
Understanding Privacy Laws for Physical and Behavioral Health Information Sharing

September 29, 2015 11:00am-12:30pm

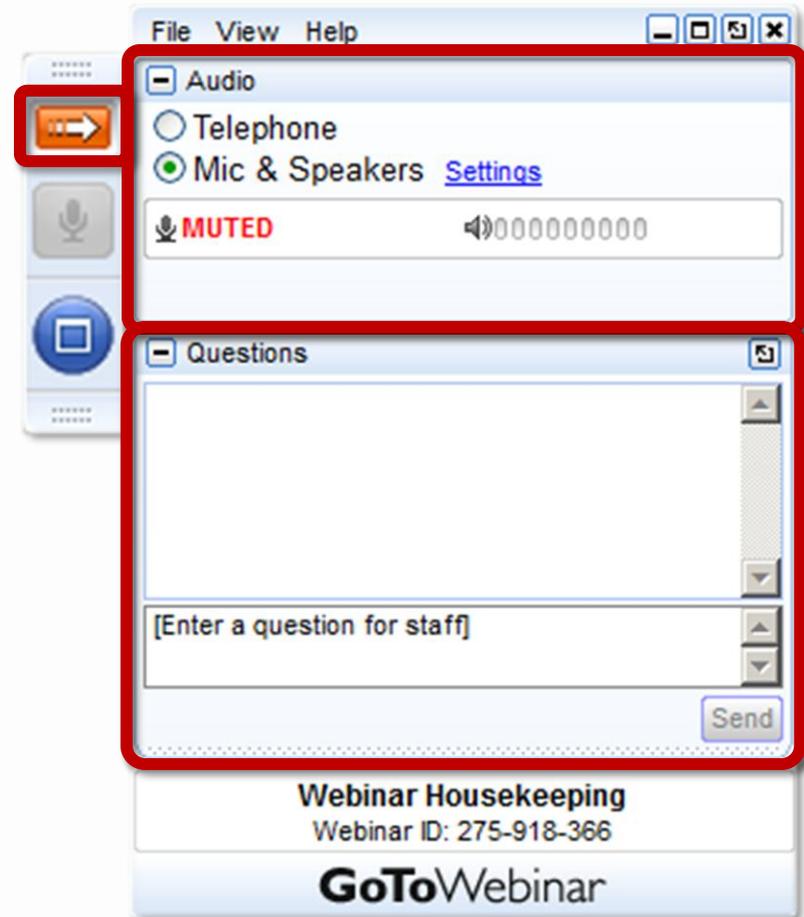
For audio, please listen through your speakers or call:
(631) 992-3221 Access Code: 453-672-361

The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font. The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below "Health".

Oregon
Health
Authority

Housekeeping

- Join audio using computer mic/speakers or telephone
- All lines are muted
- Webinar is being recorded and will be provided within 48 hours
- Send questions using the “Questions” box in the control pane
- Q&A session at the end



Presenters



Leslie Clement,
OHA



Kate Tipping,
SAMHSA



Nicole Corbin,
OHA



Laura Rosas,
SAMHSA

Additional presenter:

Deanna Laidler, Oregon DOJ (photo unavailable)

Webinar Agenda

- Overview of the Behavioral Health Information Sharing Advisory Group
- Background and overview of 42 CFR Part 2, HIPAA, and state laws
- Behavioral Health and Health IT
- Mechanisms to work with 42 CFR Part 2 to share information between providers
- Next steps and resources
- Question and answer

Overview of the Advisory Group

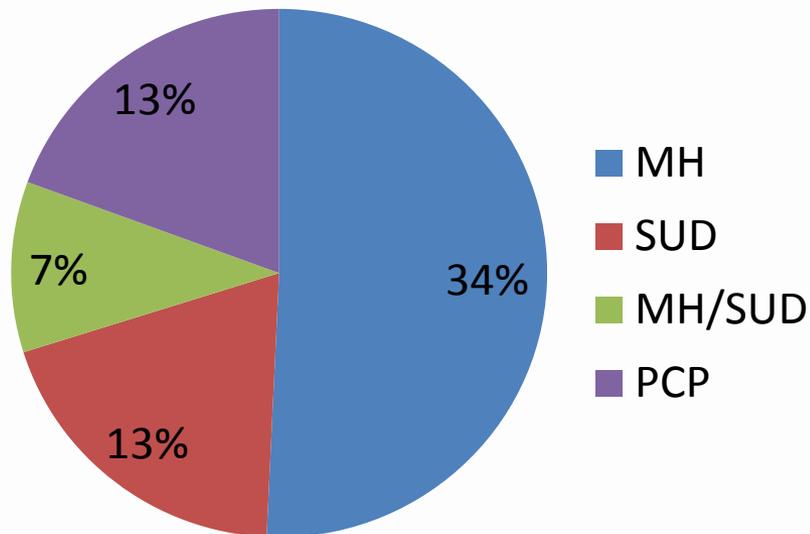
- **Need:** Lack of understanding of Part 2 and state laws impacted CCOs' care coordination ability
- **Goal:** To develop solutions to support integrated care and enable sharing of behavioral health information between behavioral and physical health providers
- **Members/Partners:** Internal staff from across the agency (OHA, AMH, DMAP, APD, ISPO, DDS, OHIT, TC)

Priorities:

- Outreach to stakeholders
- Education
- Leverage existing IT solutions
- Develop tools to facilitate information sharing

Provider Survey Results: Participants

Provider Type



- 71% practiced in urban setting
- 76% providers within CCO network
- 63% practice in BH clinic or primary care practice with integrated BH care
- 91% exchange PHI with other providers

