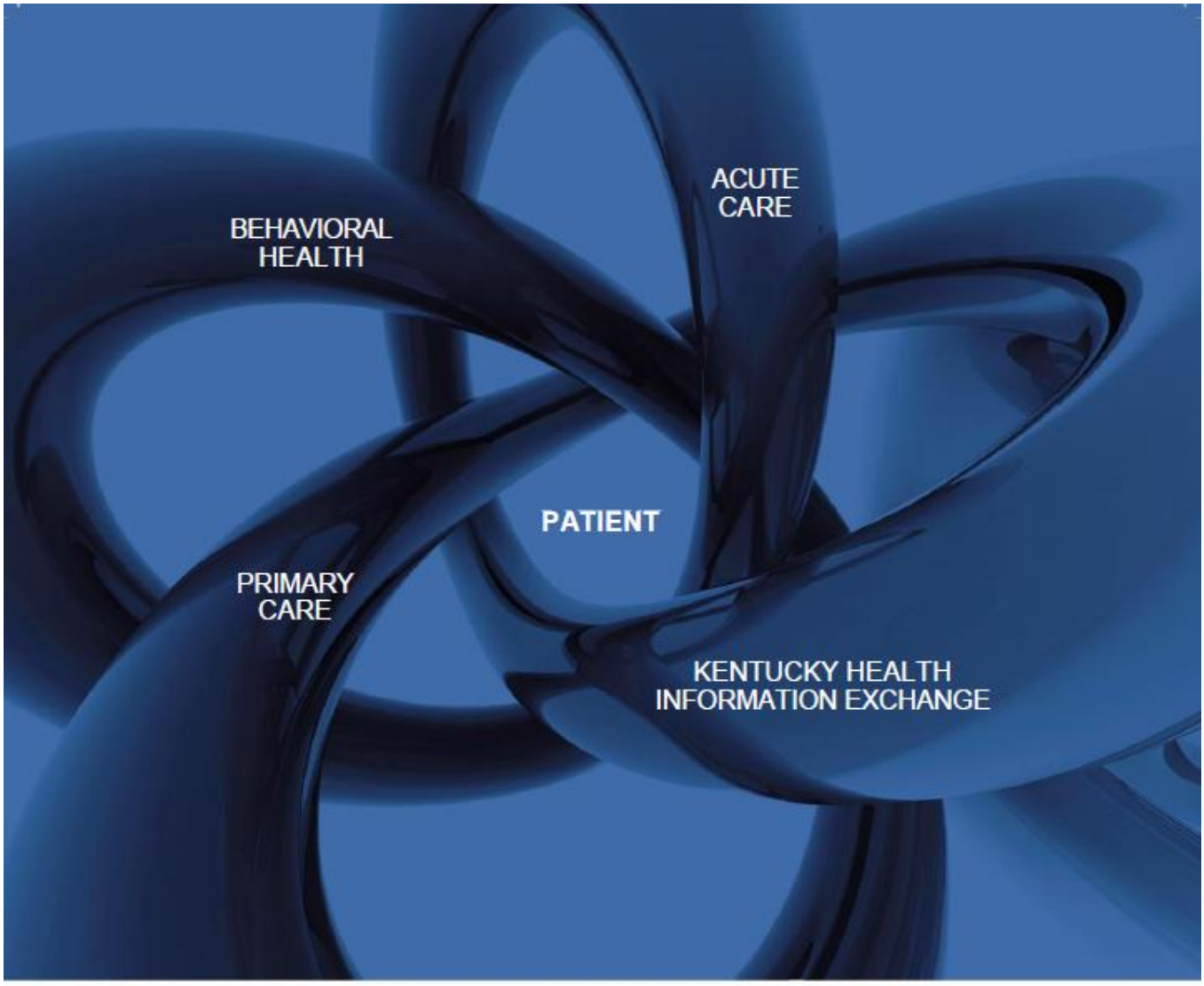

Kentucky
Behavioral Health Training Manual

SAMHSA - HRSA
CENTER FOR
INTEGRATED
HEALTH
SOLUTIONS

NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

SAMHSA

Kentucky
UNBRIDLED SPIRIT

KHIE
KENTUCKY HEALTH
INFORMATION EXCHANGE

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Introduction

The Kentucky Health Information Exchange (KHIE) offers the Commonwealth an unprecedented opportunity to advance health information technology and support healthcare providers in adopting and implementing electronic medical records (EMR). Through coordinating the delivery of more efficient care via electronic health record (EHR) exchange, KHIE will support the aim to improve patient health outcomes and population health. It will also assist healthcare providers to achieve meaningful use.

KHIE was also interested in finding out how the availability of behavioral health records for exchange through KHIE would assist with the integration of care between primary care providers and behavioral health providers. To address these needs and better serve Kentucky's individuals with mental health and substance abuse conditions, KHIE applied for and was awarded a $600,000 sub-award grant to improve health services for individuals with mental health or substance abuse conditions. Specifically, the sub-award was used for the development of infrastructure to support the electronic exchange of health information among behavioral health and primary care health providers.

Kentucky was one of five states to be awarded the funding, which came from the National Council for Community Behavioral Healthcare through the Center for Integrated Health Solutions, a joint project of the Substance Abuse and Mental Health Services Administration and the Health Resources Services Administration.

