

# Consent Tool User Guide

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**JULY 2025**



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# 1 Introduction and Overview



## 1.1 What is the Consent Tool?

» The Consent Tool is a feature in the HIE Portal (and also accessible through the InContext app in your EHR) that allows providers and staff to register a patient's consent to share sensitive health data—especially information protected under **42 CFR Part 2**, which covers substance use disorder (SUD) treatment.

Originally designed to support this specific type of consent, the tool has expanded to include other scenarios where patients need to opt in to sharing additional types of health data through the HIE. With a few simple steps, providers can document, manage, or deactivate consents directly within the patient's record.

## 1.2 Purpose of the Consent Tool

- » • The CRISP Consent Tool was designed as a platform for providers and staff to register patient consents to share 42 CFR Part 2 protected data.
- This application has since grown to cover other unique scenarios where patients may need to “opt in” to sharing additional data types via the HIE
- What is my patient consenting to with a 42 CFR Part 2 consent?
- To allow their 24 CFR Part 2-covered provider to share information about their SUD treatment, payment and operations via the 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, Virginia, Rhode Island, and any HIE affiliates in the future.



## 1.3 Who can use the Consent Tool?

» The Consent Tool is intended for any provider, care coordinator, or credentialed staff member who needs to:

- Document patient consent to share SUD-related data
- Register consent already obtained outside of the HIE
- Support patient understanding of what they're agreeing to share
- Ensure compliance with federal rules for sensitive health information

Both clinical and administrative users play a role in managing patient consents, and this tool is built to support both workflows—whether during in-person visits, telehealth sessions, or outreach efforts.

## 1.4 Where can you find it?

» The Consent Tool can be launched in two ways:

- **Through the HIE Portal:** Search for your patient, then select the square app icon next to the Consent Tool.
- **Through Single Sign-On (SSO) in your EHR:** Launch the InContext app, then select the Consent Tool tab on the left-hand side. The tool will open in a new browser tab.

## 1.5 Key features

» The Consent Tool allows users to:

- **Register** a patient's 42 CFR Part 2 consent in real time
- **Attest** to and document consents already collected on paper
- **Support** in-person or telehealth-based registration
- **Set and update** expiration dates or revoke consent as needed
- **Capture** electronic signatures from patients and/or legal representatives
- **View** consent history and print records
- **Deactivate** a consent when a patient revokes or changes their decision
- **Easily identify** patients with 42 CFR Part 2 data via a visual icon in the HIE (orange "i")

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## Introduction and Overview



### 1.6 What problems does it solve?

» Sensitive health information, like SUD treatment data, has extra legal protections under federal law. The Consent Tool helps solve several challenges:

- Ensures consent is captured and stored in a consistent, compliant way
- Eliminates the need to fax or manually scan signed forms
- Supports coordination of care by making this data accessible to authorized providers
- Reduces delays caused by missing or unverified consents
- Helps providers meet legal obligations while keeping patients informed

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## Registering Consent: Step-by-Step Guidance



### 2.1 Registering Consent Already on File

- » • If the consent has been captured outside of the HIE portal, 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.
- The providers/organizations are requested to 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.

### 2.2 Registering a Consent During In-Person Visit

- » • HIE user searches for their patient in HIE Portal or through SSO in their HER.
- After launching the Consent Tool, provider explains the consent to their patient, educating them on what data they are sharing and with whom.
  - Patient designates to share "**all SUD data**".
  - 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.

2 Registering Consent: Step-by-Step Guidance



### 2.3 Registering Consent via SSO (EHR Access)

» Use this method if you're launching from the InContext app within your EHR system.