Provider Survey Results: Major Barriers to Information Sharing

1

Confusion over compliance with state or federal laws

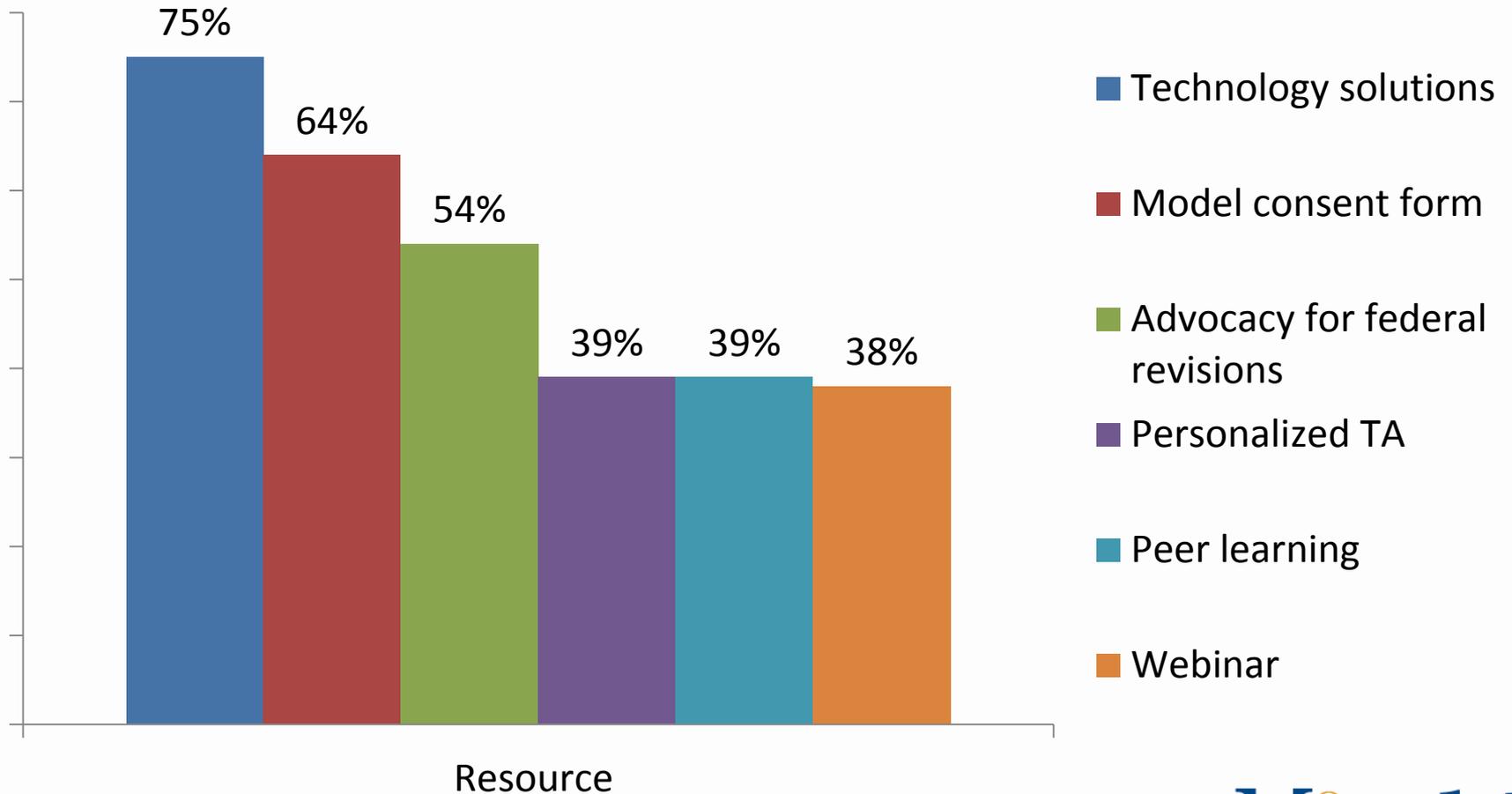
2

Concerns over privacy and confidentiality protection for patients

3

State or federal laws prohibit the type of sharing that is needed/wanted

Provider Survey Results: Resources to Address Information Sharing Barriers



Provider Survey Results: What We Learned

- Provider concerns are not specific to electronic exchange of PHI
- Solutions must account for variations across providers and systems
- Education about state and federal laws is needed

Priorities:

- Outreach to stakeholders
- Education
- Leverage existing IT solutions
- Develop tools to facilitate information sharing

Upcoming Work

- Conduct additional webinars
- Develop a model Qualified Service Organization Agreement
- Collaborate on OHA and Jefferson HIE ONC grant
- Develop a provider toolkit covering privacy laws, case studies of allowable sharing, model forms, and FAQs
- Engage federal partners in discussions about modifications to Part 2



Overview of the Substance Abuse Confidentiality Regulations, 42 CFR Part 2

Kate Tipping, JD

Public Health Advisor, Health Information Technology

Center for Substance Abuse Treatment

Substance Abuse and Mental Health Services Administration



The Legal Framework: Federal and State Health Privacy Laws

Two Federal Laws

- HIPAA: Health Insurance Portability and Accountability Act, specifically the HIPAA Privacy and Security Rules
- 42 CFR Part 2 regulations: implement Federal law (42 U.S.C. § 290dd-2) and protect confidentiality of alcohol and drug treatment and prevention information

State Laws

- Many state laws protect “sensitive” health information, including mental health information, HIV/AIDS and other health conditions deemed sensitive under state law

Confidentiality: Federal Health Privacy Law Framework

Protecting the confidentiality of people receiving substance use disorder (SUD) treatment must be balanced with the ability to share information amongst physical health and SUD providers

Patient
Confidentiality



Information
Sharing among
Providers

Purpose of 42 CFR Part 2

- Encourage people to seek treatment without fear that by doing so their privacy will be compromised
- Sharing of alcohol and drug patient health information can lead to:
 - ✓ Negative perceptions and discrimination
 - ✓ Criminal legal consequences
 - ✓ Civil legal consequences



Who is Covered Under 42 CFR Part 2?

