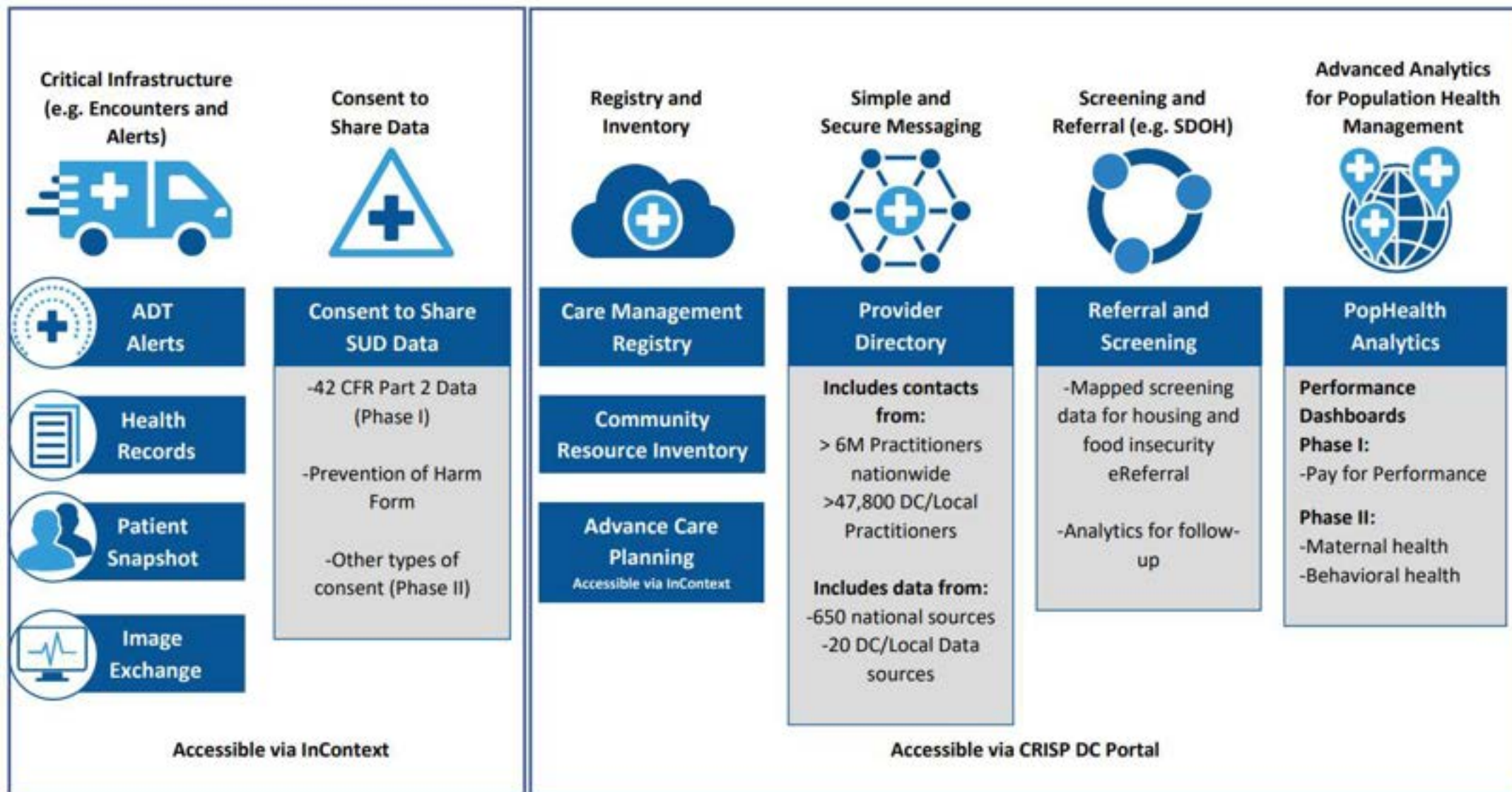




Consent Tool User Guide- Portal and SSO

October 2024

The DC HIE is a Health Data Utility with Six Core Capabilities for Providers



Consent Tool Overview



Purpose of the Consent Tool

- The CRISP Consent Tool was designed as a platform for providers and staff to register patient consents to share 42 CFR Part 2-protected data.
- This application has since grown to cover other unique scenarios where patients may need to "opt in" to sharing additional data types via the HIE
- What is my patient consenting to with a 42 CFR Part 2 consent?
 - To allow their Substance Use Disorder (SUD) treatment provider to share information about their SUD treatment with the DC Health Information Exchange (HIE).
 - The HIE will then share it with other members of the patient's health care team who participate with CRISP HIEs
 - Including Maryland, DC, West Virginia, Connecticut, Alaska, Virginia and any HIE affiliates in the future
- Find our complete list of FAQs [here](#) or at <https://crispdc.org/wp-content/uploads/2022/04/ConsentFAQs.pdf>

