



Consent Tool Provider Guide

Prevention of Harm Form

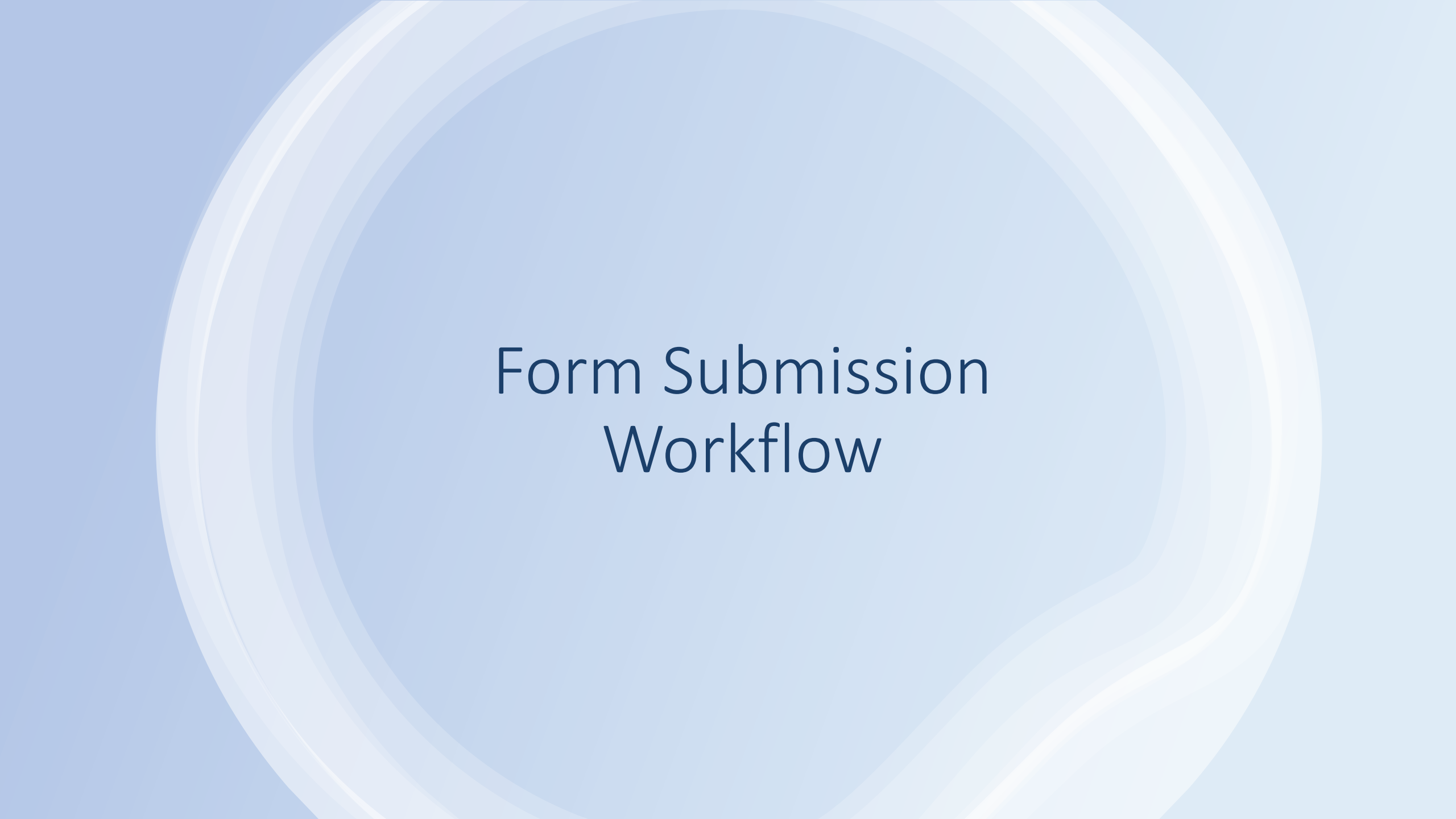
The background features a series of concentric circles in shades of light blue and white, creating a ripple effect. A white, wavy line curves across the bottom right portion of the image.

Purpose of Form



Purpose of the Prevention of Harm Form

- The purpose of this Consent Tool form is to provide written notice to the health information exchange (HIE) that the patient's electronic health information (EHI) should not be shared with that patient or his/her/their authorized representative for the reasons stated below.
 - access or disclosure of electronic health information (EHI) is reasonably likely to cause substantial harm to the patient or endanger the life or physical safety of the patient.
 - access or disclosure of electronic health information (EHI) is reasonably likely to cause substantial harm to or endanger the life or physical safety of another person.

The background features a light blue gradient with several concentric circles of varying shades of blue and white. A prominent white wavy line curves across the right side of the image, partially overlapping the circles.