→ Applies to federally assisted alcohol and drug abuse programs



Part 2 and Disclosure: The General Rule

- Disclosure of information that identifies a patient (directly or indirectly) as having a current or past drug or alcohol problem (or as participating in a drug or alcohol program) is generally prohibited

Unless:

- The patient consents in writing, or
- Another (limited) exception applies

Re-disclosure of Part 2 Information



- Once Part 2 information has been initially disclosed (with or without patient consent), re-disclosure is not permitted without the patient's express consent to re-disclose or unless otherwise permitted under Part 2
- Disclosures authorized by consent must be accompanied by a statement notifying the recipient that Part 2 re-disclosure is prohibited, unless further disclosure is expressly permitted by the patient's written consent or as otherwise permitted by Part 2

Myth 1: Consent Requirements

- **Myth:** All disclosures require authorization or consent
- **Fact:** HIPAA does not require authorization for disclosures or uses that are
 - necessary to carry out treatment,
 - payment, or
 - health care operations
- **However:** 42 CFR Part 2 does require consent unless one of the limited exceptions applies

Myth 2: Accessing Information

- **Myth**: No one outside the health system can access protected health information
- **Fact**: HIPAA permits disclosures for –
 - Public health activities
 - Victim of abuse or neglect
 - Judicial/administrative proceedings
 - Law enforcement
 - Threats to health or safety
 - Court-ordered examinations
 - Correctional facilities
 - Business agreements
- **Fact**: 42 CFR Part 2 permits disclosures for –
 - Public health research
 - Child abuse reporting
 - Crimes on premises or against staff
 - Criminal justice system if treatment is a condition of parole or release
 - Other systems with patient consent or QSOA

Myth 3: Intra-agency Information Exchange



- **Myth**: Federal law prohibits staff from the same agency or organization from talking to each other
- **Fact**: Both HIPAA and 42 CFR Part 2 permit intra-agency exchanges of information

42 CFR Part 2 Resources

[Applying the Substance Abuse Confidentiality Regulations to Health Information Exchange \(2010\)](#)

Frequently asked questions issued by SAMSHA to clarify issues relating to the federal regulations governing the confidentiality of alcohol and drug information and electronic health information exchange.

[Applying the Substance Abuse Confidentiality Regulations 42 CFR Part 2 \(2011\)](#)

Frequently Asked Questions issued by SAMSHA to clarify issues relating to the federal regulations governing the confidentiality of alcohol and drug information—known as 42 CFR Part 2.

[The Confidentiality of Alcohol and Drug Abuse Patient Records Regulation and the HIPAA Privacy Rule \(2004\)](#)

Guidance for treatment programs that are subject to and complying with Part 2 requirements.

[Confidentiality of Alcohol and Drug Records in the 21st Century \(2010\)](#)

Policy paper explaining Legal Action Center's vision for the confidentiality of substance use treatment records in the 21st century, including how health information technology and 42 CFR Part 2 work together.

Overview of HIPAA and State Laws Governing the Confidentiality of Behavioral Health Information

Deanna Laidler
Senior Assistant Attorney General
Oregon Department of Justice

HIPAA: Covered Entities

- HIPAA applies to Covered Entities & Business Associates of Covered Entities
- Covered Entities include:
 - Health care providers who conduct financial and administrative transactions electronically
 - Health plans
 - Health care clearinghouses
- A Business Associate is an entity that on behalf of a covered entity, creates, receives, maintains or transmits protected health information (PHI)

HIPAA: Protected Health Information

- Information, including demographics, that identifies an individual or could be used to identify an individual and that relates to:
 - The past, present or future physical or mental health of an individual
 - The provision of health care to an individual
 - Payment for health care

HIPAA: Permitted Uses and Disclosures

- To the individual
- Treatment, payment, and health care operations
- Opportunity to agree or object and the individual agrees or does not object
- Incident to an otherwise permitted use and disclosure
- Public interest and benefit activities
- Limited data set for the purposes of research, public health or health care operations

HIPAA: Psychotherapy Notes

- A covered entity must obtain an individual's authorization to use or disclose psychotherapy notes except as follows:
 - The covered entity who created the notes may use them for treatment
 - A covered entity may use or disclose psychotherapy notes in certain other instances including:
 - for training
 - in legal proceedings brought by the individual
 - for HHS investigations
 - to avert a serious and imminent threat to public health or safety

Authorizations under HIPAA and Oregon Law

HIPAA Authorization Elements	Oregon Authorization Elements
<ul style="list-style-type: none">• Description of the information• Name of person completing the form• Person to whom the PHI may be disclosed• Purpose of the requested use or disclosure• An expiration date or event• Signed and dated by individual• Statements regarding:<ul style="list-style-type: none">○ Right to revoke the authorization○ Whether treatment, payment, enrollment or eligibility for benefits is conditioned on completion of the authorization○ Potential for re-disclosure <p><i>Source: 45 CFR 164.508(c)</i></p>	<p>Same as HIPAA with the exception that the form requires the individual to expressly authorize the disclosure of HIV/AIDS information, mental health information, genetic testing, and drug and alcohol diagnoses, treatment, and referral information.</p> <p><i>Source: ORS 192.566</i></p>

HIPAA: Disclosures to Friends and Family Members

- If the patient is present, the provider may disclose relevant information to the patient's friends and family members in the following circumstances:
 - Patient consents to disclosure
 - Opportunity to object and there is no objection
 - Provider determines, based upon the circumstances, that the patient does not object
- If the patient is absent or incapacitated and unable to consent, disclosure is allowed if the provider determines that disclosure is in the patient's best interest
 - Provider may only disclose the protected health information that is directly relevant to the person's involvement with the patient's care
 - If disclosure to someone other than a friend or family member, the provider must be reasonably sure that the patient has involved the person in the patient's care