Registering a Consent for Telehealth Patients



Using the CRISP Consent Form for Telehealth Patients

- After the telehealth appointment has occurred, a credentialed staff member may complete the registration in the Consent Tool, based on the patient's designation, before checking the “Attestation for Consent on File” box in the signature section.
- *Please keep the signed copy of the consent form on file. It is required by federal law to have a patient signature to share the patient’s SUD information available upon request.*

Registering a Consent During In-Person Visits



Using the CRISP DC Consent Form for In-Person Visits

- Provider searches for their patient in DC Portal or through SSO in their EHR.
- After launching the tool, provider explains the consent to their patient, educating them on what data they are sharing and with whom.
- Patient designates to share "all SUD treatment data".
- Patient (or parent/guardian) signs directly in the tool during the in-person visit.
- The provider registers their own legal attestations in the tool and then adds their name before submitting the consent.

Steps to Register a Consent

via Single Sign-On (SSO) from an EHR



Launch the Consent Tool from the InContext App in your EHR

The screenshot shows the HIE InContext EHR interface for a patient named ANNA CABENCE, Female, born Nov 16, 1981. The left-hand navigation menu is visible, with the 'CONSENT TOOL' tab highlighted in a red box. The main content area displays a 'Health Records' table with columns for Date Collected, Source, Description, and Provider. The table contains several rows of data, including a tooltip that reads: 'Consent Tool allows treating providers and their staff to register a patient's affirmative consent to share data protected by 42 CFR Part 2 and, as applicable, other legally protected data. Click here to access in a new tab.'

Date Collected	Source	Description	Provider
2022-07-21	CRISP_REFER	Referral for further care	—
2022-07-05	CRISP_REFER	Referral for further care	—
	CRISP_REFER	Referral for further care	—
	CRISP_REFER	Referral for further care	—
	CRISP_REFER	Referral for further care	—
2022-05-17	CRISP_REFER	Referral for further care	—

- Click on the consent tool tab on the left-hand side of your screen
- The consent tool will open in a new tab in a new window
- Follow the [Portal registration instructions](#) (on subsequent slides) to register the patient's consent the same way as you would via the DC Portal

Steps to Register a Consent

in the DC Portal



Launch the CRISP DC Portal and search for a patient

CRISP DC

© CRISP. All Rights Reserved.

SEND FEEDBACK

PRODUCT UPDATES

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
gilbert

Last Name *
grape

Date of Birth *
01/01/1984

Gender

SSN

Reset

Search

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.

