



BRONX PARTNERS FOR HEALTHY COMMUNITIES



RHIO Patient Consent

As Essential Step to Quality Patient Care

January 2, 2018

Our Goal

Quality care coordinated by doctors and providers who have the information they need about a patient's medical history to make the best treatment decisions.



RHIO

Your organization is a member of the Bronx Regional Health Information Organization (RHIO), one of seven entities in New York State certified to operate a Health Information Exchange.



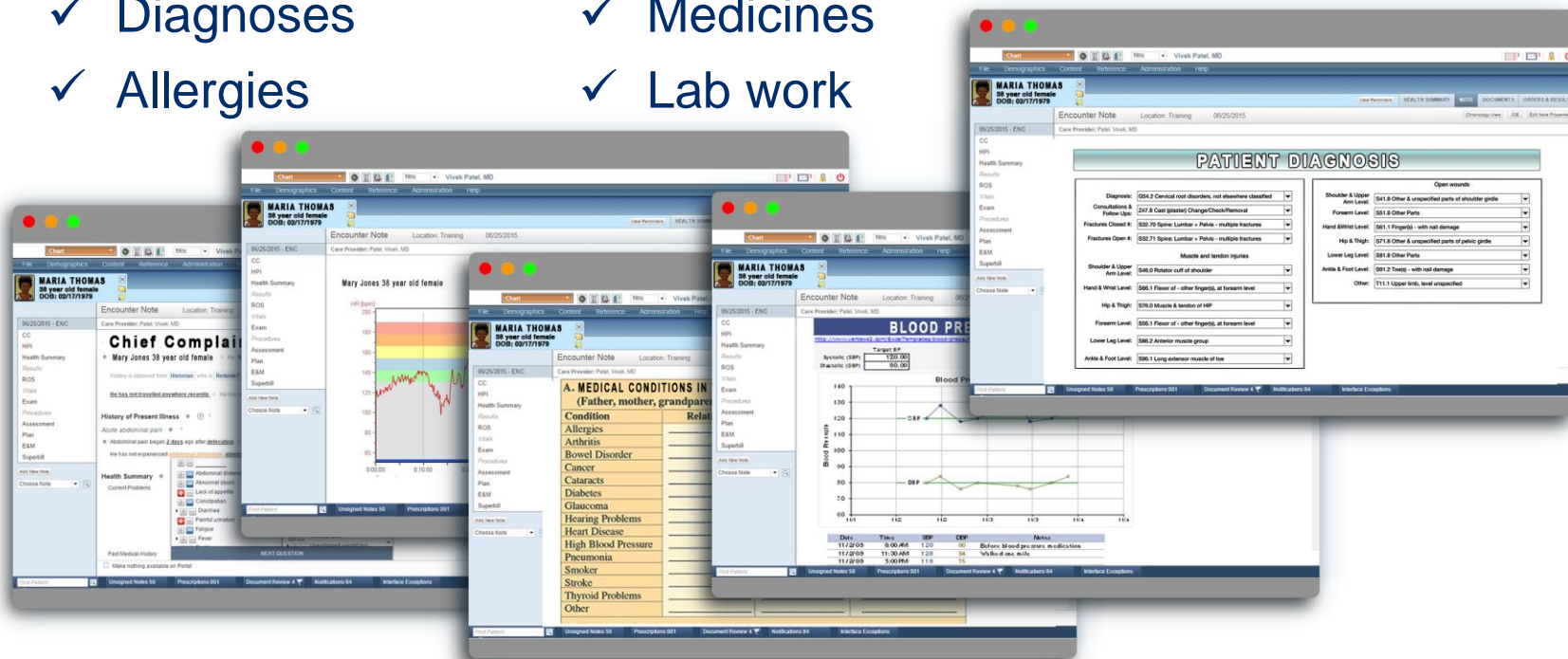
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What is a Health Information Exchange

Makes it possible for healthcare professionals to easily and securely share patients' electronic health information including but not limited to:

- ✓ Doctor visits
- ✓ Diagnoses
- ✓ Allergies
- ✓ Radiology and cardiology reports
- ✓ Medicines
- ✓ Lab work



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Health System
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RHIO Benefits

Doctors benefit because they can work together to provide their patients with quality, coordinated care and reduce wasteful cost in the system.