Oregon Law: Disclosures for Care Coordination

- ORS 192.561: A health care provider participating in a coordinated care organization (CCO) shall disclose PHI to other providers participating in the same organization for treatment purposes, and to the CCO for health care operations and payment purposes
- ORS 414.679(3): A CCO, its providers and DHS shall use and disclose member information for purposes of service and care delivery, coordination, service planning, transitional services, and reimbursement
- ORS 414.679(4): A CCO and its providers network shall use and disclose mental health diagnoses within the CCO for the purpose of providing care in accordance with HIPAA and state confidentiality laws

Oregon Law: Disclosures by Public Providers

- ORS 179.505(1)(g): Public providers include Department of Corrections institutions, community mental health programs, and programs, facilities or services authorized by OHA to provide treatment for alcoholism, drug addiction or mental or emotional disturbances
- ORS 179.505(2): Public providers may not disclose records containing individually identifiable health information unless the records fall within certain specified exceptions or when the use or disclosure is otherwise permitted or required by state or federal law or by order of the court

Oregon Law: Minors and Mental Health

- ORS 109.675: A minor 14 years of age or older may obtain, without parental knowledge or consent, outpatient diagnosis or treatment of a mental or emotional disorder or a chemical dependency.
- ORS 109.680: A provider may, without the minor's consent, advise the parent or parents or legal guardian of any minor of the outpatient diagnosis or treatment for a mental or an emotional disorder whenever the disclosure is clinically appropriate and serves the best interests of the minor's treatment

2015 Oregon Legislation

HB 2023: Requires hospitals to implement specific policies regarding mental health discharge planning

HB 2948: Disclosures to Friends and Family members (parallels HIPAA)

SJM 4: Urged Congress to pass legislation to better align 42 CFR Part 2 with HIPAA



Behavioral Health and Health Information Technology

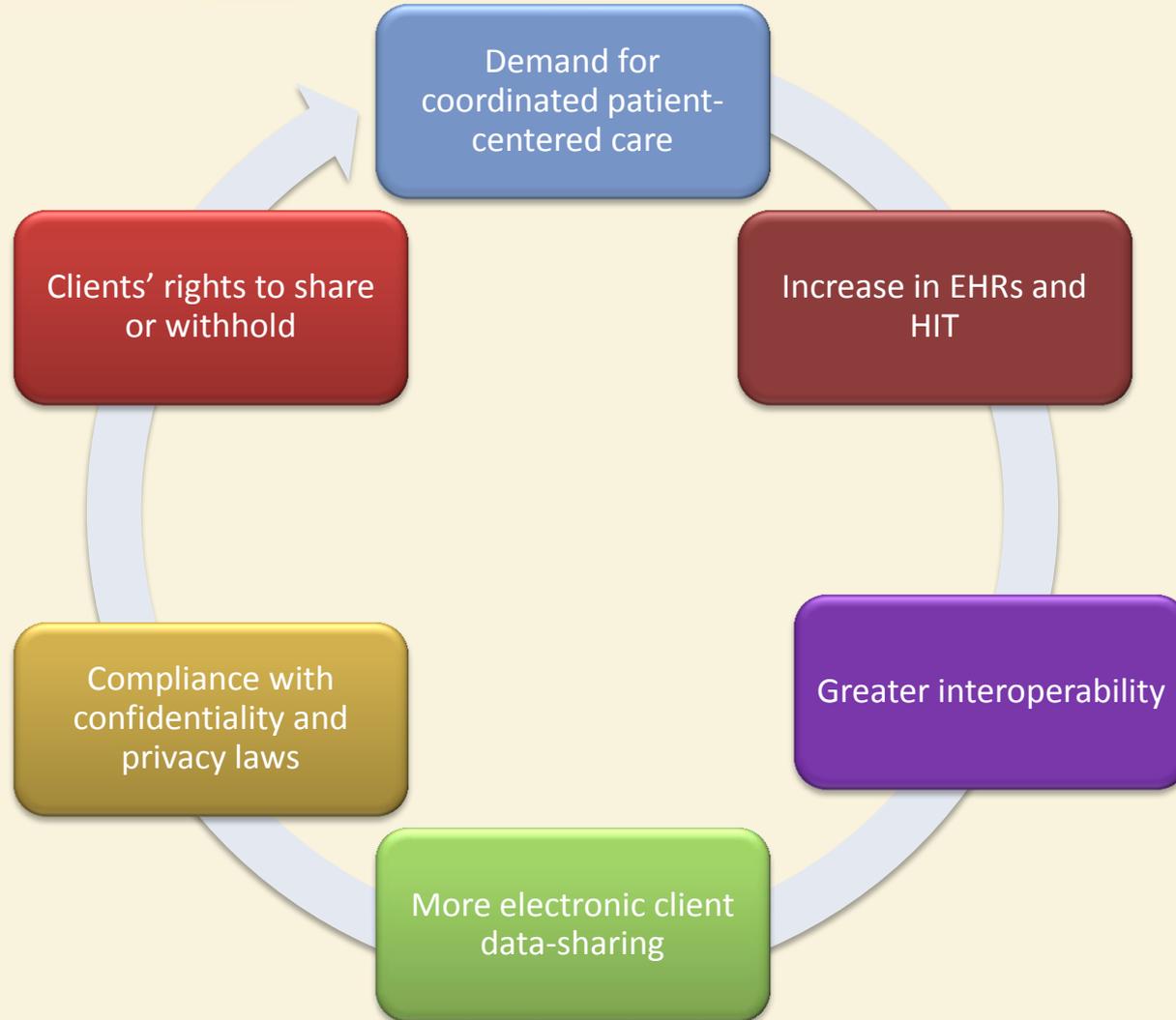
Laura Rosas, JD, MPH

Lead Public Health Advisor

Substance Abuse and Mental Health Services Administration



Background and Context



Barriers to Sharing BH Information Electronically



- Part 2 providers lack financial and workforce resources to adopt EHRs and interface with HIEs
- Lack of implementation of data segmentation for privacy (DS4P) standards in EHRs
- Difficult for HIEs to segregate data by provider
- Rapid HIE communications can lead to numerous breaches in an instant
- Adoption of EHRs and HIEs changes the risk of inappropriate disclosure of records

