HISPC-Illinois II The Public-Private Partnership Moves Forward on Privacy and Security

<u>HIE Form Utilization Guidelines</u>

The Health Information Security and Privacy Collaboration (HISPC) is a federal initiative to study privacy and security "challenges" for the implementation of health information exchange (HIEs) in the states. Illinois is one of 33 states and one territory participating in the collaboration.

The promise of electronic health records (EHR) and HIEs is to enhance the quality of health care provided to patients. The optimal goal is to provide all patients in Illinois with the same information regarding privacy protections under the law and the necessary education to understand how their records will be safeguarded in an EHR/HIE environment. To address this goal, the task for the Legal Work Group of the HISPC was to develop model documents and forms for possible use by state-level HIEs, clinicians, health care facilities and other providers.

In accordance with that tasks, the Legal Work Group considered the legalities associated with the use and disclosure of health information in an HIE and developed three (3) model forms to assist health care providers, participants and organizers of HIEs: (a) a Notice of Privacy Practices insert; (2) a form of Consent and Disclosure of Certain Types/Categories of Protected Health Information; and (3) a form of Authorization for Use and Disclosure of Protected Health Information for Research.

Notice of Privacy Practices Insert: The Notice of Privacy Practices insert would supplement a covered health care provider's current HIPAA Notice of Privacy Practices. The insert informs recipients that the provider participates in an HIE and the purpose of that HIE. The insert also notifies the recipient that the provider may disclose the patient's protected health information to other participants in the HIE for treatment, payment and health care operation purposes, but that the provider will seek the patient's consent or authorization, as necessary, before disclosing the patient's protected health information to other participants in the HIE.

<u>Consent for Use and Disclosure of Certain Types/Categories of Protected Health</u> <u>Information</u>. In certain cases, federal or state law may obligate a provider to obtain a patient's written consent before disclosing the patient's protected health information, even if that disclosure is for treatment, payment or health care operation purposes. The sample consent form facilitates that disclosure and can be used in conjunction with the HIE or otherwise.

<u>Authorization for Use and Disclosure of Protected Health Information for Research</u>. If a covered entity health care provider intends to use or disclose a patient's protected health information for research, the patient's authorization may be required under the HIPAA Privacy Rule and operative state or federal law. The sample authorization form addresses the use and disclosure of protected health information for research purposes.