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RHIO Benefits



Patients benefit because:

- ☐ Doctors have a more complete picture of their health status and previous medical care.
- ☐ Patients can avoid duplicate tests and the costs that come with it.
- ☐ Doctors can give better care in an emergency.
- ☐ PCPs receive an alert when a patient is registered to the ER or the hospital's inpatient units for care.



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Example



Meet Maria Thomas

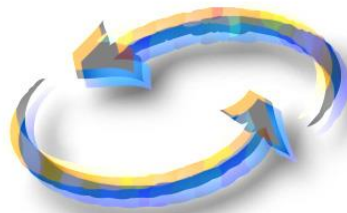
AGE: 38

In January, Maria visited her PCP for a wellness exam and signed a consent form giving her PCP permission to access her medical records that are in the RHIO.

Example

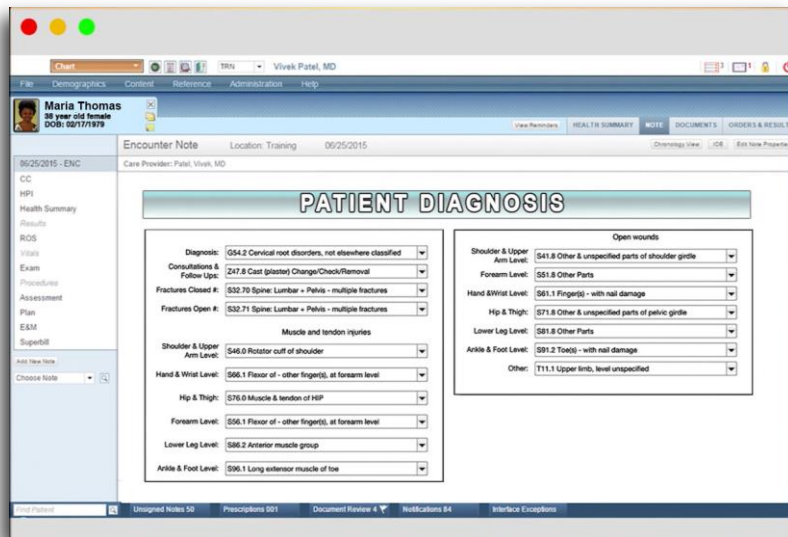
In February, Maria visited the hospital Emergency Department (ED) feeling dizzy. She signed a RHIO consent form so that the hospital could access her records from the RHIO.

Now the ED doctor can view Maria's medical records from her PCP.