Develop Electronically-specified BH Clinical Quality Measures

- Work with SAMHSA and other partners to identify quality measures for retooling
- Conduct mini-environmental scan for SAMHSA-prioritized scan parameters
- Develop and update BH-related eCQMs
- Develop measures documentation and harmonize eCQM measure components
- Meet ONC requirements for Certified Electronic Health Record Technology
- Test and validate eCQMs
- Implement and maintain eCQMs

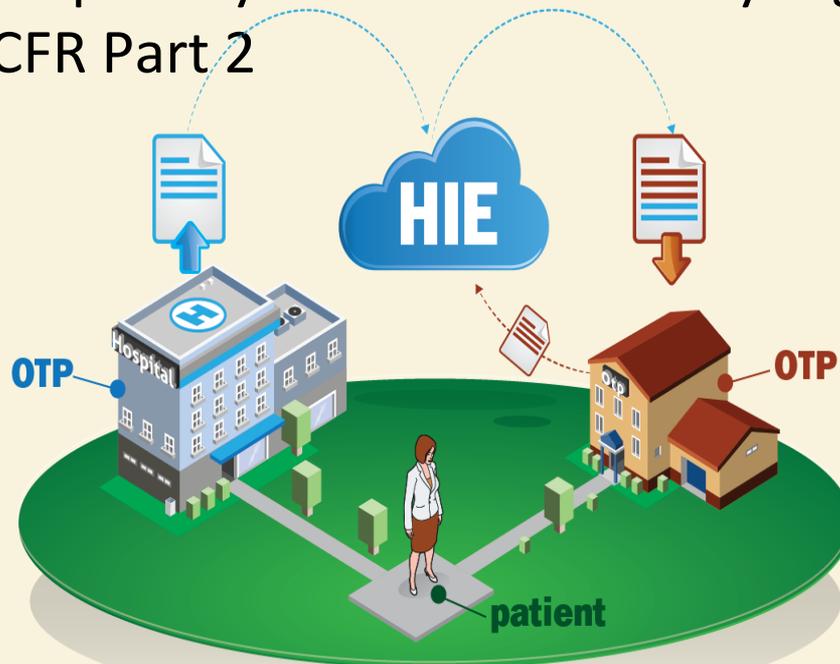


NATIONAL
QUALITY FORUM

SAMHSA Health IT Tools: Consent2Share

Consent2Share

- Data segmentation and consent management tool
- Supports information exchange
- Compliant with privacy and confidentiality regulations including 42 CFR Part 2

