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Revised November 22, 2013
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, the KHIE will 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. In an effort to address these needs and better serve Kentucky’s individuals with mental health and substance abuse conditions, the Governor’s Office of Electronic Health Information (GOEHI) 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 is being used for the development of infrastructure to support the electronic exchange of health information among behavioral health and primary care health providers.

Kentucky is 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 GOEHI 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 the Kentucky Health Information Exchange to share behavioral health records, alcohol abuse and/or substance abuse records of a patient with providers who are treating that patient.

Background

Governor Steve Beshear issued an Executive Order in August, 2009, establishing the Governor’s Office of Electronic Health Information (GOEHI) 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 the 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 that 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.

The 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**

The KHIE offers participating healthcare providers two options of connectivity based on their current practices and technical capabilities. The first option is based on the ability to send and receive Continuity of Care Documents (CCDs) via defined industry standards. Recognizing that this is an emerging standard and that many Healthcare Information Systems (HIS) do not yet have this capability in their current releases, the KHIE provides an alternate connectivity through standard HL7 messages. The second option is commonly used in information exchange today and provides the same
capabilities for providers seeking to demonstrate stage 1 meaningful use. These two options are detailed in the following sections of this welcome guide.

**Connectivity Option 1: Participants with CCD Capability**

Healthcare providers who have the capability of sending or receiving CCDs connect via the web services provided by the KHIE. In this option, the CCD will be created by the electronic health record upon receiving an inquiry from the KHIE, and will then be consolidated with CCDs from other providers and with data extracted from Edge Servers described in Option 2. The consolidated CCD will then be returned to the inquiring provider's electronic medical record, or displayed in the KHIE Community Virtual Health Record, also described in Option 2. Functional specifications required for this connectivity model are in the KHIE Participant Connectivity Guide, which is provided at the onset of the on-boarding process.

**Connectivity Option 2: Participants without CCD Capability**

Healthcare providers choosing this option will be connected to the KHIE utilizing Edge Server technology with VPN tunnel connectivity. This process includes a standard series of HL7 transactions sent via the healthcare provider’s electronic medical record to a secure Edge Server for storage and retrieval. The Edge Server is logically dedicated to that individual provider, and not co-mingled with other providers’ data. From the Edge Server, the data is made available to the KHIE for exchange with other connected healthcare providers via inquiry, or through the KHIE Community Portal/Virtual Health Record (VHR). The KHIE Community Portal is a web-based portal that may be distributed to those healthcare providers who require access to the patient’s summary health data, but do not have the capability of sending or receiving a CCD. As the provider's electronic medical record begins the implementation of the capability to consume a CCD, KHIE staff will assist in that transition.

The GOEHI staff will be available at any time to discuss any of these options, or answer any questions about KHIE.
## KHIE Value Matrix

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<tr>
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<th>ER</th>
<th>Case Management</th>
<th>In-PT Pharmacy</th>
<th>Clinic</th>
<th>Revenue Cycle (Coding)</th>
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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.

In addition:

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, insurance information,
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. 5 Things to Know About CCD – *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
5 Things to Know About CCD – Healthcare IT News

5 things to know about CCD

By Michelle McNickle, New Media Producer

Created 07/23/2012

It's common knowledge that the Continuity of Care Document (CCD) specification is a healthcare standard EHRs will use to exchange data, based on requirements outlined in meaningful use. But Rob Brull, product manager at Corepoint Health, says there's more to know about the spec, and how it will impact organizations' MU efforts in the months ahead.

Brull outlines five things to know about CCD.

1. **What exactly is a CCD document?** CCD stands for Continuity of Care Document and is based on the HL7 CDA architecture, said Brull. CDA, or Clinical Document Architecture, is a "document standard," governed by the HL7 organization. "HL7 is the leader in healthcare IT standards, with its v2 and v3 standards," Brull said. "The HL7 v3 standards include messaging and document standards. The document standards for HL7 v3 is CDA, and one of the documents within the CDA architecture is CCD."

2. **What is the difference between a CCD document and a CCR document?** Brull said in an ideal class he teaches, the "three C's of healthcare" are discussed: CCD, CDA and CCR, or Continuity of Care Record. "The CCD owes its existence to CCR and CDA," he said. "The CCR started out as a three-page paper document, which was used in patient care referrals." Additionally, the CCR was created by the Massachusetts Department of Public Health and included information necessary for providers to effectively continue care. "Since it was a very successful document in the transfer of care scenario, the Massachusetts Department of Public Health teamed up with ASTM and the Massachusetts Medical Society to create an electronic version of CCR," said Brull. Eventually, he continued, ASTM combined efforts with HL7 to construct the CCD document, which includes all the same content of the CCR, but under the architecture of the CDA.

3. **Does a CCD offer the complete medical record?** A CCD document isn't intended to be a complete medical history for a given patient, said Brull. "Instead, it's intended to include only the information..."
[that's] critical to effectively continue care. This snapshot of information is broken across 17 different sections, which include the clinical content as defined originally by the CCR. Some sections, such as Family History, could include information from outside of the defined snapshot of time, "but the general intent of the document is to only include information necessary for the continuation of care," he said.