- 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



Select Part II Provider Form

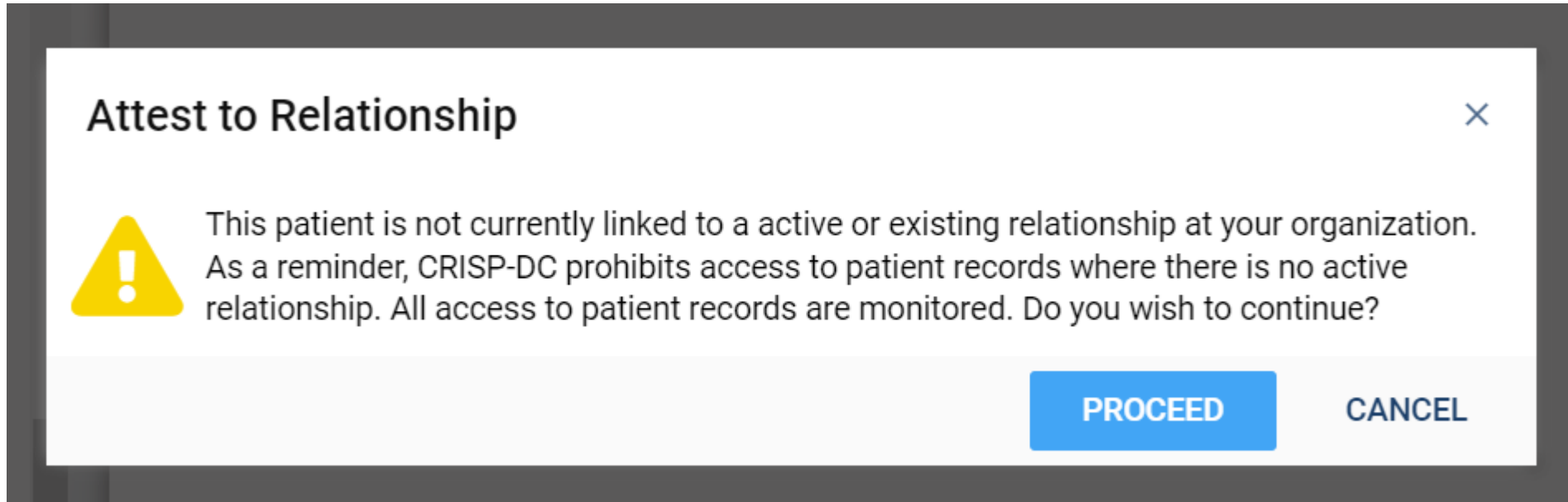
CRISP DC Consent Consent History

Consent Types

- Part II Provider
- Prevention of Harm - Block Patient Access Form
- Patient Opt Out Form [↗](#)



Attest to Patient Relationships



- If you are registering consent for a new patient (one not currently on your existing CRISP panel), a “Attest to Relationship” prompt will appear.
 - Click 'Proceed' to continue.



Attest to Patient Relationships

Please select a reason



Reason:

- New patient Treatment Care coordination Quality improvement Public health

SUBMIT

- After clicking “proceed”, you must select a reason for searching the patient. Please select the option that applies to you.



Review the Information Section with patient, using the Accounting of Disclosures and FAQ links as needed

CRISP DC Consent Consent History

Consent Status: Opted to Disclose All SUD Treatment Data, Expiration Date: Does Not Expire

Dismiss

Patient Consent to Disclose Substance Use Disorder (SUD) Treatment Information

Next

Patient Details

Name (First, Last) GILBERT GRAPE
Date of Birth (MM/DD/YYYY) 01/01/1984
Address 4145 EARL C ADKINS DR
City RIVER
State WV
Zip 26000

Information about this Consent

By completing and signing this form, you will be allowing your 42 CFR Part 2 – Substance Use Disorder treatment provider to share information about your 42 CFR Part 2 – Substance Use Disorder treatment with CRISP DC who may share it with other members of your health care team for purpose of treatment, payment, and health care operations.

Examples of who may see your information include, but may not be limited to, your primary care provider, hospital and emergency providers, case managers or care coordinators, your insurance company or payer, and other individuals who are involved in coordination or payment of your care. The information will be shared with members of your healthcare team who participate with the CRISP Shared Services affiliate HIEs including Maryland, DC, West Virginia, Connecticut, Alaska and any HIE affiliates in the future.

Anyone receiving your information must follow all state and federal laws to keep your information private; however, there is the potential for the records used or disclosed pursuant to the consent to be re-disclosed by the entities receiving the information and the information may no longer be protected by 42 CFR Part 2 (the federal regulation which protects the privacy of substance use disorder (SUD) information). Once your SUD information is shared with members of your health care team for purposes of treatment, payment, or operations, they may incorporate it into their records and further share it with other health care providers, payers, or organizations that provide services for them. Your information may be re-disclosed or shared in accordance with HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you, the patient.

You can request a list of organizations who have received your information by completing an accounting of disclosures requests at <https://disclosures.crisphealth.org>. A list of Frequently Asked Questions (FAQ) about sharing 42 CFR Part 2 – Substance Use Disorder treatment data through CRISP DC can be found [here](#) and at <https://crispdc.org/wp-content/uploads/2023/12/FAQs-for-Patients-v2.pdf>.

CRISP DC does not require you to sign this consent, and it will not impact the sharing of any of your health information through the HIE, except for your 42 CFR Part 2 – Substance Use Disorder information. If you do not consent to the disclosure of your SUD information, it may not be readily available through CRISP DC to those who need the information to give you appropriate care, especially in an emergency.