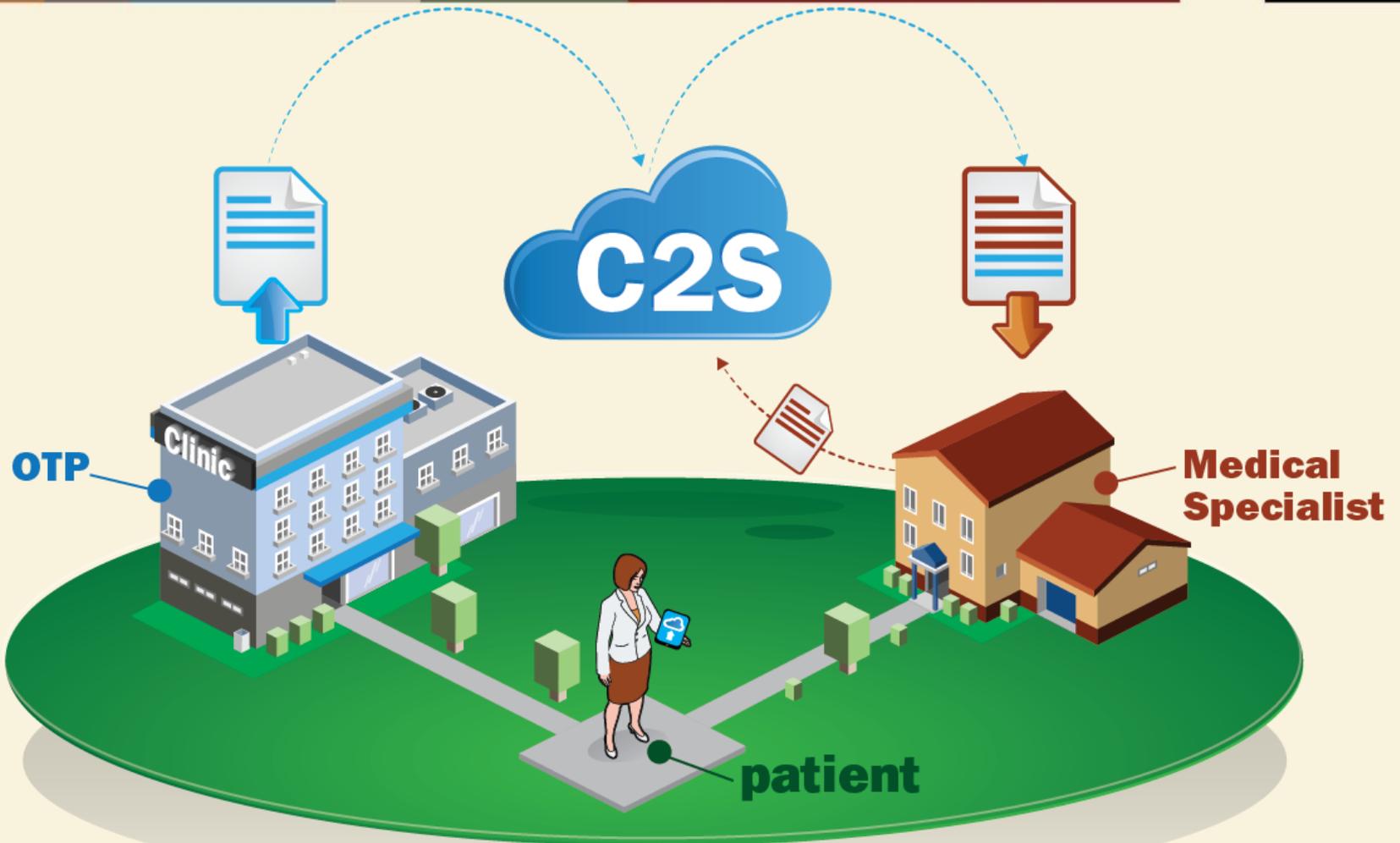


Solution: Consent2Share

- ✓ Open-source
- ✓ Manages consent
- ✓ Segments data
- ✓ Integrates with EHRs & HIEs
- ✓ Uses interoperability standards
- ✓ Applies client preferences
- ✓ Gives clients control



Client Controls Information Exchange



Consent2Share Pilot: PGCHD

Pilot: Prince George's County Health Department

- Pilot C2S in real-world environment
- Enable sharing data protected by 42 CFR Part 2
- Demonstrate how clients can establish preferences
- Utilize client portal



C2S Demo: Log-in Page

Share with confidence. consent2share C/S



Your health is between you and your doctor, so take control of your medical privacy.

[Sign up Now.](#)

Your medical privacy is important to you, so take control of your health records and decide what information to share and with whom to share it with. Get started today with a free account, setup is easy and fast.

Remember: Do Not Share Your Password. In order to protect your account, you should not share your password with anyone else.

Log in with your C2S account

Username:

Password:

[Login](#)

[Trouble accessing your account?](#)

What is privacy consent?

If you have ever visited a doctors office to receive treatment, you most likely were asked by a receptionist at the lobby to fill out a privacy consent form as part of your office visit. But what is a privacy consent form, and how does it effect your health and your privacy?

[Learn more about Privacy Consent.](#)

About Consent 2 Share.

Consent 2 Share is a publicly funded program which provides individuals with education resources and electronic tools necessary to manage sharing of health records in a safe and secure manner.

[Learn more about Consent2Share.](#)

How is my information shared?

Every year millions of individuals visit the doctors office and are asked to share their medical records as part of receiving treatment. The unintended consequence is that...

[Learned more about shared information.](#)

Behavioral Health Services Division
Cheverly Clinic (301) 583-5920
Dyer Clinic (301) 856-9400

[Frequently Asked Questions](#)



C2S Demo: Client Provider Page

My Providers Direct E-Mail 3 My Account Language [consent2share](#)

[My Home](#)
[My Consents](#)
[My Providers](#)
[My Profile](#)
[Direct E-Mail](#)
[Activity History](#)
[Medical Documents](#)

Healthcare Provider

[+ Add a Healthcare Provider](#)

Current Healthcare Providers

	Name/Facility	Specialty	NPI	Contact Number	Address
<input type="checkbox"/>	LUQUIN, TERESA	Counselor	1568797520	(760) 353-6151	107 S 5TH ST, EL CENTRO, CA, 92243
<input type="checkbox"/>	GRIMES, MICHAEL	Pharmacist	1285969170	(410) 720-6501	7150 COLUMBIA GATEWAY DR, COLUMBIA, MD, 21046
<input type="checkbox"/>	VAN DONGEN, MONICA	Family	1083949036	(410) 614-1937	600 N WOLFE ST, BALTIMORE, MD, 21287
<input type="checkbox"/>	HOANG, DAN	Pharmacist	1740515725	(951) 486-4490	26520 CACTUS AVE, MORENO VALLEY, CA, 92555
<input type="checkbox"/>	BARBER, REBECCA	Family	1932434834	(612) 225-1538	7955 TUCKERMAN LN, ROCKVILLE, MD, 20854
<input type="checkbox"/>	CARLSON, GEORGE	Clinical	1346575297	(410) 730-0552	5570 STERRETT PL, COLUMBIA, MD, 21044
<input type="checkbox"/>	MASTER CARE, INC.	Community Based Residential Treatment Facility, Mental Retardation and/or Developmental Disabilities	1902131865	(602) 993-5595	2159 W EUGIE AVE, PHOENIX, AZ, 85029
<input checked="" type="checkbox"/>	NEVAEH LLC	Residential Treatment Facility, Emotionally Disturbed Children	1174858088	(602) 441-3050	403 W HARWELL RD, PHOENIX, AZ, 85041

C2S Demo: Entering Provider Name

[Add Consent](#) **GUIDE** Language consent2share C/S

I, Albert Smith, hereby authorize...

The following individual(s) and/or organization(s): → To disclose my information to:

1 Start by selecting the provider who you authorize to share your health records. ×

Always consult your doctor or physician to discuss any potential health risks. You would like to share your medical information.

SHARE ALL information in my medical record.

SHARE my medical record **WITH EXCEPTION** of specific information.

Purpose of Use

Choose for what purposes your medical information may be used

SHARE my medical record **ONLY** for the selected purpose(s) of use. [Edit](#)

Healthcare Treatment

Consent Term

Enter a start and end date during which your medical records will be shared.

Consent Start Consent End

C2S Demo: Selecting Specific Settings

Privacy Settings

Sensitive Information Categories

DO NOT share the following areas of potentially sensitive information.

Select All Deselect All

- Drug abuse information sensitivity ⓘ
- Genetic disease information sensitivity ⓘ
- HIV/AIDS information sensitivity ⓘ
- Psychiatry information sensitivity ⓘ
- Sexuality and reproductive health information sensitivity ⓘ
- Alcohol Abuse and Alcoholism Information ⓘ

Medical Information Categories

Clinical Document Type

Specific Medical Information

Add Consent

Language consent2share C/S

I, Albert Smith, hereby

The following individual(s) and/or

LUQUIN, TERESA

Medical Information

Select how you would like to share

SHARE ALL information

SHARE my medical records

3 This section allows you to control your privacy setting for medical information you wish to protect.

Always consult your doctor or physician for potential health risks.