4. What is the main purpose of a CCD? HL7 defines CDA as a "standard that specifies the structure and semantics of 'clinical documents' for the purpose of exchange," said Brull. "With CCD being a type of CDA document, its primary purpose is for exchange — specifically in the content of a patient being transferred from one care setting to another." Guiding policies are emerging in health IT, he continued, to ensure this exchange takes place in a secure and efficient way. "The Direct Project and NwHIN Exchange provide rules for exchanging CCD's, by either pushing the document to the next provider, or requesting the document from the previous provider," said Brull. "Rules from both of these organizations are based on profiles defined by IHE, or Integrating the Healthcare Enterprise."

5. Can a provider or patient use or view a CCD document without special software? "One of the most important characteristics of a CCD is that it must be human-readable using any standard Web browser," said Brull. "This is a requirement of any CDA document." The patient data within a CCD document is encoded using XML, he said, which can be displayed on a Web browser using a style sheet. "If the creator of the CCD document created the document in a user-friendly fashion, the style sheet will be available via the Internet," he said. "Thus, any clinician, or even just the patient, can open the CCD document and view the patient health data with just an online Web browser."

Source URL: http://www.healthcareitnews.com/news/5-things-know-about-ccd
VHR CCD Example

* Example shown is based on test data for illustrative purposes only.
Netsmart Behavioral Health CCD Example

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

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**Purpose**

Transfer of care

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**Payers**

<table>
<thead>
<tr>
<th>Payer name</th>
<th>Policy type / Coverage type</th>
<th>Covered party ID</th>
<th>Authorization(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Insurance</td>
<td>Extended healthcare / Self</td>
<td>14d4a520-7aae-11db-9fe1-0800200c9a66</td>
<td></td>
</tr>
</tbody>
</table>
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)
- Axis V: 58

Allergies, Adverse Reactions, Alerts

<table>
<thead>
<tr>
<th>Substance</th>
<th>Reaction</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillin</td>
<td>Hives</td>
<td>Active</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Wheezing</td>
<td>Active</td>
</tr>
<tr>
<td>Codeine</td>
<td>Nausea</td>
<td>Active</td>
</tr>
</tbody>
</table>

Medications

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

Immunizations

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
<th>Status</th>
<th>Source of Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza virus vaccine</td>
<td>Nov 1999</td>
<td>Completed</td>
<td>Immunization Tracking System</td>
</tr>
<tr>
<td>Influenza virus vaccine</td>
<td>Dec 1998</td>
<td>Completed</td>
<td>Immunization Tracking System</td>
</tr>
<tr>
<td>Pneumococcal polysaccharide vaccine</td>
<td>Dec 1998</td>
<td>Completed</td>
<td>Immunization Tracking System</td>
</tr>
<tr>
<td>Tetanus and diphtheria toxoids</td>
<td>1997</td>
<td>Completed</td>
<td>Immunization Tracking System</td>
</tr>
</tbody>
</table>
Results

<table>
<thead>
<tr>
<th>Hematology</th>
<th>March 23, 2011</th>
<th>April 06, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>HGB (M 13-18 g/dl; F 12-16 g/dl)</td>
<td>13.2</td>
<td></td>
</tr>
<tr>
<td>WBC (4.3-10.8 10+3/ul)</td>
<td>6.7</td>
<td></td>
</tr>
<tr>
<td>PLT (135-145 meq/l)</td>
<td>123*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chemistry</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NA (135-145 meq/l)</td>
<td>140</td>
</tr>
<tr>
<td>K (3.5-5.0 meq/l)</td>
<td>4.0</td>
</tr>
<tr>
<td>CL (98-106 meq/l)</td>
<td>102</td>
</tr>
<tr>
<td>HCO3 (18-23 meq/l)</td>
<td>35*</td>
</tr>
</tbody>
</table>

Treatment Plan

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

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

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

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

**Substance Abuse**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Route</th>
<th>Frequency</th>
<th>Age of First Use</th>
<th>Date of Last Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary</strong></td>
<td>Methamphetamine</td>
<td>Injection</td>
<td>3-6 times in the past week</td>
<td>15</td>
</tr>
<tr>
<td><strong>Secondary</strong></td>
<td>Methylphenidate</td>
<td>Oral</td>
<td>1-2 times in the past week</td>
<td>17</td>
</tr>
</tbody>
</table>

*Example shown is based on test data for illustrative purposes only.*
Patient Summary – Harrison CCD

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

Table of Contents

- Purpose
- Problems
- Family History
- 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