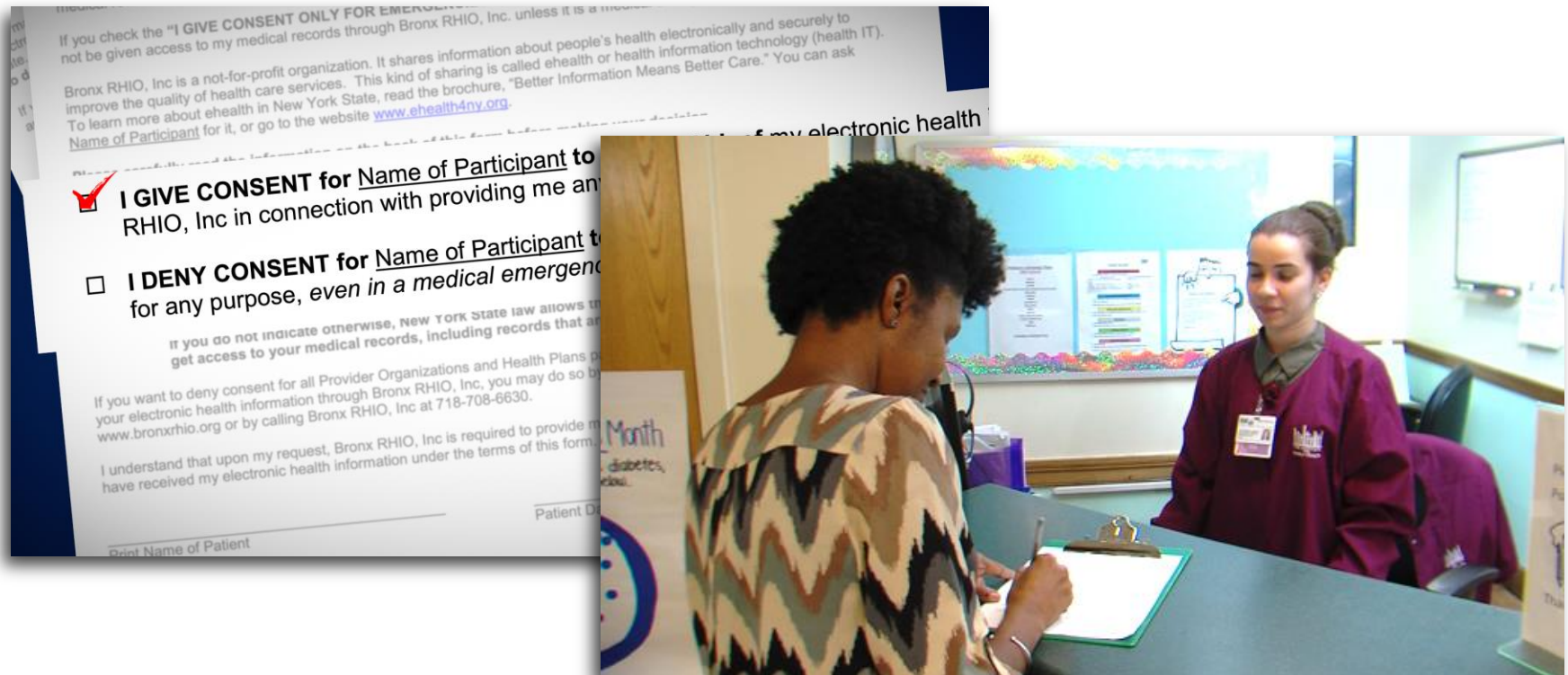
Example

One week later, Maria visited her PCP for a follow-up appointment. Since Maria made an ED visit, her PCP received an alert about that visit. The doctor was able to review the results of the visit and follow up with Maria.



Patient Consent

In order for a doctor to access a patient's medical records from other providers through the RHIO, a patient must give his/her **consent**.



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Patient Consent

All RHIO members have a print or electronic version of the standard RHIO consent form with similar language.

The image shows two overlapping copies of a consent form titled "RHIO CONSENT FORM BRONX RHIO, INC". The form is for a participant named "Name of Participant". It contains sections for "Your Consent Choices" with checkboxes for "I GIVE CONSENT" and "I DENY CONSENT", and a section for "EMERGENCIES". The form also includes a "Patient Date of Birth" field. The text on the form is as follows:

**RHIO CONSENT FORM
BRONX RHIO, INC**

whether to allow Name of Participant to obtain access to your medical records through RHIO, Inc, which is part of a statewide computer network. This can help you get health care, and make them available electronically.

whether or not to allow Name of Participant to see and obtain access to your medical records, and this form may be filled out now or later.

to get medical care or health insurance coverage. Your choice

you are saying "Yes, Name of Participant staff involved in my care through Bronx RHIO, Inc."

you are saying "No, Name of Participant may not be given access to my medical records for emergency purposes."

EMERGENCIES"

Your Consent Choices. You can fill out this form now or in the future. You have three choices.

- ☐ **I GIVE CONSENT** for Name of Participant to access **ALL** of my electronic health information through Bronx RHIO, Inc in connection with providing me any health care services, including emergency care.
- ☐ **I DENY CONSENT** for Name of Participant to access my electronic health information through Bronx RHIO, Inc for any purpose, even in a medical emergency.

If you do not indicate otherwise, New York State law allows the people treating you in an emergency to get access to your medical records, including records that are available through Bronx RHIO, Inc.

