



Kentucky Health Information Exchange Explanation of 'Consent to share in an HIE' form

The inclusion of a patient's drug and alcohol treatment records in the Kentucky Health Information Exchange (KHIE) requires the completion of a special consent form that the patient signs giving you permission to share his substance use disorder records in a health information exchange.

A member of the medical staff who is providing service to the patient **MUST** explain the consent form and obtain the patient's signature.

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

It is essential that the health professionals ensure, to the extent possible, that the patient, parent, or legal guardian fully understands the service provided. This document is designed to help you understand the form in its entirety so that you can accurately relay the information to the patient you're asking to sign consent.

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

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

If the patient refuses to sign the form, the substance use disorder treatment 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?

You should follow the same requirements for this consent form as you do for your medical consent form.



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- **THE MOST IMPORTANT THING TO STRESS TO YOUR PATIENT ABOUT THIS FORM IS THAT THEY DO NOT HAVE TO SIGN IT.**
 - **THE SECOND MOST IMPORTANT THING TO STRESS TO THE PATIENT ABOUT THIS FORM IS THAT SIGNING IT WILL HELP THEIR HEALTHCARE PROVIDER GIVE THEM BETTER QUALITY OF CARE, ESPECIALLY IN AN EMERGERGY SITUATION.**

PATIENT

This form is required because a federal law, 42 CFR Part 2, requires that any patient receiving care from a federally assisted substance use disorder treatment program must consent before any information that identifies them as receiving treatment from the program may be released.

The information that is released with written consent will be used only by healthcare providers who are participating in the Kentucky Health Information Exchange (KHIE) and who are providing treatment for the patient.

In order to access a patient's medical record, an authorized treating healthcare provider must have the patient's first name, last name, and date of birth.

DISCLOSURE

Patients should check the box authorizing the disclosure of their substance use disorder treatment information. This form cannot be used for the release of psychotherapy notes. KHIE will not exchange psychotherapy notes.

FROM WHOM

Patients are asked to consent for the release of their information from all of their health care providers. Our system cannot release information from one healthcare provider and not release information from another participating provider. A patient must release information from all the providers in the system. If patients do not wish to release all of their information to the KHIE, please advise them not to sign the form.



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8 Mill Creek Park
Frankfort, Kentucky 40601
(502) 564-7992



TO WHOM

In this section, the patient is asked to consent to the release of their information to all of the healthcare providers who are participating in 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 who is participating in KHIE. Do not ask the patient to complete the consent form unless and until they have reviewed the list of current providers who are participating in KHIE. This list may be provided as an attachment for the patient to review or the patient may review the list at www.khie.ky.gov. *This does not mean that all of these providers will view their records. It only means that if the patient seeks medical treatment from one of these providers, and that provider accesses KHIE during the course of treatment, the patient will have consented for that provider to look at the medical records that are available from KHIE.*

AMOUNT AND KIND OF INFORMATION

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 patient's medical status for the purpose of information exchange. The content may include administrative information such as registration, demographics, and insurance information as well as 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 that information may be exchanged, according to HIPAA, the federal healthcare law concerning the privacy of medical information.





EFFECTIVE PERIOD

This is the timeframe 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 that consent can be withdrawn by the patient at any time. Consequently, *no* new records will be exchanged after the date that consent is revoked. However, if the patient's medical records are already available for exchange by KHIE, those records cannot be deleted or recalled. Additionally, the patient must understand that if medical records have already been exchanged, those records cannot be deleted or recalled.

Furthermore, the records that the patient previously gave consent to exchange by KHIE may still exist in the electronic record of a doctor or a hospital and cannot be recalled or deleted.

SIGNATURE

The patient or the patient's legal representative must sign and date the consent form.



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