This funding gave KHIE the opportunity to work with other states and federal partners to develop a consent form specific to behavioral health patients. A consent form signed by the patient (parent or legal guardian, as appropriate) authorizes KHIE to share behavioral health records, alcohol abuse and/or substance abuse records of a patient with providers who are treating that patient.

Background

Former Kentucky Governor Steve Beshear issued an Executive Order in August, 2009, establishing an agency in the Cabinet for Health and Family Services (CHFS) to oversee the advancement of health information exchange in Kentucky. Work immediately began on the technical infrastructure of KHIE. Funding for this momentous task was received from both the Centers for Medicare and Medicaid Services (CMS) and the American Recovery and Reinvestment Act (ARRA). In addition to the funding opportunity, the ARRA provided a roadmap and guidance to the development and

implementation of the nationwide electronic health information system. As a result, almost every state in the United States is pushing to strengthen their efforts in transforming the nation's healthcare system from paper records to electronic.

Kentucky received over 9 million dollars to advance the use of electronic health information exchange and support eligible healthcare providers across the state in achieving meaningful use of certified technology. Eligible providers who demonstrate meaningful use of certified EMRs started receiving incentive payments beginning in January, 2011.

In light of the benefits and consequences to the healthcare providers and consumers alike, KHIE has a solid commitment to support statewide adoption of electronic health information exchange. To this end, KHIE provides a common, secure electronic information infrastructure. The design of KHIE is flexible in that, as criteria for determining meaningful use expands beyond stage 1, functionality will be added to support providers in achieving meaningful use.

KHIE provides a baseline set of functions available across the state to support the exchange of electronic health information. Consumption of health information exchange services by one stakeholder does not reduce availability for others, and no healthcare stakeholder can be effectively excluded from appropriately using interoperable health information exchange services. The value of information increases with use, and the value of one set of information increases when linked with other information. Core components of KHIE include a master-patient index, record-locator service, security, provider-user authentication, logging, audits, and alerts. The focus of KHIE is on improving the health, quality, and safety of healthcare for Kentucky's residents and visitors through the provision of a statewide, interoperable health information exchange.

Connectivity

KHIE offers participating healthcare providers its Platinum service, the industry standard technology that supports cross-enterprise document sharing among all providers.
Platinum service is based on integrating the Health Enterprise (IHE) framework, the standard required by the Sequoia Project (formerly Healtheway the national health information exchange) and recognized by the ONC 2015 Interoperability Standards Advisory for clinical document exchange in and outside a specific health information exchange domain. Because this framework has been adopted widely by EHR vendors, many providers now have the functionality in their own EHR systems to exchange clinical documents.

Because this framework has been widely adopted by EHR vendors, providers are able to exchange clinical documents within the workflow of their EHR. Summary of care records, MS-Word documents, PDFs, TXT, .RTF, and graphics (e.g., JPEG, .GIF) all can be shared via KHIE's Platinum service.

KHIE supports two standards within the IHE Framework:

- Cross-Enterprise Document Sharing (XDS.b)
- Cross-Community Access (XCA)

Both standards make clinical documents available to the entire community of providers connected to KHIE. With XDS.b, clinical documents are stored in KHIE's document repository. With XCA, KHIE retrieves and returns documents from KHIE-connected healthcare communities on demand, including communities connected via the Sequoia Project

The KHIE staff will be available at any time to discuss any of these options, or answer any questions.

KHIE Value Matrix

KHIE
KENTUCKY HEALTH INFORMATION EXCHANGE

KHIE Value Matrix

Benefit	ER	Case Management	In-Pt. Pharmacy	Clinic	Revenue Cycle (Coding)	Pediatrics	Infection Control	Medical Records	Transition of Care	Utilization Review
Medication Management Therapy			X							
Medication Reconciliation			X						X	
Improves Medication Safety	X		X						X	
Access to Diagnosis	X	X	X	X	X	X	X	X	X	X
Access to Medical History	X	X	X	X	X	X	X	X	X	X
Access to Encounters	X	X		X	X	X	X	X	X	X
Access to previous/Outside Lab Results	X	X	X	X	X	X	X		X	X
State Lab Microbiology Results	X	X	X	X	X	X	X			X
RAD Reports				X	X	X				X
Immunization Registry	X		X	X	X	X				
Cancer Registry										
Reportable Diseases	X									
Syndromic Surveillance	X									
New Born Screening						X				

KHIE
KENTUCKY HEALTH INFORMATION EXCHANGE

KHIE Value Matrix

Pg 2

Benefit	Nursing	Respiratory Therapy	Physical Therapy	Occupational Therapy	Hospitalists	Cancer Registrar			
Medication Management Therapy	X	X			X				
Medication Reconciliation	X	X			X				
Improves Medication Safety	X	X			X				
Access to Diagnosis	X	X	X	X	X				
Access to Medical History	X	X	X	X	X				
Access to Encounters	X	X	X	X	X				
Access to previous/Outside Lab Results	X	X			X				
State Lab Microbiology Results	X				X				
RAD Reports	X				X				
Immunization Registry	X				X				
Cancer Registry						X			
Reportable Diseases	X								
Syndromic Surveillance	X								
New Born Screenings	X								