If you want to deny consent for all Provider Organizations and Health Plans participating in the Bronx RHIO, Inc to access your electronic health information through Bronx RHIO, Inc, you may do so by visiting Bronx RHIO, Inc's website at www.bronxrhio.org or by calling Bronx RHIO, Inc at 718-708-6630.

I understand that upon my request, Bronx RHIO, Inc is required to provide me with a list of individuals and organizations who have received my electronic health information under the terms of this form.

Patient Date of Birth _____



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RHIO Consent Form

For many organizations, the form will have **two choices**:

- The patient **gives** consent for the organization to access his/her health information through the RHIO, including emergency care.
- The patient **denies** consent ... even in a medical emergency.

Your form will include a **third option** if your organization – usually a hospital -- has one of these departments: ED, Labor and Delivery Department, ICU

- The patient consents **only** for emergencies.

... out this form now or in the future. You have three choices.

☐ I GIVE CONSENT for Name of Participant to access **ALL** of my electronic health information through Bronx RHIO, Inc in connection with providing me any health care services, including emergency care.

☐ I DENY CONSENT for Name of Participant to access my electronic health information through Bronx RHIO for any purpose, even in a medical emergency.

☐ I GIVE CONSENT ONLY FOR EMERGENCIES for the Name of Participant to access my electronic health information through the Bronx RHIO, Inc. I do not give consent for non emergency access to my health information.

If you do not indicate otherwise, New York State law allows the people treating you in an emergency get access to your medical records, including records that are available through Bronx RHIO, Inc.

If you want to deny consent for all Provider Organizations and Health Plans participating in the RHIO, you must check this box.



RHIO Consent Form

Your Consent Choices. You can fill out this form now or in the future. You have three choices.

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- ☐ **I DENY CONSENT for Name of Participant to access my electronic health information through Bronx RHIO, Inc for any purpose, even in a medical emergency.**
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Print Name of Patient

Patient Date of Birth

Signature of Patient or Patient's Legal Representative

Date

All fields should be completed for the form to be valid.

RHIO Consent Form

Note, the form also informs patients that...

If a patient does **not** sign the consent form, New York State law allows people treating the patient in an emergency to have access to the patient's medical records, including those records in the RHIO.



Please carefully read the information on this form before making your Consent Choices. You can fill out this form now or in the future.

☐ I GIVE CONSENT for Name of Participant to access ALL of my electronic health information through Bronx RHIO, Inc in connection with providing me any health care services, including emergency care for any purpose, even in a medical emergency.

☐ I DENY CONSENT for Name of Participant to access my electronic health information through Bronx RHIO, Inc. If you do not indicate otherwise, New York State law allows the people treating you in an emergency to get access to your medical records, including records that are available through Bronx RHIO, Inc.

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Please provide me with a list of individuals and organizations who have access to my electronic health information through Bronx RHIO, Inc.



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RHIO Consent Form

Storing the Consent Form

- Once the patient signs the consent form – regardless of which consent option he/she chooses – their choice should be recorded in your institution's EMR and the form should be properly stored since it may be needed for future audit.



- Note, consent is not mandatory so a patient may opt not to sign the consent form. If so, the patient's consent value should not be adjusted in the EMR.

Consent and Minors

- In most cases, when a minor patient (under age 18) visits a healthcare provider, his/her parent or legal guardian is responsible for signing the RHIO consent form.
- Once the patient turns 18, he/she is responsible for signing his or her own RHIO consent form.