[Consent Tool - CRISP DC - DC Designated Health Information Exchange](#)



Patient must elect to share ALL SUD information with this form

Type and Amount of Data and Purpose of Disclosure

Next

Purpose The information shared will be used for purposes of treatment, payment, and health care operations as defined by HIPAA. The information to be shared could include but may not be limited to clinical documents, lab results, hospital discharge summaries, medication information, and claims data relating to my Substance Use Disorder treatment.

Consent Options

- Disclose All Substance Use Disorder Data for TPO Purposes**
This information could include my treatment plan, medications, laboratory results, clinical notes, health care encounters, claims information, and other data about my substance use disorder care.



Review Submission Instructions section

CRISP DC Consent Consent History

Next

Submission Instructions

Expiration Date: This is the date the consent will expire if the patient does not revoke consent prior to expiration. The patient can choose any date for expiration. This date can be changed by clicking on the calendar and selecting a different day, month, and/or year. If the patient does not choose a date, the consent will not expire unless the patient takes an affirmative action to revoke it.

Identity Validation and Education Attestation: Select both checkboxes attesting patient's identity has been validated and patient has been educated on terms of this consent and questions have been answered.

Signature and Submission:

In-person Encounter: If registering this consent at an in-person encounter, the patient should sign their name electronically in the Patient Signature box. The patient's Legal Guardian, Parent, or Legally Authorized Representative, may sign on behalf of the patient by checking the corresponding box and signing in the signature box, provided they may sign for the patient under applicable law.

Attestation for Consent on File: For consents that are otherwise obtained and on file, please ensure the CRISP DC 42 CFR Part 2 – SUD consent form or a substantially similar form is signed. **The consent must be signed and must enable sharing for purposes of treatment, payment, and health care operations and explain to the patient that information may be further disclosed in accordance with HIPAA.** CRISP DC may audit records at any time to confirm the existence of the consent. Once you have the written and signed 42 CFR Part 2 – SUD consent form on file, select the "Attestation for Consent on File" checkbox in the HIE. Remember to keep the previously captured consent on file (either as electronic or hard copy).

Name of Person Registering Consent: Type the name of the person registering this consent.

- Please review instructions for each type of visit carefully
- For telehealth visits, or consents that are otherwise obtained and on file, please make sure to have the CRISP 42 CFR Part 2 SUD Consent Form (or a substantially similar form) signed and completed by the patient before attesting to having the consent on file in the tool.



The SUD Consent Form is also available on the resources page of the CRISP DC website:

<https://crispdc.org/consent>

Consent Tool Resources

For Patients	4
For Providers	11
All	11

1. SUD Consent Form – For Patients (ENGLISH)
2. Consent Tool FAQs for Patients
3. Consent Quick Guide
4. Consent InContext One-Pager



On the SUD Consent Form, a patient must designate their own expiration date for their consent

- Providers must ensure that if patients indicate a date of expiration the information that is entered in the consent tool matches what the patient has authorized on the form.
 - In the tool, the expiration date field is automatically set to “does not expire”. If the patient would like to choose a date on which their consent does expire, they may do so in the tool and on the paper form.
 - If no date is entered, the consent will remain in effect until it is revoked.

Type and Amount of Data

The information shared will be used for the purposes of treatment, payment, and health care operations as defined by HIPAA. The information to be shared could include but may not be limited to clinical documents, lab results, hospital discharge summaries, medication information, and claims data relating to my 42 CFR Part 2 – Substance Use Disorder treatment.

Consent Options

Disclose All Substance Use Disorder Data for Treatment, Payment, and Operations Purposes

This could include my treatment plan, medications, laboratory results, clinical notes, health care encounters, claims information, and other data about my 42 CFR Part 2 – Substance Use Disorder care.

REVOKING MY PERMISSION

I understand that I may revoke this consent at any time, by requesting one of my CRISP DC participating providers to deactivate my consent in person or via written request. I understand that my information will be shared during the time the consent is active and my health care team may use this information for treatment, payment, and health care operations in accordance with state and federal law. I understand that the revocation will not affect any reliance, action, or disclosure of information by the organization that was authorized to release my information before it received notice of my revocation of my consent. I understand that CRISP DC cannot retrieve information once it is released; if I revoke my consent, whatever has been shared before that consent may continue to be in the files of the entities with whom it was shared before I revoked my consent and may be further shared in accordance with HIPAA and state law.