Prev Next

Healthcare Treatment

Consent Term

Enter a start and end date during

C2S Demo: Confirming Authorization

[Add Consent](#) **GUIDE** [Language](#) consent2share C/S

I, Albert Smith, hereby authorize...

The following individual(s) and/or organization(s):
LUQUIN, TERESA

To disclose my information to:
VAN DONGEN, MONICA

Medical Information

Select how you would like to share your medical information.

SHARE ALL information in my medical record.

SHARE my medical record **WITH EXCEPTION** of specific information. [Edit](#)

Drug abuse information sensitivity Psychiatry information sensitivity Sexuality and reproductive health information sensitivity

Alcohol Abuse and Alcoholism Information

Purpose of Use

Choose for what purposes your medical information may be used

SHARE my medical record **ONLY** for the selected purpose(s) of use. [Edit](#)

Healthcare Treatment

Consent Term

C2S Demo: Signing Consent

Consent Reference Number: REQ.1DSQFGACKF:1285969170:1083949036:7ectbfef8-77fa-44d7-9aa7-8c2398d00d9d

This is a consent made by Albert Smith

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

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

Name (First Middle Last): Albert Smith

Date of Birth(mm/dd/yyyy): 02/19/1983

Street: 7175 Columbia Gateway Dr

City: columbia State: MARYLAND Zip: 21246

authorizes

Provider Name	Phone	Address	NPI Number
MONICA VAN DONGEN	4106444037	600 NIMBLEE ST	1083949036

to disclose to

EchoSign Test Document
Not for commercial use

Provider Name	Phone	Address	NPI Number
MICHAEL GRIMES	4107206501	7150 COLUMBIA GATEWAY DR COLUMBIA, MD, 210462972	1285969170

Share the following medical information :

Sensitivity Categories:

- Addictions information sensitivity
- Alcohol use and Alcoholism information
- Communicable disease information sensitivity
- Genetic disease information sensitivity
- Sexuality and reproductive health information sensitivity
- Substance use information sensitivity

Medical Information Categories:

- Problem
- Results

Share for the following purpose(s):

C2S Demo: Signing Consent

Please e-sign: [DEMO USE ONLY] Consent 1

Share for the following:

- Healthcare Treatment

EchoSign Test Document
Not for commercial use

I understand that my consent is required for the release of my information regarding Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Effective Date: 01/07/15
Expiration Date: 01/06/16

Signature: *

Email:

Start

↑ ↓ 2 / 2 - + ×

Powered by ADOBE® ECHOSIGN™

If you have finished signing this Consent or wish to cancel, please click the Close button to exit this window. Close

C2S Demo: Signature

The screenshot shows a digital consent form titled "Please e-sign: [DEMO USE ONLY] Consent" with a page indicator "1" in the top right. A modal window titled "Place Your Signature" is centered on the screen. This modal contains a text input field with the placeholder "Patient Signature" and a close button (X). To the right of the input field are two icons: a grid of dots and a pen nib. Below the input field is a large white box containing a handwritten signature that reads "Patient Signature". At the bottom of the modal are two buttons: "Cancel" and "Apply".

In the background, the consent form is partially visible. It includes sections for "Share for", "Health", "I understand", "of Alcohol", "written c", "revoke th", "and that", "Effective", "Expiration", and "Signature". An email address "consent2share@outlook.com" is entered in a field labeled "Email:". A green arrow labeled "Next" points to the right. At the bottom of the form, there is a navigation bar with up and down arrows, a page indicator "2 / 2", and minus and plus icons. A "Close" button is located in the bottom right corner of the form area.

Next

Close

Powered by ADOBE ECHOSIGN

C2S Demo: Client Consent Page

My Consents

Direct E-Mail 3 My Account Language consent2share C/S

- My Home
- My Consents**
- My Providers
- My Profile
- Direct E-Mail
- Activity History
- Medical Documents

Consents

+ Add a Consent

Consent Name Created: July 03 2014

Authorized to share: VAN DONGEN, MONICA Sharing with: GRIMES, MICHAEL [Manage my consent](#)

Status: **Signed.**

Medical Information NOT disclosed: Medications; Allergies; HIV/AIDS information sensitivity; Psychiatry information sensitivity;

Share for following purposes: Emergency Treatment; Healthcare Treatment; Payment;

Consent Name Created: July 30 2014

Authorized to share: CARLSON, GEORGE Sharing with: HOANG, DAN [Manage my consent](#)

Status: **Signed.**

Medical Information NOT disclosed: Drug abuse information sensitivity; Genetic disease information sensitivity; HIV/AIDS information sensitivity;

Share for following purposes: Healthcare Treatment;

Consent Name Created: October 03 2014

Authorized to share: Sharing with: [Manage my consent](#)