1. Launch the Consent Tool from the InContext app in your EHR.



2. Click on the Consent Tool tab on the left-hand side of your screen.

3. The tool will open in a new tab in a new window.

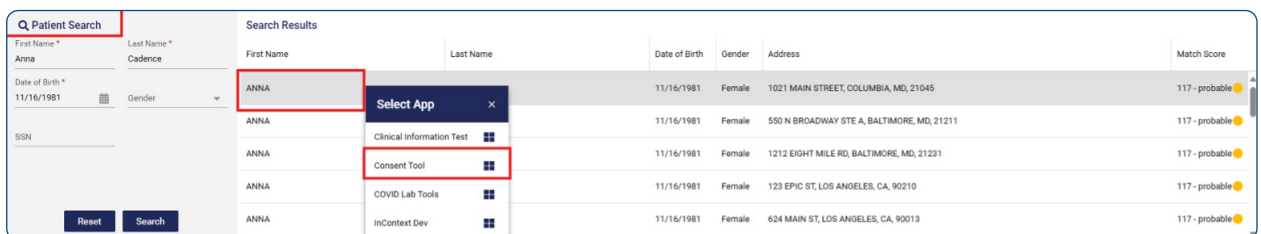
4. Follow the same steps you'd use in the HIE Portal to register the patient's consent (see below).

### 2.4 Registering Consent via HIE Portal

» Use this method if you're accessing through the HIE Portal interface directly.

1. Launch the HIE Portal.

2. Enter the patient's name and date of birth into Patient Search.




## 2 Registering Consent: Step-by-Step Guidance



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

### Attest to Relationship

✕



This patient is not currently linked to a active or existing relationship at your organization. As a reminder, CRISP prohibits access to patient records where there is no active relationship. All access to patient records are monitored. Do you wish to continue?

PROCEED
CANCEL

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

### Please select a reason

✕

Reason:

New patient  
  Treatment  
  Care coordination  
  Quality improvement  
  Public health

SUBMIT

6. Select **Part 2 Form**.

Consentric   Consent   Consent History

Consent Types

All Treating Providers: Patient Consent to Share Sensitive Health Abortion Services Information Protected under Maryland Law

Single Provider: Patient Consent to Share Sensitive Health Abortion Services Information Protected under Maryland Law

Patient Consent to Disclose 42 CFR Part 2 – Substance Use Disorder (SUD) to Current Care



## 2 Registering Consent: Step-by-Step Guidance

- Review the Information Section with the patient. You may reference FAQs and disclosure details linked in the interface.

**Information about this Consent**

By completing and signing this form, you will be allowing your 42 CFR Part 2 -- Substance Use Disorder treatment provider to share information about your 42 CFR Part 2 -- Substance Use Disorder treatment with CurrentCare who may share it with other members of your health care team for purpose of treatment, payment, and health care operations, and potentially for other purposes permitted under HIPAA and applicable law.

Examples of who may see your information include, but may not be limited to, your primary care provider, hospital and emergency providers, case managers or care coordinators, your insurance company or payer, and other individuals who are involved in coordination or payment of your care. The information will be shared with members of your healthcare team who participate with the CRISP Shared Services affiliate HIEs including Maryland, DC, West Virginia, Connecticut, Alaska and any HIE affiliates in the future. Your health information will not be shared with such affiliate HIEs unless a member of your health care team has a need to access such information through such affiliated HIE for a purpose permitted under HIPAA and applicable law.

Anyone receiving your information must follow all state and federal laws to keep your information private; however, there is the potential for the records used or disclosed pursuant to the consent to be redisclosed by the entities receiving the information and the information may no longer be protected by 42 CFR Part 2 (the federal regulation which protects the privacy of substance use disorder (SUD) information). Once your SUD information is shared with members of your health care team for purposes of treatment, payment, or operations, they may incorporate it into their records and further share it with other health care providers, payers, or organizations that provide services for them. Your information may be redisclosed or shared in accordance with HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you, the patient. You can request a list of organizations 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 42 CFR Part 2 -- Substance Use Disorder treatment data through CurrentCare can be found at [www.currentcareri.org](http://www.currentcareri.org).

