

CRISP DC Consent Consent History

Submission Instructions Next

Expiration Date: This is the date the consent will expire if the patient doesn't revoke consent prior to expiration. Patient can choose any date for expiration, but if patient doesn't choose a date, the default expiration is set for 1 year from date of submission. This date can be changed by clicking on the calendar and selecting a different day, month, and/or year.

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, patient should sign their name electronically in the Patient Signature box. 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.

Attestation for Consent on File: For telehealth encounters, please ensure the CRISP SUD consent form is completed and signed prior to attesting in this tool. The CRISP SUD consent form for patients is located outside of this tool [here](#) and at <https://crispdc.org/consent/>. Once you have the written and signed SUD consent form on file, select the "Attestation for Consent on File" checkbox in the HIE. Federal law requires patient signature on consent to share SUD information. 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.

- 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>

CRISP DC

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2. SUD Consent Form – For Patients (SPANISH)
3. Consent Tool FAQs
4. Consent Tool User Guide
5. Consent Tool Workflow
6. Consent One-Pager
7. CRISP DC PA Addendum Qualified Services Fillable PDF
8. Amendment to QSOA
9. Consent Script
10. Consent Tool Webinar Training Slides



SUD Consent Form



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>.



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 Authorized Representative (if applicable)

Printed Name



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 choose 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.

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)



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



5. 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.

The screenshot shows the 'CRISP DC' interface with tabs for 'Consent' and 'Consent History'. The 'Consent History' tab is active, displaying the 'Expiration and Revocation' section. This section contains two main parts: 'REVOKING MY PERMISSION' and 'EXPIRATION DATE'. The 'REVOKING MY PERMISSION' section includes a paragraph explaining the revocation process. The 'EXPIRATION DATE' section includes a paragraph explaining the consent's duration. Below these sections is a blue header for 'Expiration Date' and a date selection field with a calendar icon and the text 'Choose a date'. A 'Next' button is visible in the top right corner of the form area.

CRISP DC Consent Consent History

Expiration and Revocation

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

Choose a date

Next

- 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



6. Complete provider attestations

CRISP DC Consent Consent History

Identity Validation and Education Attestation Next

Provider 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.

Provider 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.

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.



7. Complete signature section

- **For in-person registration:**

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


CRISP DC Consent Consent History

Signature/Attestation Next

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

Patient 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.



Please, sign above *

OR

Attestation for Consent on File

☐ I hereby attest that I have obtained WRITTEN and SIGNED consent from this patient and will retain in my records. I will make this consent available to CRISP Privacy and Security upon request.

- **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)

Signature/Attestation

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

Legal Guardian/Parent/Authorized Representative Signature.

First Name	Last Name
First	Last



Please, sign above *

- 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



Name of Person Registering Consent

Name of Person Registering Consent
John Smith

Submit Cancel

Consent Successfully Submitted

Do you want to print this consent before exiting?

Print and Exit Exit

- 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.

The screenshot shows the CRISP DC interface. At the top, there are tabs for 'Consent' and 'Consent History', with 'Consent History' highlighted by a red box. Below the tabs is a header 'Patient Consent to Disclose Substance Use Disorder (SUD) Treatment Information'. Underneath is a section titled 'Patient Details' showing the patient's name as 'Gilbert Grape'. Below this is a table with columns: 'User Email', 'Date', 'Type', 'Expiration Date', 'Status', and 'Deactivate'. There are two rows of data, both dated 'Mar 28, 2022' and 'Part II Provider'. A blue arrow points to the first row. The first row has a status of 'Inactive' and a 'Deactivate' button. The second row has a status of 'Active' and a 'Deactivate' button.

User Email	Date	Type	Expiration Date	Status	Deactivate
[redacted]@crisphealth.org	Mar 28, 2022	Part II Provider	Mar 28, 2023	Inactive	Deactivate
[redacted]@crisphealth.org	Mar 28, 2022	Part II Provider	Mar 28, 2023	Active	Deactivate

The screenshot shows a pop-up window titled 'Patient Consent to Disclose Substance Use Disorder (SUD) Treatment Information'. It contains a section titled 'Patient Details' with the following information: Name: Gilbert Grape, Date of Birth: 01/01/1984, Address: 4145 Earl C Adkins Dr, City: River, State: WV, Zip: 26000, Phone: 678-5954587. Below this is a section titled 'Information about this Consent'.

Field	Value
Name	Gilbert Grape
Date of Birth	01/01/1984
Address	4145 Earl C Adkins Dr
City	River
State	WV
Zip	26000
Phone	678-5954587



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.

The screenshot displays the CRISP consent registration interface. At the top, there is a section for "Attestation for Consent on File" with a checkbox for attestation and a "Signed on 03/28/2022" date. Below this is a blue bar for "Name of Person Registering Consent" with the name "Jones". A blue arrow points to a "Print" button in the bottom right corner of this section. Below the main form, a print preview dialog is open, showing the "Print" settings for 3 sheets of paper. The dialog includes options for Destination (NPI8EE70B (HP Laser)), Pages (All), Copies (1), and Layout (Portrait). A "More settings" link is also visible. At the bottom of the print preview, there are "Print" and "Cancel" buttons.




How to deactivate a consent registration

CRISP DC

Consent

Consent History

Consent History for *Gilbert Grape*


User Email	Date	Type	Expiration Date	Status	
corrine.jimenez@crisphealth.org	Mar 28, 2022	Part II Provider	Mar 28, 2023	Inactive	<button>Deactivate</button>
corrine.jimenez@crisphealth.org	Mar 28, 2022	Part II Provider	Mar 28, 2023	Active	 <button>Deactivate</button>


- 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."

Nov 16, 2022

Deactivate Consent

Are you sure you want to deactivate this consent?

 Deactivate Cancel

Expiration Date	Status	
Mar 28, 2023	Inactive	<button>Deactivate</button>
Mar 28, 2023	Inactive	 <button>Deactivate</button>
Mar 14, 2025	Inactive	<button>Deactivate</button>



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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