KHIE Patient Consent and Authorization Form

PATIENT CONSENT AND AUTHORIZATION FORM FOR DISCLOSURE OF CERTAIN HEALTH INFORMATION TO THE KENTUCKY HEALTH INFORMATION EXCHANGE

****PLEASE READ THE ENTIRE FORM BEFORE SIGNING BELOW****

Patient (name and information of person whose health information is being disclosed):

Name (First Middle Last): _____
Date of Birth (mm/dd/yyyy):_____
Address: _____City: _____ State: _____ Zip:_____

You may use this form to allow your healthcare provider to access and use your health information. Your choice on whether to sign this form will not affect your ability to get medical treatment, payment for medical treatment, or health insurance enrollment or eligibility for benefits.

By signing this form, I voluntarily authorize access, use and disclosure of my health information:
DISCLOSURE:
Check all of the boxes to identify the information you authorize to disclose:
☐ Drug or alcohol abuse treatment information (if any) or mental health treatment information (if any)

FROM WHOM: Specific name or general description or organization(s) who I am authorizing to release my information under this form:
☐ All programs in which the patient has been enrolled as an alcohol or drug abuse patient (if any) and as a mental health treatment patient (if any) that are affiliated with the Kentucky Health Information Exchange (KHIE).

TO WHOM: Specific person(s) or organization(s) permitted to receive my information:

☐ I authorize any current and future health care providers/organizations that are treating me or are involved in the coordination of my health care to access any and all of my health information through the Kentucky Health Information Exchange (KHIE). Please see the attached listing for a list of Kentucky Health Information Exchange (KHIE) healthcare providers. You can also go to www.KHIE.ky.gov for an updated listing of Kentucky Health Information Exchange (KHIE) providers.

Amount and Kind of Information: The information to be released may include but not be limited to: Patient Demographics, Vital Signs, Problems and Diagnoses, Insurance Information, Health Care Providers, Laboratory Results, Medications, Medical Care, Alcohol & Substance Abuse and Mental or Behavioral Health information.

PURPOSE: The information shared will be used:

- **To help with my Treatment and Care Coordination**
- **To assist the provider or organization to improve the way they conduct their work**
- **To help pay for my Treatment**

EFFECTIVE PERIOD: This authorization/consent/permission form will remain in effect for (enter date) _____. **(*The time period cannot be longer than six months*)**

If there is no date entered the consent will be valid for six months from the date this form is signed.

REVOKING MY PERMISSION: I can revoke my permission at any time by giving written notice to the person or organization named above in "To Whom" or

"From Whom" sections "except to the extent the disclosure agreed to has been acted on.

<u>In addition:</u>

I understand that an electronic copy of this form can be used to authorize the disclosure of the information described above.

I understand that there are some circumstances in which this information may be redisclosed to other persons according to state or federal law.

I understand that refusing to sign this form does not stop disclosure of my health information that is otherwise permitted by law without my specific authorization or permission.

I have read all pages of this form and agree to the disclosures above from the types of sources listed.

"This Patient Consent and Authorization Form for Disclosure of Certain Health Information to the Kentucky Health Information Exchange (KHIE) does not permit use of my protected health information in any criminal or civil investigation or proceeding against me without an express court order granting the disclosure unless otherwise permitted under state law."

X_____

Signature of Patient or Patient's Legal Representative **Date Signed (mm/dd/yyyy)**

_____

Print Name of Legal Representative (if applicable)

Check one to describe the relationship of Legal Representative to Patient (if applicable):

☐ Parent of minor
☐ Guardian
☐ Other personal representative (explain: _____

NOTE: *Under some state laws, minors must consent to the release of certain information. The law of the state from which the information is to be released determines whether a minor must consent to the release of the information.*

This form is invalid if modified. You are entitled to get a copy of this form after you sign it.

Explanation of Form
"Patient Consent and Authorization Form for Disclosure of Certain Health Information to the Kentucky Health Information Exchange"

Laws and regulations require that some sources of personal information have a signed authorization, consent, or permission form before releasing it. Also, some laws require specific authorization or consent for the release of information about certain conditions and from educational sources.

"Disclosure": includes the types of health information that you authorized to be disclosed.

"From Whom" includes the source of your health information that you named.

"To Whom": For those health care providers covered by the "TO WHOM" section, your permission would also include physicians, other health care providers(such as nurses) and medical staff who are involved in your medical care at that organization's facility or that person's office, and health care providers who are covering or on call for the specified person or organization, and staff members or agents (such as business associates or qualified services organizations) who carry out activities and purpose(s) permitted by this form for that organization or person that you specified. Disclosure may be of health information in paper or oral form or may be through electronic exchange.

"Purpose": "Treatment" refers to the HIPAA definition in 45 CFR §164.501, "Payment" refers to the HIPAA definition in 45 C.F.R. § 164.501. Improving the way they conduct their work can refer to the term "Operations" as defined by the HIPAA definition assigned to Health Care Operations in 45 C.F.R. §164.506(c)(iv).