CurrentCare does not require you to sign this consent, and it will not impact the sharing of any of your health information through the HIE, except for your 42 CFR Part 2 -- Substance Use Disorder information. If you do not consent to the disclosure of your SUD information, it may not be readily available through CurrentCare to those who need the information to give you appropriate care, especially in an emergency. This consent does not affect how other health care providers, including those who are providing you with substance use disorder (SUD) treatment, may use and disclose your information, including 42 CFR Part 2 SUD Information, outside of CurrentCare.

- The patient must be educated by the provider of their health information they are sharing with.

**Consent to Disclose My Substance Use Disorder Treatment Information**

**From** I authorize my Substance Use Disorder treatment providers to disclose any of my past, present, and future 42 CFR Part 2 -- Substance Use Disorder information. I understand that this includes all my Substance Use Disorder treatment providers that are connected to CurrentCare.

**To Whom** I authorize disclosure to CRISP Shared Services affiliate HIEs, who may then disclose the information to any of my treating providers, health plans, third-party payers, and people helping to operate this program. I also authorize disclosure to CRISP Shared Services affiliate HIEs who may then disclose the information to a public health authority for public health purposes, or as required by law. I can request a list of those who have received my information by going to <https://disclosures.crisphealth.org>.

- Confirm that the patient chooses to share **all SUD information** through this form.

**Type and Amount of Data and Purpose of Disclosure**

**Purpose** The information shared will be used for purposes of treatment, payment, and health care operations as defined by HIPAA. The information shared may also be used for public health purposes, and as required by law.

**Type and Amount** The information to be shared could include but may not be limited to clinical documents, lab results, hospital discharge summaries, medication information, and claims data relating to my Substance Use Disorder treatment.

**Affirmative Consent**

**Disclose All 42 CFR Part 2 -- Substance Use Disorder information**  
This information could include my treatment plan, medications, laboratory results, clinical notes, health care encounters, claims information, and other data about my Substance Use Disorder and/or Mental Health care.

## 2 Registering Consent: Step-by-Step Guidance



- Review the Submission Instructions to ensure the consent aligns with visit type (in-person or telehealth). Please make sure to have the [CRISP 42 CFR Part 2 SUD Consent form \(or a substantially similar form\)](#) signed and completed by the patient before attesting to having consent on file in the tool.

Submission Instructions
Next

**Expiration Date:** This is the date this consent will expire if the patient does not revoke consent prior to expiration. The patient can choose any date for expiration. This date can be changed by clicking on the calendar and selecting a different day, month, and/or year. If the patient does not choose a date, the consent will not expire unless the patient takes an affirmative action to revoke it.

**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, the patient should sign their name electronically in the Patient Signature box. The 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, provided they may sign for the patient under applicable law.

*Attestation for Consent on File:* For consents that are otherwise obtained and on file, please ensure the CurrentCare 42 CFR Part 2 – SUD consent form or a substantially similar form is signed. The consent must be signed and must enable sharing for purposes of treatment, payment, and health care operations and explain to the patient that information may be further disclosed in accordance with HIPAA. CurrentCare may audit records at any time to confirm the existence of the consent. Once you have the written and signed 42 CFR Part 2 – SUD consent form on file, select the "Attestation for Consent on File" checkbox in the HIE. 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.]

- Discuss the revocation and expiration sections, explaining the process and result of revoking consent, which the patient may do at any time. Patient may also choose an expiration date for their consent.
  - 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 based on your discussions with the patient.

Expiration and Revocation

**REVOKING MY PERMISSION**

I understand that I may revoke this consent at any time, by requesting one of my CurrentCare 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 health care team may use this information for treatment, payment, and health care operations and other purposes described in this consent in accordance with state and federal law. I understand that the revocation will not affect any reliance, action, or disclosure of information by the organization that was authorized to release my information before it received notice of my revocation of my consent. I understand that CurrentCare cannot retrieve information once it is released; if I revoke my consent, whatever has been shared before that consent may continue to be in the files of the entities with whom it was shared before I revoked my consent and may be further shared in accordance with HIPAA and state law. I understand that if I do revoke this consent that this will only apply to stop CurrentCare from sharing my information, including 42 CFR Part 2 – Substance Use Disorder treatment information, through the CurrentCare HIE, and this will not affect other providers, including my Substance Use Disorder treatment providers, from continuing to share my information in ways that I may have agreed in separate consent forms. I also understand that if I want to revoke other consents that I may have granted, I will need to go directly to the provider or organization that has collected that separate consent from me.