EXPIRATION DATE

This Consent and Authorization to share my 42 CFR Part 2 – Substance Use Disorder treatment information will remain in effect until the date indicated, unless revoked prior to that time. If no date is the consent will not expire and will remain in effect until revoked.

Expiration Date:

[If no date is entered, the consent will remain in effect until it is revoked]

NOTE: If any fields in the SUD Consent Form are left blank, the form is invalid and providers/staff must not register the patient's consent preferences unless the form is 100% complete



Review the revocation and expiration sections

- These sections explain the process and result of revoking this consent, which the patient may do at any time.
- The expiration date will automatically be set to “does not expire”. If the patient wants to select a date in which their Consent does expire, toggle the “does not expire” and click on the calendar icon, the patient may select whichever expiration date they would like.

The screenshot shows the 'CRISP DC Consent History' interface. The main heading is 'Expiration and Revocation' with a 'Next' button. Below this, there are two sections: 'REVOKING MY PERMISSION' and 'EXPIRATION DATE'. The 'REVOKING MY PERMISSION' section contains a paragraph of text explaining the revocation process. The 'EXPIRATION DATE' section contains a paragraph of text explaining the expiration process. Below the text, there is a section titled 'Expiration Date' with two radio button options: 'Does Not Expire' (which is selected) and 'Choose a date' (which has a calendar icon next to it).

- For [telehealth patients](#), this must be edited to match the expiration date on the SUD Consent Form, as indicated by the patient.
- For [in-person visits](#), this date may be updated to anything in the future based on discussions with your patient.



Complete provider attestations

Identity Validation and Education Attestation

Next

Patient Identity Verification

- I hereby attest that I have validated the patient's identity and obtained consent from this patient or person authorized to provide consent in accordance with the terms stated above.

Patient Education Attestation

- I hereby attest that I have informed the patient named in this consent to the terms of this consent and answered all questions to the best of my ability.

Providers/staff obtaining patient consent **must** attest that they have:

1. Verified the patient identity *and*;
2. Informed the patient of all terms of the consent.




Complete signature section

Signature/Attestation

Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative.

Patient Signature

I acknowledge that I have read this consent form and understand that as indicated on this form, my 42 CFR Part 2 – Substance Use Disorder treatment information may be shared with CRISP DC who may then share it with members of my health care team who participate with CRISP DC.



Please sign above *

OR

Attestation for Consent on File

I hereby attest that I have obtained WRITTEN and SIGNED consent from this patient as required by applicable law and will retain the form in my records. I will make this consent available to CRISP DC upon request. If the consent is revoked or expires, I will immediately inform CRISP DC. I have conveyed to the patient that CRISP DC cannot retrieve information once it is released; if the patient revokes their consent or if it expires, whatever has been shared before that consent may continue to be in the files of the entities with whom it was shared before the consent was revoked, and they may continue to share it in accordance with applicable law.

- For in-person registration:
 - Patient enters electronic signature using a mouse, stylus pen, or finger via touchscreen/ signature pad.
- For registrations of telehealth patients:
 - Check the box under [“Attestation for Consent on File.”](#)
 - CRISP SUD Consent Form or a substantially similar form **must** be completed by the patient *before* attesting.



Legal guardian, parent, or legally authorized representative signature (as applicable)

Signature/Attestation

Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative.

Check here if you would like to capture both a Patient Signature and a Legal Guardian, Parent, or Legally Authorized Representative signature.

Legal Guardian/Parent/Authorized Representative Signature.

First Name Last Name

Please, sign above *

- Checkbox only required if the person signing the consent is the patient's legal guardian, parent, or legally authorized representative.
- The person signing on behalf of a patient **MUST** enter their name into the form and electronically sign.



8. Submit Consent

Name of Person Registering Consent



Name of Person Registering Consent
John Smith

Consent Successfully Submitted

Do you want to print this consent before exiting?