"Revocation": You have the right to revoke this authorization and withdraw your permission at any time regarding any future uses by giving written notice. This authorization is automatically revoked when you die. You should understand that organizations that had your permission to access your health information may copy or include your information in their own records. These organizations, in many circumstances, are not required to return any information that they were provided nor are they required to remove it from their own records.

"Re-disclosure of Information": Health information about you may be re-disclosed to others only to the extent permitted by state and federal laws and regulations. You understand that once your information is disclosed, it may be subject to lawful re-disclosure, in accordance with applicable state and federal law, and in some cases, may no longer be protected by federal privacy law.

Limitations of this Form: This form cannot be used for disclosure of psychotherapy notes. This form does not obligate your health care provider or other person/organization listed in the "From Whom" or "To Whom" section to seek out the information you specified in the "Disclosure" section from other sources. Also, this form does not change current obligations and rules about who pays for copies of records.

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical and other information under 45 CFR Parts 160 and 164 ("HIPAA"); Health Information Technology for Economic and Clinical Health (HITECH) Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA), Pub. L. No. 111-5 (Feb. 17, 2009) §13405 ("HITECH Act"); 42 U.S. Code §290dd-2; 42 CFR Part 2 (Substance Abuse); and State law.

Assessment

True or False

KHIE created a specific patient consent and authorization form that must be signed by a patient in order to disclose or share his protected health information through the Kentucky Health Information Exchange (KHIE).

T or F

A medical staff member must review the consent form with the patient before asking the patient to sign it.

T or F

A patient's choice **NOT** to sign the KHIE consent and authorization form will not affect the patient's ability to receive medical treatment, payment for medical treatment , or health insurance enrollment or eligibility for benefits.

T or F

If a patient refuses to sign the consent form which authorizes sharing of his PHI through the KHIE, his protected health information will not be included in the health information exchange.

T or F

A patient's other general medical records that do not require this specific consent will be included in the Exchange, even if the patient refuses to sign the KHIE specific consent and authorization form.

T or F

Patients must consent for the release of their protected health information **from ALL** of their health care providers who are using KHIE.

T or F

Patients must consent for the release of their protected health information **to ALL** of their healthcare providers who are using KHIE.

T or F

The patient must be provided access to the list of all providers participating in the Kentucky Health Information Exchange (KHIE).

T or F

A continuity of care document (CCD) is a summary document used for the purpose of exchanging health information between electronic medical information systems.

T or F

A continuity of care document (CCD) summarizes a patient's medical history for the purpose of information exchange, but it is not intended to be that patient's complete medical history.

T or F

A continuity of care document (CCD) is intended to include only the information that is critical to effectively continue care.

T or F

The amount and kind of information that may be released may include but not be limited to: patient demographics, vital signs, problems and diagnoses, health care providers, laboratory results, medications, medical care, alcohol & substance abuse and mental or behavioral health information.

T or F

The KHIE consent and authorization form does not permit use of protected health information in any criminal or civil investigation or proceeding without an express court order granting the disclosure, unless otherwise permitted under state law.

T or F

A patient can, at any time, revoke his permission to consent by giving written notice.

T or F

When there is no date entered for the 'effective period', the consent will be valid for six months from the date the consent and authorization form is signed.

T or F

Appendix

I. 6 Things to Know About CDA – *Healthcare IT News*

II. VHR CCD Example

III. Netsmart Behavioral Health CCD Example

IV. Patient Summary – Harrison CCD

V. Consent Explanation – Health Information Exchange Services Behavioral Health

Healthcare IT News

Published on *Healthcare IT News* (http://www.healthcareitnews.com/)

6 things to know about CCD

By Michelle McNickle

August 02, 2012

Recently, Rob Brull, product manager at Corepoint Health, outlined five things to know about CCD, the standard for Stage 1 Meaningful Use. And now, we looked to Brull to explore Consolidated CDA, a type of CCD document in the proposed Meaningful Use Stage 2 guidelines for the exchange of clinical health data.

Brull answers five questions about Consolidated CDA.

1. Why Consolidated CDA? With CDA and, specifically, CCD, a specific document within the CDA standard, there were "many sources of truth," said Brull. "For example, in meaningful use Stage 1 rules, the document standard referenced was C32, which is a constraint of the CCD document defined by Health Information Technology Standards Panel (HITSP)," he said. Essentially, this was HITSP's version of CCD. "So, to understand the full meaning of C32, a user would have to traverse documentation from HL7 and HITSP," said Brull. He added there were other organizations with constraints too, like Health Story for Integrating the Healthcare Enterprise (IHE). "Consolidated CDA aims to organize all the documentation in one place."

2. What is the 'Consolidated' part of Consolidated CDA? According to Brull, "consolidated" refers to the development of a single implementation guide that he says can be the single source of truth. "It represents harmonization of Health Story guides, HITSP C32, part of the IHE Patient Care Coordination, and the original CCD by HL7," he said. "The Consolidated CDA implementation guide defines templates used to structure the document." With one implementation guide – and all the templates – defined in one place, the standard becomes easier to analyze and implement, he added.