**EXPIRATION DATE**

This Consent and Authorization to share my 42 CFR Part 2 – Substance Use Disorder treatment information will remain in effect until the date indicated, unless revoked prior to that time. If no date is selected the consent will not expire and will remain in effect until revoked.

Expiration Date

Choose a date



**12.** Complete the Provider Attestation, verifying the patient’s identity and confirming you informed the patient of all terms of consent.

Identity Validation and Education Attestation

**Patient Identity Verification**

I hereby attest that I have validated the patient’s identity and obtained consent from this patient or person authorized to provide consent 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.

**13. Complete the Signature Section:**

- Legal guardian, parent, or legally authorized representative signature (as applicable).
- First checkbox is only required if the person signing the consent is the patient’s legal guardian, parent, or legally authorized representative and has the legal authority to consent on the patient’s behalf.
- If the first checkbox is checked, the provider must capture legal guardian, parent, or legally authorized representative First Name, Last Name, and electronic signature.

Signature/Attestation

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

Check here if you would like to capture both a Patient Signature and a Legal Guardian, Parent, or Legally Authorized Representative signature.

**Legal Guardian/Parent/Authorized Representative Signature.**

x

Please, sign above \*

## 2 Registering Consent: Step-by-Step Guidance



- If the second checkbox is checked, this means the patient would like to capture both patient and legal guardian, parent, then the patient's signature box will also appear for the patient to sign electronically.

Signature/Attestation
Next

Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative.  
 Check here if you would like to capture both a Patient Signature and a Legal Guardian, Parent, or Legally Authorized Representative signature.

Legal Guardian/Parent/Authorized Representative Signature.

First Name	Last Name
------------	-----------

×

Please, sign above \*

- The patient must provide their signature if both checkboxes are checked.
- If in person, the patient signs electronically using their finger, mouse, stylus, or touchscreen.

Patient Signature (if applicable)

I acknowledge that I have read this consent form and understand that as indicated on this form, my 42 CFR Part 2 -- Substance Use Disorder treatment information may be shared with CurrentCare who may then share it with members of my health care team who participate with CurrentCare.

×

Please, sign above \*

- If registering a consent already on file, check the Attestation for Consent on File box. This checkbox ensures that provider have the original written and signed consent form as required by the law from the patient.

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 42 CFR Part 2 -- Substance Use Disorder treatment information may be shared with CurrentCare who may then share it with members of my health care team who participate with CurrentCare.

×

Please, sign above \*

OR

Attestation for Consent on File

I hereby attest that I have obtained WRITTEN and SIGNED consent from this patient as required by applicable law and will retain the form in my records. I will make this consent available to CurrentCare upon request. If the consent is revoked or expires, I will immediately inform CurrentCare. I have conveyed to the patient that CurrentCare cannot retrieve information once it is released; if the patient revokes their consent or if it expires, whatever has been shared before that consent may continue to be in the files of the entities with whom it was shared before the consent was revoked, and they may continue to share it in accordance with applicable law.

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## Registering Consent: Step-by-Step Guidance



- 14. Enter the name of the staff member registering the consent.
- 15. Click “**Submit**” once.
- 16. Choose Print and Exit or Exit to complete the process.

**Name of Person Registering Consent**

Name of Person Registering Consent

SubmitCancel

## 3

# Additional Functions in the Consent Tool



- » Beyond registering new consents, the tool includes features to help you manage existing consents over time. These functions support compliance, visibility, and patient autonomy, ensuring sensitive data is only shared when and how a patient has authorized.