Print and Exit

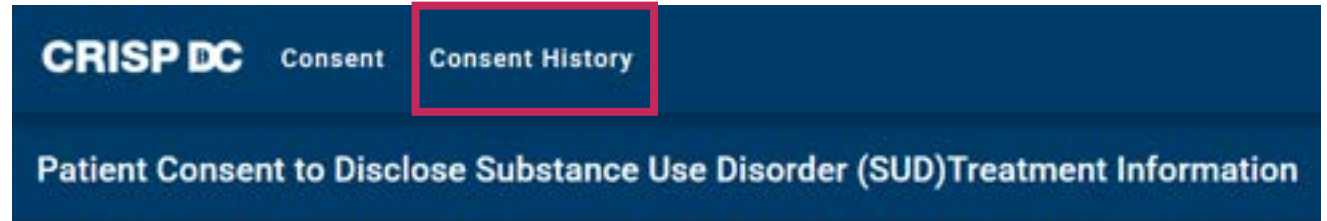
Exit

- Enter the name of the person registering this consent.
- Click "Submit" once – to avoid duplicate entries.
- Click "Print and Exit" or "Exit."

Additional Functions in the Consent Tool

How to view consent history

- After searching for your patient, click "Consent History."
- Click on a row to open that consent.
- A pop-up window will appear with the consent registration details.



Consent History for *Gilbert Testpatient Grape*

User Email	Date	Type	Expiration Date	Status	
	Feb 28, 2025	Part II Provider	Does Not Expire	Inactive	<input type="button" value="Deactivate"/>
	Feb 28, 2025	Part II Provider	Does Not Expire	Active	<input type="button" value="Deactivate"/>

Patient Consent to Disclose Substance Use Disorder (SUD) Treatment Information

Patient Details

Name Gilbert Testpatient Grape
(First/Middle/Last)

Date of Birth 01/01/1984
(mm/dd/yyyy)

Address 4145 Earl C Adkins Drive

City River

State WV

Zip 26000

Phone (240) 826-6000

How to view patient SUD Data

- Once consent is submitted for a patient their SUD data covered by 42 CFR Part 2 will be identified within the DC HIE with an orange 'i'
- This makes the data easily identifiable amongst other clinical data within the HIE

HIE InContext **GAIL DEMO**
Female | May 11, 1952

HEALTH RECORDS ENCOUNTERS PROBLEMS **STRUCTURED DOCUMENTS** IMMUNIZATIONS

ALL **3** HIE **3** NATIONAL NETWORKS **0**

All Structured Documents [Toggle]

Date ↓	Source	Title	Type
2022-05-01	Sharon Hospital	Continuity of Care Document	Summarization of Episode Note
i 2021-10-22	Orthopedics Sharon	Continuity of Care Document	Summarization of Episode Note
i 2021-10-22	Orthopedics Sharon	Continuity of Care Document	Summarization of Episode Note

How to print a consent registration

- Providers may review, print, or save a registered consent as a file.
- Search for a patient and open a record in their consent history.
- Scroll to the bottom of the window and click **"Print."**
- A print preview will appear where providers can make selections for how to print the file.

Attestation for Consent on File

I hereby attest that I have obtained WRITTEN and SIGNED consent from this patient as required by applicable law and will retain the form in my records. I will make this consent available to CRISP DC upon request. If the consent is revoked or expires, I will immediately inform CRISP DC. I have conveyed to the patient that CRISP DC cannot retrieve information once it is released; if the patient revokes their consent or if it expires, whatever has been shared before that consent may continue to be in the files of the entities with whom it was shared before the consent was revoked, and they may continue to share it in accordance with applicable law.

Signed on 02/28/2025

Name of Person Registering Consent

Abby

 **Print**



How to deactivate a consent registration

Consent History for *Gilbert Testpatient Grape*

User Email	Date	Type	Expiration Date	Status	
	Feb 28, 2025	Part II Provider	Does Not Expire	Inactive	<input type="button" value="Deactivate"/>
	Feb 28, 2025	Part II Provider	Does Not Expire	Active	<input type="button" value="Deactivate"/>



- Search for a patient and locate the "Active" record in their consent history.
- Click "Deactivate" on the record.
- Then click "Deactivate" on the prompt
- The record's status will then update as "Inactive."

Nov 16, 2022

Deactivate Consent

Are you sure you want to deactivate this consent?

Expiration Date	Status	
Mar 28, 2023	Inactive	<input type="button" value="Deactivate"/>
Mar 28, 2023	Inactive	<input type="button" value="Deactivate"/>
Mar 14, 2025	Inactive	<input type="button" value="Deactivate"/>





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

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

1140 3rd Street NE
Washington, DC 20002
833.580.4646 | www.crispdc.org
dcoutreach@crisphealth.org