3. How are templates used in the Consolidated CDA standard? The Consolidated CDA implementation guide contains a library of CDA templates, said Brull. "These templates originate from HL7, IHE and HITSP. The templates are defined at three levels: document, section and entry," he said. The document level templates define the type of CDA document, like CCD. The section level templates define how data

within specific sections will be structured, like vital signs. "Thus, vital signs will be structured the same in a CCD document as compared to a History and Physical document, with no need to recreate the wheel for different documents," he added. "Entry-level templates define how specific observations, procedures, etc. will be structured, making entries appear the same no matter what document or section they are a part of."

4. How many different types of documents are included in Consolidated CDA? The Consolidated CDA implementation guide defines nine different types of commonly used CDA documents, said Brull, including:

- Continuity of Care Document
- Consultation Notes
- Discharge Summary
- Imaging Integration, and DICOM Diagnostic Imaging Reports
- History and Physical
- Operative Note
- Progress Note
- Procedure Note
- Unstructured Documents

"Each of these nine documents has a document template defined in the Consolidated CDA implementation guide, which will now be the single source of truth for implementing these CDA documents," he said.

5. What specifically did the proposed rule for Meaningful Use Stage 2 refer to? "The proposed rule for Meaningful Use Stage 2 referred to the, 'adoption of solely the Consolidated CDA standard for summary care records,'" said Brull. "The proposed rule did not specifically mention the CCD document template within the Consolidated CDA standard." However, he added, since the proposed rule refers to a "summary care record," it's safe to assume the CCD document will be the specific standard among the nine Consolidated CDA document types that will be utilized for Meaningful Use Stage 2.

6. Is Consolidated CDA really new? "From a content perspective, my answer would be, 'only slightly,'" said Brull. "Ambiguities existed between the many sources of truth for C32, and those ambiguities will be fixed, since now there will be only one implementation guide." Other tweaks have been made to the content as well, he continued, but for the most part, CDA document types, including CCD, will remain largely the same in the new Consolidated implementation guide. "However from a documentation standpoint, my answer would be yes; the CCD document in particular is now much easier to understand, implement, and analyze," said Brull.

Source URL: http://www.healthcareitnews.com/news/6-things-know-about-consolidated-cda

VHR CCD Example

MOELLER, BENNY R [21-Jun-1957] - Windows Internet Explorer

VHR Home | Support Request | Change Password | Home | Links | Help | Log Out

Public Health Alerts

Welcome, Charlese BlairVHR - Wednesday, September 12

MOELLER, BENNY R - 06/21/1957 M Visit: Facility: From: 8/1/2002 To: 9/13/2012

All | Summary | Cumulative Lab | Lab | Radiology | Reports | Patient Info | CCD | Open Report

Print

- Purpose
- Patient Demogra
- Vital Signs
- Allergies, Advers Reactions, Alerts
- Medications
- Problems
- Results
- Immunization
- Family History
- Social History
- Procedures
- Encounters
- Healthcare Provi

Purpose

Continuity of Care Document - Jan 1, 1976 through Sep 12, 2012

Patient Demographics

Name:	BENNY MOELLER	Gender:	Male	Date of Birth:	Jun 21, 1957
Address:	1713 Atterberry Ct Louisville, KY 40216	Phone:	+1 555-555-5555		
ID(s):	[1] 000273665026 [Elysium] [2] 44121460 [Medicaid ID] [3] 0044121460 [Medicaid ID] [4] 9354531 [SSN] [5] 409354531 [SSN] [6] 123456789 [2.16.840.1.113883.4.3] [7] 22254 [PayeeId] [8] 764455 [Medicare] [9] 000273665026 [Elysium]				

Vital Signs

Vital Sign	Date	Value	Reference Range	Interpretation	Notes
Body height	Jul 2, 2010	50 [in_us]	-		
Body temperature	Jul 2, 2010	35 [degF]	-		
Body weight	Jul 2, 2010	40 [lb_av]	-		
Body height	Jul 2, 2010	50 [in_us]	-		
Body temperature	Jul 2, 2010	35 [degF]	-		
Body weight	Jul 2, 2010	40 [lb_av]	-		
Body height	Jun 25, 2010	100 [in_us]	-		6/25/2010 11:52:13 AM - srujanas@hotmail.com - Test
Body temperature	Jun 25, 2010	100 [degF]	-		6/25/2010 11:52:13 AM - srujanas@hotmail.com - Test

** Example shown is based on test data for illustrative purposes only.*

Good Health Clinic Continuity of Care Document

Created On: January 6, 2012

Patient
Henry Levin , the 7th

Birthdate
September 24, 1932

Guardian
Kenneth Ross
17 Daws Rd.
Blue Bell, MA, 02368
tel:(888)555-1212

MRN
996-756-495

Sex
Male

Next of Kin
Henrietta Levin
tel:(999)555-1212

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- Diagnosis
- Allergies, Adverse Reactions, Alerts
- Medications
- Immunizations
- Results
- Treatment Plan
- Progress Note
- Suicide Risk
- Risk of Violence
- Substance Abuse

Purpose

Transfer of care

Payers

Payer name	Policy type / Coverage type	Covered party ID	Authorization(s)
Healthy Insurance	Extended healthcare / Self	14d4a520-7aae-11db-9fe1-0800200c9a66	