## 3.1 Viewing Consent History

- » • Search for the patient and click Consent History.
- Click any row to view the details of that registration.
  - A pop-up window will display consent details.

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 42 CFR Part 2 -- Substance Use Disorder treatment information may be shared with CurrentCare who may then share it with members of my health care team who participate with CurrentCare.

Please, sign above \*

Consent Successfully Submitted  
Do you want to print this consent before exiting?

Print and Exit Exit

Signed on 07/23/2025

- If the user clicks on Exit a Consent Submitted screen is displayed.

Consent Submitted.

Your Consent Was Submitted.

To start another consent, please exit this page and follow the steps normally used to create a consent.

3 Additional Functions in the Consent Tool



### 3.2 Printing a Consent

- » Open the patient’s consent from Consent History.
- Scroll to the bottom and click Print.
- A print preview will allow you to print or save the file.

7/23/25, 10:46 AM Consentric

Patient Consent to Disclose 42 CFR Part 2 – Substance Use Disorder (SUD) to Current Care

Patient Details

Name (First,Middle,Last)	ANNA CADENCE
Date of Birth (mm/dd/yyyy)	11/16/1981
Address	1021 MAIN STREET
City	COLUMBIA
State	MD
Zip	21045

Information about this Consent

By completing and signing this form, you will be allowing your 42 CFR Part 2 – Substance Use Disorder treatment provider to share information about your 42 CFR Part 2 – Substance Use Disorder treatment with CurrentCare who may share it with other members of your health care team for purpose of treatment, payment, and health care operations, and potentially for other purposes permitted under HIPAA and applicable law.

Examples of who may see your information include, but may not be limited to, your primary care provider, hospital and emergency providers, case managers or care coordinators, your insurance company or payer, and other individuals who are involved in coordination or payment of your care. The information will be shared with members of your healthcare team who participate with the CRISP Shared Services affiliate HIEs including Maryland, DC, West Virginia, Connecticut, Alaska and any HIE affiliates in the future. Your health information will not be shared with such affiliate HIEs unless a member of your health care team has a need to access such information through such affiliated HIE for a purpose permitted under HIPAA and applicable law.

Anyone receiving your information must follow all state and federal laws to keep your information private; however, there is the potential for the records used or disclosed pursuant to the consent to be redisclosed by the entities receiving the information and the information may no longer be protected by 42 CFR Part 2 (the federal regulation which protects the privacy of substance use disorder (SUD) information). Once your SUD information is shared with members of your health care team for purposes of treatment, payment, or operations, they may incorporate it into their records and further share it with other health care providers, payers, or organizations that provide services for them. Your information may be redisclosed or shared in accordance with HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you, the patient. You can request a list of organizations 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 42 CFR Part 2 – Substance Use Disorder treatment data through CurrentCare can be found at [www.currentcareri.org](http://www.currentcareri.org).

CurrentCare does not require you to sign this consent, and it will not impact the sharing of any of your health information through the HIE, except for your 42 CFR Part 2 –Substance Use Disorder information. If you do not consent to the disclosure of your SUD information, it may not be readily available through CurrentCare to those who need the information to give you

### 3.3 History of Patient Consent Form(s)

- » Consentric Tool allow the users to view the patient historical consent forms from the “**Consent History**” page. This page will have the columns to display User Email, Date, Type, Expiration Date, Status, Filed By and a Deactivate action.

Consent History for ANNA CADENCE					
User Email	Date	Type	Expiration Date	Status	Filed By
nazia.bhatti@crisphealth.org	Jul 23, 2025	Patient Consent to Disclose 42 CFR Part 2 – Substance Use Disorder (SUD) to Current Care	Does Not Expire	Active	Provider

Deactivate

### 3 Additional Functions in the Consent Tool



#### » Deactivating a Consent

- From the Consent History, locate the active consent.