Consent and Minors



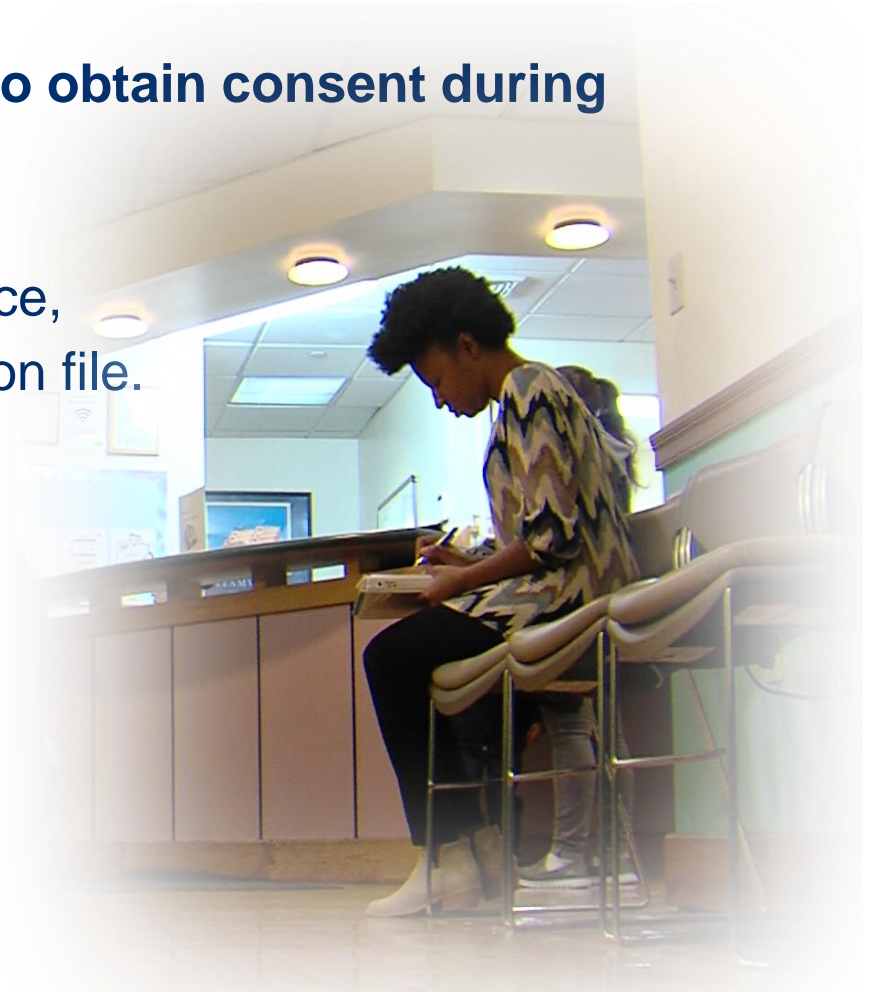
One exception:

- In New York State, minor patients are allowed to consent for their own care when they visit a provider for certain approved services called “Minor Consented Services” relating to reproductive health and family planning, abortion services, substance use and mental health.
- New York State has a form called Parental Consent Override that allows the minor patient to allow the provider one-time access to his or her health records in the RHIO.
- Only providers who have been identified as working in Minor Consented Services may collect and invoke Parental Consent Override.



Obtaining Patient Consent

- **In most circumstances, it is best to obtain consent during Registration/ Intake.**
- When a current patient visits the office, check to see if the RHIO consent is on file.
- Many providers include the form in the registration packet so that the patient can fill out the form with the other required paperwork.



Obtaining Consent

If patients have questions, **be calm, assuring and positive**. Explain its purpose in **easy-to-understand terms**.

- ❖ *This form gives the doctor permission to access your medical information that he/she may need from your other doctors.*
- ❖ *Information we are accessing can include tests you've had, medicines you are taking and recent hospital visits.*
- ❖ *If the doctor wants to order a test, he/she can find out if you've had the test before to save you time and inconvenience.*
- ❖ *Your doctor can compare any tests he/she takes to previous test results with another doctor.*
- ❖ *The doctor can know what kind of medication you are taking before he/she prescribes you anything.*
- ❖ *This information is only used to help the doctor treat you.*



Obtaining Consent

Respect the patient's concerns about having their information shared.
You can assure them that:

- Their records are confidential.
- Only their doctor and authorized users can access their information and **ONLY** with their permission.
- It is not mandatory to give consent.
- Patients can always change their mind and complete a new form.
- Their provider will see them no matter what they decide.



Thank you!

Your commitment to obtaining patient consent can help us meet our promise to our patients!



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