Diagnosis

- Axis I Primary : 296.21 - Major Depressive Disorder , Single Episode
- Axis I Secondary : 303.90 - Alcohol Dependence
- Axis II Primary : 301.6 - Dependent Personality Disorder
- Axis III : None
- Axis IV : Social Environment (Recently divorced), Occupational (Recently unemployed), Housing (Recently lost home to foreclosure and is homeless), Other Problems (Recent evidence of male pattern baldness)
- AxisV:58

Allergies, Adverse Reactions, Alerts

Substance	Reaction	Status
Penicillin	Hives	Active
Aspirin	Wheezing	Active
Codeine	Nausea	Active

Medications

Medication	Instructions	Start Date	Status
Albuterol inhalant	2 puffs QID PRN wheezing		Active
Clopidogrel (Plavix)	75mg PO daily		Active
Metoprolol	25mg PO BID		Active
Prednisone	20mg PO daily	Mar 28, 2000	Active
Cephalexin (Keflex)	500mg PO QID x 7 days (for bronchitis)	Mar 28, 2000	No longer active

Immunizations

Vaccine	Date	Status	Source of Information
Influenza virus vaccine	Nov 1999	Completed	Immunization Tracking System
Influenza virus vaccine	Dec 1998	Completed	Immunization Tracking System
Pneumococcal polysaccharide vaccine	Dec 1998	Completed	Immunization Tracking System
Tetanus and diphtheria toxoids	1997	Completed	Immunization Tracking System

Results

	March 23, 2011	April 06, 2011
Hematology		
HGB (M 13-18 g/dl; F 12-16 g/dl)	13.2	
WBC (4.3-10.8 10+3/ul)	6.7	
PLT (135-145 meq/l)	123*	
Chemistry		
NA (135-145meq/l)		140
K (3.5-5.0 meq/l)		4.0
CL (98-106 meq/l)		102
HCO3 (18-23 meq/l)		35*

Treatment Plan

Problem	05-Substance Abuse		
	Goal	Accept chemical dependence and begin to actively participate in a recovery program.	
		Objective	Describe childhood experience of alcohol abuse by immediate and extended family members.
	Goal	Establish a sustained recovery, free from the use of all mood-altering substances.	
		Objective	Develop a right aftercare plan that will support the maintenance of long-term sobriety.

Progress Note

02/04/2009

Henry Levin was assessed and completed testing. He showed signs of alcohol dependence as evidenced by marked tolerance, previous attempts at abstinence, relationship problems as well as hangovers and blackouts. He also has a previous OWI and completed Level I with this program in 2007. Referred to XYZ Counseling Center for IOP. Baseline UA taken.

Suicide Risk

Suicide Thoughts?	Date of Last Suicidal Thought	Risk Factors	Previous attempts?	Date of Last Attempt	Additional Information
Yes	04/15/2009	Guns in house, potentially lethal medications	Yes - 1	11/27/1989	Recently lost job, feeling despondent

Risk of Violence

Threat towards others?	Existence of Plan	Plan details	Level of Intent	History of Violence?	History details	Risk Factors	Additional Information
Yes	Moderate Plan	Reduce the risk of domestic violence	Minor	Yes	Assault on 1 individual with deadly weapon	Guns in house	No vehicle to carry out plan

Substance Abuse

	Substance	Route	Frequency	Age of First Use	Date of Last Use
Primary	Methamphetamine	Injection	3-6 times in the past week	15	05/04/2009
Secondary	Methylphenidate	Oral	1-2 times in the past week	17	04/27/2009

Electronically generated by: on January 6, 2012

* *Example shown is based on test data for illustrative purposes only.*

Patient Summary

Created On: January 18, 2013

Patient:	three ccd Outbound 1210 Kentucky Highway 36 Cynthiana, KY, 41031 tel:+1 +1859-234-2390	**MRN:**	M00535
Birthdate:	December 3, 1993	**Sex:**	Male
Guardian:		**Next of Kin:**	

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- Problems
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- Social History
- Allergies, Adverse Reactions, Alerts
- Medications
- Immunization
- Vital Signs
- Results
- Procedures
- Encounters

Purpose

Continuity of Care Document - 01-16-2012 through 01-18-2013

Problems

Code	Diagnosis	DOS	Provider	Status
486	PNEUMONIA, ORGANISM NOS	01-20-2012	Harrison Memorial Hospital	Active
540.9	ACUTE APPENDICITIS NOS	01-20-2012	Harrison Memorial Hospital	Active
599.0	URIN TRACT INFECTION NOS	01-20-	Harrison Memorial	Active

Code	Diagnosis	DOS	Provider	Status
		2012	Hospital	
820.09	FX FEMUR INTRCAPS NEC-CL	01-20-2012	Harrison Memorial Hospital	Active
E885.9	FALL FROM SLIPPING, TRIPPING, OR STUMBLING NEC	01-20-2012	Harrison Memorial Hospital	Active
V64.41	LAPAROSCOPIC SURGICAL PROC CONVERTED TO OPEN PROC	01-20-2012	Harrison Memorial Hospital	Active

Family History

Social History

Allergies, Adverse Reactions, Alerts

Allergies

Type
Drug Allergy

Adverse Reaction to Substance

Substance	Reaction	Severity
Cephalexin	I-HIVES	

Medications

Name	NDC	RxNorm	Date Ordered	Fill Date	Fills	Amount	Days	Diagnosis	Pharmacy	RX #	Physician	Status
PNEUMOCOCCAL POLYSACCHARIDES	00005230933		--	01-16-2012			0					No Longer Active

Immunization

No Immunization Data is available for this patient.