Consent History for ANNA CADENCE						
User Email	Date	Type	Expiration Date	Status	Filed By	
nazia.bhatti@crisphealth.org	Jul 23, 2025	Patient Consent to Disclose 42 CFR Part 2 – Substance Use Disorder (SUD) to Current Care	Does Not Expire	Active	Provider	Deactivate

- If the patient wish to revoke their consent and decide they no longer want to share their health information data to all the HIEs then, the provider can click on Deactivate, then confirm on the prompt.

User Email	Date	Type	Expiration Date	Status	Filed By	
nazia.bhatti@crisphealth.org	Jul 23, 2025	Patient Consent to Disclose 42 CFR Part 2 – Substance Use Disorder (SUD) to Current Care	Does Not Expire	Active	Provider	Deactivate
rob.hiles@crisphealth.org	Jun 26, 2025	Single Provider: Patient Consent to Share Sensitive Health Information under Maryland All Treating Provider Sensitive Health Services Inform Protected under	Does Not Expire	Active	Provider	Deactivate
rob.hiles@crisphealth.org	Jun 26, 2025	Single Provider: Patient Consent to Share Sensitive Health Information under Maryland All Treating Provider Sensitive Health Services Inform Protected under	Does Not Expire	Active	Provider	Deactivate

**Deactivate Consent**

Are you sure you want to deactivate this consent?

- If the action was to click on Deactivate, then the Consentric Tool will revoke the patient’s consent in real time and the Deactivate button grey-out.

Consent History for ANNA CADENCE						
User Email	Date	Type	Expiration Date	Status	Filed By	
nazia.bhatti@crisphealth.org	Jul 23, 2025	Patient Consent to Disclose 42 CFR Part 2 – Substance Use Disorder (SUD) to Current Care	Does Not Expire	Inactive	Provider	Deactivate

- If the provider opens the Deactivated form, the form will state at the very top in red highlight form name (Inactive).

Patient Consent to Disclose 42 CFR Part 2 – Substance Use Disorder (SUD) to Current Care (Inactive) x

Patient Details

**Name** ANNA CADENCE  
(First, Middle, Last)

**Date of Birth** 11/16/1981  
(mm/dd/yyyy)

**Address** 1021 MAIN STREET

**City** COLUMBIA

**State** MD

**Zip** 21045

Information about this Consent

By completing and signing this form, you will be allowing your 42 CFR Part 2 – Substance Use Disorder treatment provider to share information about your 42 CFR Part 2 – Substance Use Disorder treatment with CurrentCare who may share it with other members of your health care team for purpose of treatment, payment, and health care operations, and potentially for other purposes permitted under HIPAA and applicable law.

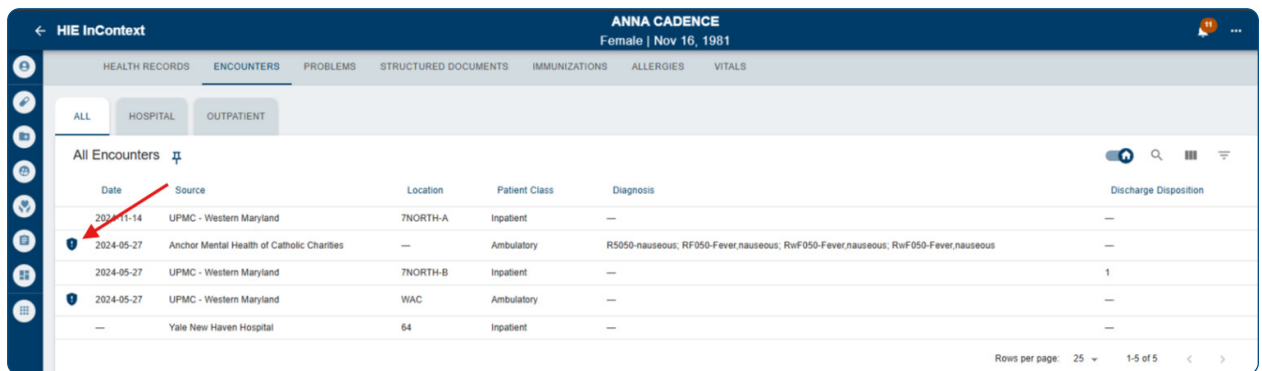
Examples of who may see your information include, but may not be limited to, your primary care provider, hospital and emergency providers, case managers or care coordinators, your insurance company or payer, and other individuals who are involved in coordination or payment of your care. The information will be shared with members of your healthcare team who participate with the CRISP Shared Services affiliate HIEs including Maryland, DC, West Virginia, Connecticut, Alaska and any HIE affiliates in the future. Your health information will not be shared with such affiliate HIEs unless a member of your health care team has a need to access such information through such affiliated HIE for a purpose permitted under HIPAA and applicable law.