Form Submission Workflow



Form Submission Workflow in the DC Portal

- Enter patient name and date of birth into Patient Search
- Select the patient from search results returned
- Click on the square icon next to the Consent Tool app

CRISP DC

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SEND FEEDBACK

PRODUCT UPDATES

CORRINE JIMENEZ

LOGOUT

HOME

Search Applications & Reports

This query portal is for authorized use only. By using this system, all users acknowledge notice of, and agree to comply with, CRISP-DC's Participation Agreement ("PA") and CRISP-DC Policies and Procedures. Click here to review the policies and procedure. CRISP-DC uses a privacy monitoring tool to ensure all users are adherent to an approved policy or use case. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use.

Q Patient Search

First Name * Last Name *

Date of Birth *

Gender

SSN

Results					
First Name	Last Name	Date of Birth	Gender	Address	Match Score
GILBERT	GRAPE	01/01/1984	Male	4145 Earl C Adkins Dr, River, WV, 26000	117 - probable

Select App

- AK Labs and Imaging
- CareTeam
- Clinical Information
- Consent Tool
- COVID Lab Tools

Your Dashboard *For applications requiring patient context, please start by using the Patient Search interface above.*





Form Submission Workflow

- Select: Prevention of Harm – Block Patient Access Form

The screenshot displays the CRISP Consent History interface. At the top, there is a navigation bar with a home icon and the text 'HOME'. To the right of this bar is a search box labeled 'Search Applications & Reports' with a magnifying glass icon and a close button. Below the navigation bar is a sidebar menu with the following items: 'Reports & Applications' (highlighted in dark grey), 'Consent Tool', 'Snapshot', and an unlabeled blue bar. The main content area has a blue header with the CRISP logo and the text 'Consent Consent History'. Below this header, there are two rows of form selection options. The first row is labeled 'Part II Provider'. The second row is labeled 'Prevention of Harm - Block Patient Access Form' and is highlighted with a red rectangular border.



Form Submission Workflow

- Select: Prevention of Harm – Block Patient Access Form

By submitting this form I certify the following:

I am a licensed health care professional who has or had a clinician-patient relationship with the patient; *and* in the exercise of my professional judgement, I have determined, that for this specific patient:

Options

- access or disclosure of electronic health information (EHI) is reasonably likely to cause substantial harm to the patient or endanger the life or physical safety of the patient.
- access or disclosure of electronic health information (EHI) is reasonably likely to cause substantial harm to or endanger the life or physical safety of another person.

OR

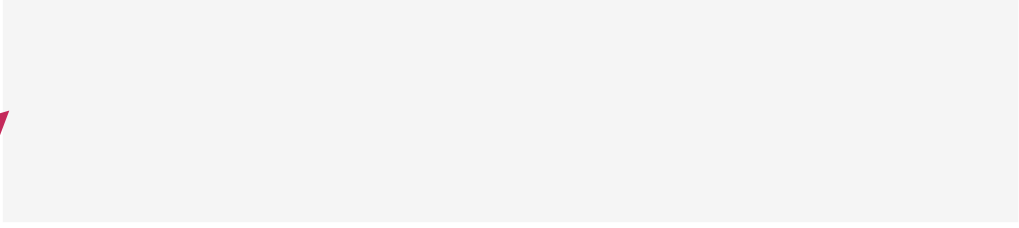


Form Submission Workflow

- Signature: Health care professional signs electronically
- Attestation: Review confirmation and click check box

Signature and Submission Next

Signature



Please, sign above *

AND

I understand that this patient will not have any access to his / her / their information electronic health information through Connie per the exceptions in 45 CFR Section 171.20 1 and 45 CFR 171.204(a)(2)(ii) unless and until I revoke this certification by contacting the HIE. To revoke this certification, I understand I must contact the following in writing via: Secure, direct email: Privacyofficer@crisphealth.org OR Mail: Privacy Officer, 7160 Columbia Gateway Drive, Suite 100, Columbia, MD 21046. I further understand that the patient has the right to and may opt to appeal or review my determination. If the patient makes such a request, Connie will have the patient contact me or my organization directly.



Form Submission Workflow

- Print Name and Licensure
- Click Submit

The screenshot shows a form with a blue header bar containing the text "Print Name and Licensure". Below the header is a light gray rectangular area, also containing the text "Print Name and Licensure". At the bottom of the form are two buttons: a blue "Submit" button and an orange "Cancel" button. Two red arrows point from the left side of the image to the "Print Name and Licensure" button and the "Submit" button, respectively.



Prevention of Harm Reversal



Prevention of Harm Reversal

To reverse this decision, contact the following in writing via:

- Secure, direct email:
Privacyofficer@crisphealth.org *OR*
- Mail: Privacy Officer, 7160 Columbia Gateway Drive, Suite 100, Columbia, MD 21046





For CRISP DC related inquiries please contact outreach at dcoutreach@crisphealth.org.

For support contact support@crisphealth.org or call 833.580.4646.

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