Vital Signs

01-16-2012

Name	Value	Interpretation	Reference Range	Comment
Body Temperature	99.1 [degF]			
Heart Rate	110 /min			
O2%	100 %			
Respiratory Rate	22 /min			

Results

Labs						
Lab Order	Lab Detail	Date	Result	References Range	Interpretation	Status
BASIC METABOLIC PANEL (01-16-2012)						
	Glucose Bld-mCnc	01-16-2012	120 mg/dL	70-110		F
	BUN Bld-mCnc	01-16-2012	15 mg/dL	7-18		F
	Creat SerPl-mCnc	01-16-2012	1.00 mg/dL	0.61-1.24		F
	Creat Cl predicted SerPl C-G-vRate	01-16-2012	100 ML/MIN	50-200		F
	GFR/BSA.pred SerPl Schwartz-vRate	01-16-2012	59 ML/MIN	Greater than 60		F
	Sodium SerPl-sCnc	01-16-2012	136 mEq/L	135-148		F
	Potassium SerPl-sCnc	01-16-2012	4.0 mEq/L	3.6-5.2		F
	Chloride SerPl-sCnc	01-16-2012	100 mEq/L	98-108		F
	CO2 SerPl-sCnc	01-16-2012	30.0 mEq/L	21.0-33.0		F
	Anion Gap SerPl-sCnc	01-16-2012	10 UNK	5-15		F
	Calcium SerPl-mCnc	01-16-2012	9.0 mg/dL	8.0-10.0		F

Procedures

Procedure	DOS	Code	Location	Performer	Comment
OPEN REDUC-INT FIX FEMUR	--	79.35		JAMES PETTEY	

Procedure	DOS	Code	Location	Performer	Comment
OTHER APPENDECTOMY	--	47.09		CHARLES ALLRAN	

Encounters

Encounter Type	Start Date	End Date	Code	Location	Performer
Inpatient (IN)	01-16-2012	01-20-2012	IMP	Harrison Memorial Hospital	

Healthcare Providers

Name	NPI
CHARLES ALLRAN	1619062130
Frank McKemie	1801859673
JAMES PETTEY	1972581254

Electronically generated by: XEROX on January 18, 2013

** Example shown is based on test data for illustrative purposes only.*

Consent Explanation

CONSENT EXPLANATION HEALTH INFORMATION EXCHANGE SERVICES BEHAVIORAL HEALTH

When providing health services, it is essential that the health professional ensure, to the extent possible, that the patient, parent, or legal guardian fully understands the service being provided.

42 CFR Part 2 is a federal regulation that requires specific consent by a patient at a federally assisted drug and alcohol treatment program before the patient's records can be transferred to another entity.

This document is designed to explain the general rules of consent in the Commonwealth of Kentucky and the specific rules for the consent form that has been developed to allow a behavioral health patient to share their behavioral health records through the Kentucky Health Information Exchange.

General Rules Concerning Consent

A consent form is designed to document informed consent and should be signed only after the patient has an opportunity to discuss the contents of the form with a member of the medical staff involved with the patient's treatment.

This informed consent MUST be completed and the patient's signature obtained by a member of the medical staff providing service to the patient

This consent must be signed and dated by the patient/parent/legal guardian.

"Informed consent" comprises seven (7) basic elements. To help remember these elements, think of the word "BRAIDED":

- Benefits of the action that consent is requested.
- Risks of the action that consent is requested.
- Alternatives to the action that consent is requested.
- Inquiries about the consent form are the patient's, parent's, legal guardian's right and responsibility.
- Decision to refuse to sign the consent form without penalty is the patient's, parent's, or legal guardian's right.*
- Explanation of the consent form is owed the patient, parent or legal guardian.
- Documentation that the health professional has covered each of the previous six points, usually by use of a consent form.

The inclusion of the behavioral health patient's behavioral health, drug and alcohol treatment records in the Kentucky Health Information Exchange (KHIE) requires the completion of a special consent form. If the patient refuses to sign the form the records will not be included in the health information exchange.

However, the patient's other general medical records do not require this consent and may be included in the exchange.

Who May Give Consent

Only the patient may give consent for behavioral health, drug and alcohol treatment records to be included in the Kentucky Health Information Exchange. The exceptions for minors and mentally disabled individuals are described in the following situations:

A. The patient is a minor (under 18 years of age — according to KRS 2.015) and is living with his/her parent or legal guardian. In this case, either parent or the legal guardian may legally give consent.