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
<th>DOS</th>
<th>Provider</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>486</td>
<td>PNEUMONIA, ORGANISM NOS</td>
<td>01-20-2012</td>
<td>Harrison Memorial Hospital</td>
<td>Active</td>
</tr>
<tr>
<td>540.9</td>
<td>ACUTE APPENDICITIS NOS</td>
<td>01-20-2012</td>
<td>Harrison Memorial Hospital</td>
<td>Active</td>
</tr>
<tr>
<td>599.0</td>
<td>URIN TRACT INFECTION NOS</td>
<td>01-20-2012</td>
<td>Harrison Memorial</td>
<td>Active</td>
</tr>
<tr>
<td>Code</td>
<td>Diagnosis</td>
<td>DOS</td>
<td>Provider</td>
<td>Status</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------</td>
<td>---------</td>
<td>---------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>820.09</td>
<td>FX FEMUR INTRCAPS NEC-CL</td>
<td>01-20-</td>
<td>Harrison Memorial Hospital</td>
<td>Active</td>
</tr>
<tr>
<td>E885.9</td>
<td>FALL FROM SLIPPING, TRIPPING, OR STUMBLING NEC</td>
<td>01-20-</td>
<td>Harrison Memorial Hospital</td>
<td>Active</td>
</tr>
<tr>
<td>V64.41</td>
<td>LAPAROSCOPIC SURGICAL PROC CONVERTED TO OPEN PROC</td>
<td>01-20-</td>
<td>Harrison Memorial Hospital</td>
<td>Active</td>
</tr>
</tbody>
</table>

**Family History**

**Social History**

**Allergies, Adverse Reactions, Alerts**

Allergies

<table>
<thead>
<tr>
<th>Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Allergy</td>
<td></td>
</tr>
</tbody>
</table>

Adverse Reaction to Substance

<table>
<thead>
<tr>
<th>Substance</th>
<th>Reaction</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cephalexin</td>
<td>I</td>
<td>HIVES</td>
</tr>
</tbody>
</table>

**Medications**

<table>
<thead>
<tr>
<th>Name</th>
<th>NDC</th>
<th>RxNorm</th>
<th>Date Ordered</th>
<th>Fill Date</th>
<th>Fills</th>
<th>Amount</th>
<th>Days</th>
<th>Diagnosis</th>
<th>Pharmacy</th>
<th>RX #</th>
<th>Physician</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNEUMOCOCCAL POLYSACCHARIDES</td>
<td>00005230933</td>
<td>--</td>
<td>01-16-2012</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No Longer Active</td>
</tr>
</tbody>
</table>

**Immunization**

No Immunization Data is available for this patient.

**Vital Signs**

01-16-2012
<table>
<thead>
<tr>
<th>Name</th>
<th>Value</th>
<th>Interpretation</th>
<th>Reference Range</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Temperature</td>
<td>99.1 [degF]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Rate</td>
<td>110 /min</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O2%</td>
<td>100 %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Rate</td>
<td>22 /min</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Results**

<table>
<thead>
<tr>
<th>Labs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lab Order</strong></td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td></td>
</tr>
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<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Procedures**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>DOS</th>
<th>Code</th>
<th>Location</th>
<th>Performer</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPEN REDUC-INT FIX FEMUR</td>
<td>--</td>
<td>79.35</td>
<td>JAMES PETTEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td>DOS</td>
<td>Code</td>
<td>Location</td>
<td>Performer</td>
<td>Comment</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----</td>
<td>------</td>
<td>--------------</td>
<td>----------------</td>
<td>-----------</td>
</tr>
<tr>
<td>OTHER APPENDECTOMY</td>
<td>--</td>
<td>47.09</td>
<td></td>
<td>CHARLES ALLRAN</td>
<td></td>
</tr>
</tbody>
</table>

**Encounters**

<table>
<thead>
<tr>
<th>Encounter Type</th>
<th>Start Date</th>
<th>End Date</th>
<th>Code</th>
<th>Location</th>
<th>Performer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient (IN)</td>
<td>01-16-2012</td>
<td>01-20-2012</td>
<td>IMP</td>
<td>Harrison Memorial Hospital</td>
<td></td>
</tr>
</tbody>
</table>

Healthcare Providers

<table>
<thead>
<tr>
<th>Name</th>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARLES ALLRAN</td>
<td>1619062130</td>
</tr>
<tr>
<td>Frank McKemie</td>
<td>1801859673</td>
</tr>
<tr>
<td>JAMES PETTEY</td>
<td>1972581254</td>
</tr>
</tbody>
</table>

**Electronically generated by:** XEROX on January 18, 2013

*Example shown is based on test data for illustrative purposes only.*
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. In the state of Kentucky, behavioral health records are also protected by KRS 210.235. Before any Cabinet for Health and Family Services record of a hospitalization can be shared in any format, including electronic health information exchange, a patient must sign a specific consent form.

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 "BRAIED":

- 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 214.185)
   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. A Kentucky statute (KRS 210.235) also protects the behavioral health records of patients as confidential and allows their release only by written consent. Before any Cabinet for Health and Family Services record of a hospitalization can be shared in any format, including electronic health information exchange, a patient must sign a specific consent form.¹

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.

¹This consent form was developed by a group of grant sub-awardees that included representatives from the states of Kentucky, Rhode Island, Illinois, Oklahoma and Maine.
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