3 Additional Functions in the Consent Tool

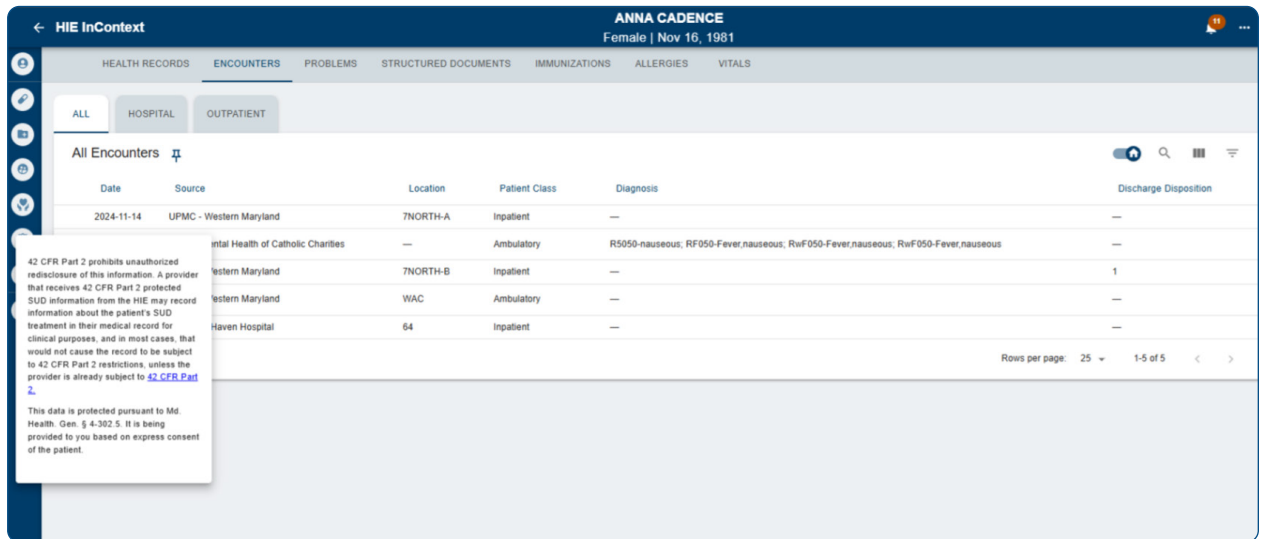


### 3.4 Identifying SUD Data in the HIE

- » Once consent is submitted, any SUD data covered under 42 CFR Part 2 will be marked with a blue “i” icon in the HIE.
- This icon helps providers distinguish sensitive data at a glance within the patient’s broader clinical record.



- Once the user hovers over, a fly-out message will display for the providers to understand there is consent on file and this health record contains sensitive health information.





**HEALTHCARE'S BETTER  
WHEN IT'S CONNECTED.  
CONNECT WITH KHIE TODAY.**

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## **KENTUCKY**

HEALTH INFORMATION EXCHANGE  
CONNECTING KENTUCKY. IMPROVING HEALTHCARE.

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**khie.ky.gov**

Email us: [khie@ky.gov](mailto:khie@ky.gov)

For general account support, call: (502) 564-7992

For technical user support, powered by  
CRISP Shared Services, call: 866-441-2966