   1. Exceptions to parental or guardian's consent for a minor (patient under 18 years of age) to receive services are:
      a. Patient is under 18 years of age, self-supporting and living apart from the parent's residence. The patient, even though a minor, may give consent provided services are fully explained and he/she seems to understand associated risks.
      b. Patient is under 18 years of age and married, he/she is then considered emancipated for the purpose of giving valid consent for the services to be provided and associated risks are fully comprehensible to him/her. (KRS 214.185)
      c. Patient is under 18 years of age, unmarried and has borne a child (including live birth, miscarriage, etc.). She may give consent for services for her child or herself without consent of her parent(s) or guardian. (KRS 214.1 85)
      d. Patient is under 18 years of age and seeks diagnosis and/or treatment for alcohol and/or drug abuse or addiction. The physician may advise, prescribe for and treat such minor for alcohol and other drug abuse or addiction only upon consent of the minor, without consent of or notification to the parent(s), guardian, or any other person having custody of the minor patient. (KRS 214.185) In this situation the minor may also consent to have these records shared with KHIE.

B. The patient is mentally disabled. If a patient has been adjudged by a court to be mentally disabled, then the court appointed guardian has legal authority to give consent. (KRS 387.660)

- **THE MOST IMPORTANT THING TO STRESS TO PATIENTS ABOUT THIS CONSENT IS THAT THEY DO NOT HAVE TO SIGN IT**

- **THE SECOND MOST IMPORTANT THING TO STRESS TO PATIENTS ABOUT THIS CONSENT IS THAT SIGNING IT WILL HELP THEIR HEALTHCARE PROVIDER TO GATHER MORE HEALTH**

INFORMATION ABOUT THEM AND TO GIVE THEM BETTER QUALITY OF CARE, ESPECIALLY IN AN EMERGENCY SITUATION.

PATIENT

This consent form is required because a federal law, 42 CFR Part 2, requires that all patients receiving drug or substance treatment from a federally assisted substance abuse program must consent before any information that identifies them as receiving this type of treatment from the program may be released.

The information to be released by this consent form will be used for the patient's treatment by healthcare providers that are providing treatment for the patient and are using the Kentucky Health Information Exchange (KHIE).

To use the KHIE, the treating healthcare provider must have the patient's first name, last name and date of birth.

The consent form must be completely filled out. Please have patients supply their complete name, first, middle and last, date of birth, address, city of residence, state and zip code.

DISCLOSURE

Next, patients should check the box authorizing the disclosure of their drug and alcohol abuse treatment information and mental health treatment information. If patients have information in their medical records about only one of these conditions please ask them to understand this is a simple form of health information exchange. The exchange places all information together and treats all this information as sensitive information. To consent to the

release of drug treatment information, the consent form has to ask for all three types of information because the health information exchange technology places all health information together. This form cannot be used for the release of psychotherapy notes. KHIE will not exchange psychotherapy notes.

FROM WHOM

Next, patients are asked to consent for the release of their information from all their health care providers. Again, our system cannot release information from one healthcare provider and not release information from another participating provider. A patient or consumer must release information from all or none of the providers in the KHIE. If patients do not wish to release all their information to the KHIE, please advise them to not sign the form.

TO WHOM

In this section the patient is asked to consent to the release of information to all the healthcare providers that are using the KHIE. If the patient signs the consent form, the information in the patient's medical record may be released to any treating healthcare provider using KHIE. Attached to the consent form will be a current list of providers the records may be released to. Do not have the patient complete the consent form unless there is an attachment listing the providers to whom the patient's records may be released. A current listing is available at KHIE.ky.gov. The patient must review a current list of providers and approve viewing of the

patient's medical record by any provider on that list. This does not mean all of these providers will see their records. It only means that if the patient goes to one of these medical providers for treatment and that provider seeks the assistance of the records in KHIE to treat the patient, the patient has consented for that medical provider to look at the medical records that are available to be exchanged upon request by KHIE.

AMOUNT AND KIND OF INFORMATION

This section lists the elements of the continuity of care document (CCD) that is exchanged by the KHIE. This section is a summary of the information the health information exchange may contain about the patient.

A definition of a CCD is a summary document used to exchange a subset of data between electronic medical information systems. The CCD document content will describe and summarize a consumer's medical status for the purpose of information exchange. The content may include administrative information, for example registration, demographics and insurance information and clinical information such as problem lists, medication lists, allergies and test results. The content is defined in order to promote interoperability between participating systems such as Personal Health Record Systems (PHRs), Electronic Health Record Systems (EHRs), Practice Management Applications and others.

PURPOSE

This section describes the reasons why the information will be

exchanged. This section tracks the reasons information can be exchanged according to HIPAA, the federal healthcare law concerning the privacy of medical information.

EFFECTIVE PERIOD

This is the time during which this consent can be used by KHIE and the healthcare providers using KHIE. After the effective period ends, the patient must sign another consent form in order to exchange the protected information.

REVOKING MY PERMISSION

This section informs the patient the consent can be withdrawn by the patient at any time. However, the patient must understand that if medical records have already been exchanged they cannot be recalled. Also, if medical records are already available for exchange by KHIE they cannot be erased or deleted. The records that the patient consented to exchange by KHIE may still exist in the electronic record of a doctor or a hospital. Those records cannot be erased or deleted. However no new records will be exchanged after the date consent is revoked.

SIGNATURE

The patient or the patient's legal representative must sign the consent form and date the form. To identify the correct person to sign the form, please see the first two pages of these instructions.

Rev'd 01-18-2013