Mechanisms to Work with 42 CFR Part 2 to Share Information Between Providers

Nicole Corbin, LPC

Adult Behavioral Health Services Manager

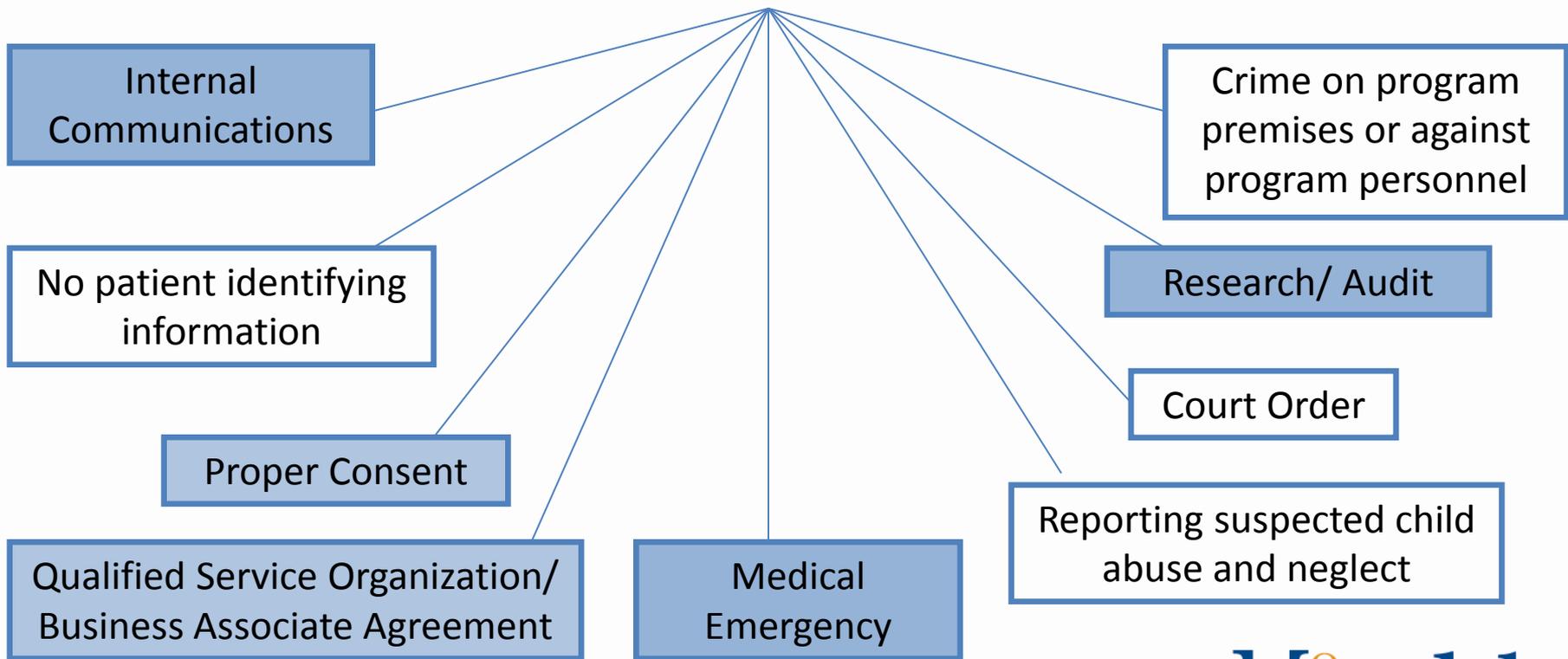
Health Systems

Mechanisms for Information Sharing

- So, now that we know HIPAA, 42 CFR part 2, and state laws protect patient confidentiality, and we want to share information for quality care –
What do we do?

42 CFR Part 2 and HIPAA: Exceptions to General Rule

Permitted Disclosures



Mechanism for Disclosure #1: Consent Form

- Often called a 'release of information' or ROI
- Proper format for consent to release information must be in writing:
 - Name/general designation of program making disclosure
 - Name of individual/entity receiving disclosure
 - Name of patient who is subject of disclosure
 - Purpose/need for disclosure
 - Description of how much & what kind of info will be disclosed
 - Patient's right to revoke consent, and any exceptions
 - Date/event/condition on which consent expires
 - Patient signature
 - Date signed
- HIPAA: Program's ability to condition treatment, payment, enrollment, or eligibility on the consent

Mechanism for Disclosure #1: Consent Form (cont.)

- Whenever patient information is disclosed with consent, it must be accompanied by Written Prohibition on Redisclosure
- **Rule:** Any disclosure made pursuant to written patient consent must be accompanied by written statement that the information disclosed is protected by federal law and that the recipient may not disclose it further unless permitted by the regulations
 - This is true even for verbal disclosures
 - Legal Action Center sample notice [http://lac.org/wp-content/uploads/2014/12/Sample Form 2.pdf](http://lac.org/wp-content/uploads/2014/12/Sample_Form_2.pdf)

Mechanism #2: Qualified Service Organization Agreements

- Two-way agreement between a Part 2 Program and the entity providing the service
- Authorizes communication between those two parties of information that is necessary for the QSO to perform its duties under the QSOA

Mechanism #2: Qualified Service Organization Agreements (cont.)

- A QSO means a person or organization that:
 - Provides services to a Part 2 program, such as data processing, bill collecting, dosage preparation, lab analyses, or legal, medical, accounting or other professional services, and
 - Has entered into a written agreement (QSOA) with a program under which that person
 - Acknowledges that in receiving, storing, processing or otherwise dealing with any patient records from the program, it is fully bound by these regulations
 - If necessary, will resist in judicial proceedings any efforts to obtain access to patient records, except as permitted by these regulations

Promoting Effective Communication

- Between SUD and Primary Care Providers
 - Consent forms
 - Patients can sign consent forms to authorize disclosure to primary care, mental health and other health care provider
 - Consents can be two-way, i.e., authorize disclosures between SUD providers and other health care providers
 - QSOAs
 - SUD providers can sign QSOAs with other health care providers that provide a service to them
 - Providing mental or physical health services for the SUD providers' patients
 - QSOAs authorize SUD provider to disclose to the other health care provider information it needs to provide the service, and the other health care provider can disclose information back to the SUD provider

Next Steps and Resources

- State and national resources available at <http://www.oregon.gov/oha/amh/Pages/bh-information.aspx>
- Next webinar scheduled for November 10, 2015 from 1-3pm
- Collaborate on OHA and Jefferson HIE ONC grant
- Develop a model Qualified Service Organization Agreement for CCOs and Part 2 providers
- Develop a provider toolkit covering privacy laws, case studies of allowable sharing, model forms, and FAQs

Questions and Answers

To ask your question via the chat please type your questions into the question box and we will address your questions.

Any remaining questions will be answered and posted on the following webpage

<http://www.oregon.gov/oha/amh/Pages/bh-information.aspx>

