CRISP DC

Consent Tool Quick Guide

What Is the CRISP DC Consent Tool?

The CRISP DC Consent Management Tool, created in collaboration with the District of Columbia Department of Health Care Finance (DHCF), is a secure system that allows patients to consent to share their substance use disorder (SUD) treatment information through the DC Health Information Exchange (HIE). This tool ensures compliance with federal regulations under 42 CFR Part 2, which protects the confidentiality of SUD data.

In February 2024, the U.S. Department of Health and Human Services updated 42 CFR Part 2, enabling patients to consent to share their SUD data for treatment, payment, and healthcare operations. As of October 1, 2024, CRISP DC's consent form has been updated to support this expanded data-sharing capability with patient consent.

Why Is This Important?

Sharing SUD treatment information securely and with patient consent allows care teams to:

- Gain a complete view of a patient's health history.
- Enhance care coordination across providers.
- Reduce unnecessary tests and duplicative efforts.
- Improve patient outcomes through better-informed treatment decisions.

Key Features of the Consent Tool:

- **Seamless Integration:** Easily integrates into existing workflows and EHR systems.
- **Electronic Signatures:** Patients can electronically sign their consent form.
- **Attestation Functionality:** Providers can register patient consent for paper forms.
- **Flexible Expiration Dates:** Patients can choose expiration dates or opt for indefinite consent until revoked.
- **Broad Data Sharing:** Enables sharing of SUD data for treatment, payment, and healthcare operations, as authorized by the patient.

What Information Can Be Shared and Who Can Access It?

- **Eligible Providers:** Only SUD providers in the District with a Qualified Service Organization Agreement (QSOA) with CRISP DC can share protected data.
- **Re-consenting Requirements:** Beginning January 6, 2025, patients with previous consents must re-consent using the updated form for continued data sharing.
- **Redisclosure Protections:** All SUD data in CRISP DC includes a notice restricting redisclosure to compliance with federal and state laws.

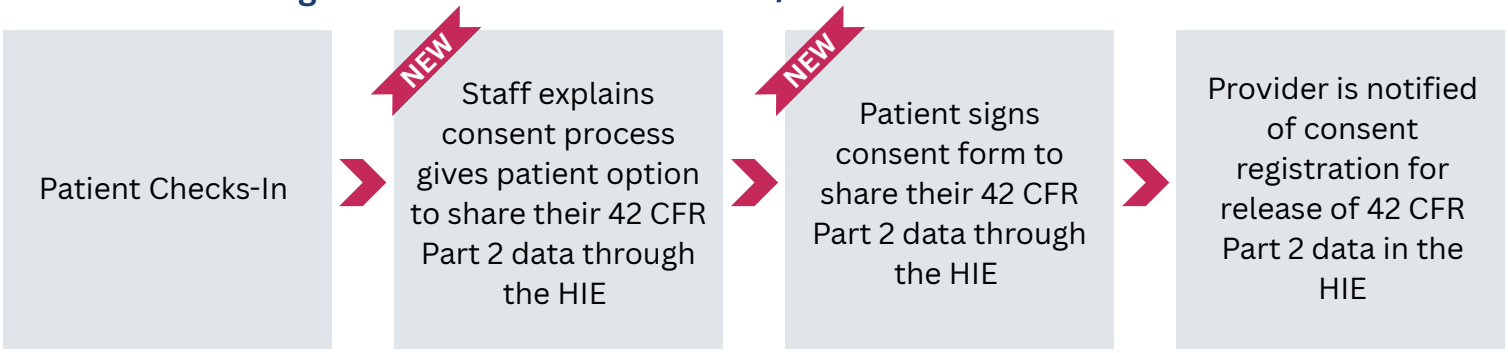
How Does It Work?

- **Access the Tool:** Available through the CRISP DC HIE Portal or via Single Sign-On (SSO) in the InContext application within the EHR.
- **Register or Search Consent:** Providers can log new consents or view patient consent history in the tool.
- **Patient Consent Options:** Patients can electronically sign the consent form or submit a paper version. Consent can be revoked at any time.
- **Provider Responsibilities:**
  - Educate patients about the consent process.
  - Verify patient identity before logging consent.
  - Confirm patients understand their rights and the potential benefits of sharing their data.
- **Identifying Protected Data:** Once consent is registered, providers can easily view 42 CFR Part 2-protected data in the CRISP DC Portal.

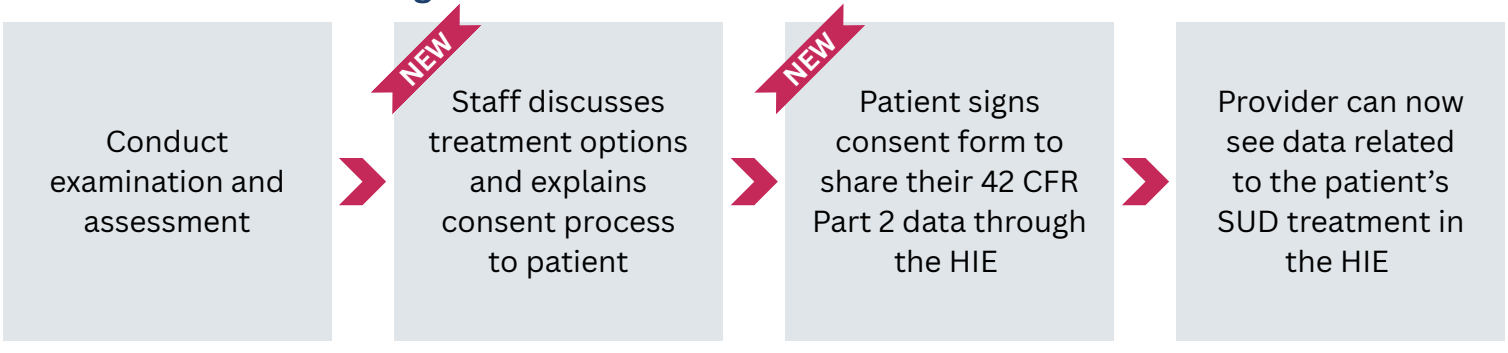
Integrate Consent into Your Office Workflows:

Integrating the updated consent process into your workflow is crucial for compliance and efficient operations. Ensure all team members are trained on the new consent procedures and understand the importance of obtaining patient consent under the new regulations. Listed below are some recommended options for integrating consent into your workflow.

Integrate Consent into Your Intake/Front Desk Consent Workflow:



Integrate Consent into Your Patient Visit Workflow:



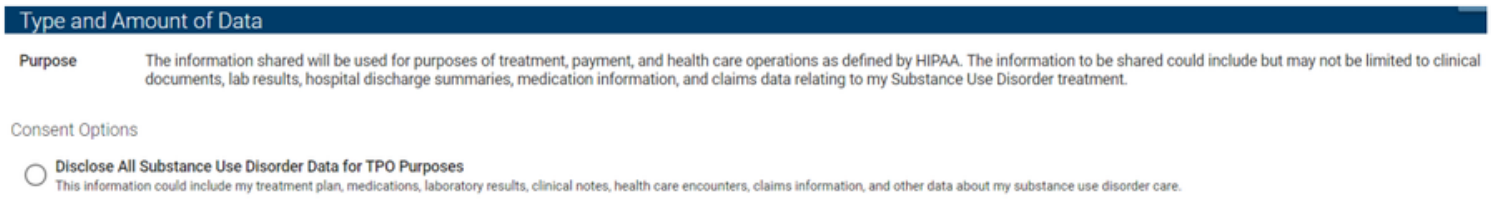
Ready to get started?

For more information or assistance, contact the CRISP DC team:

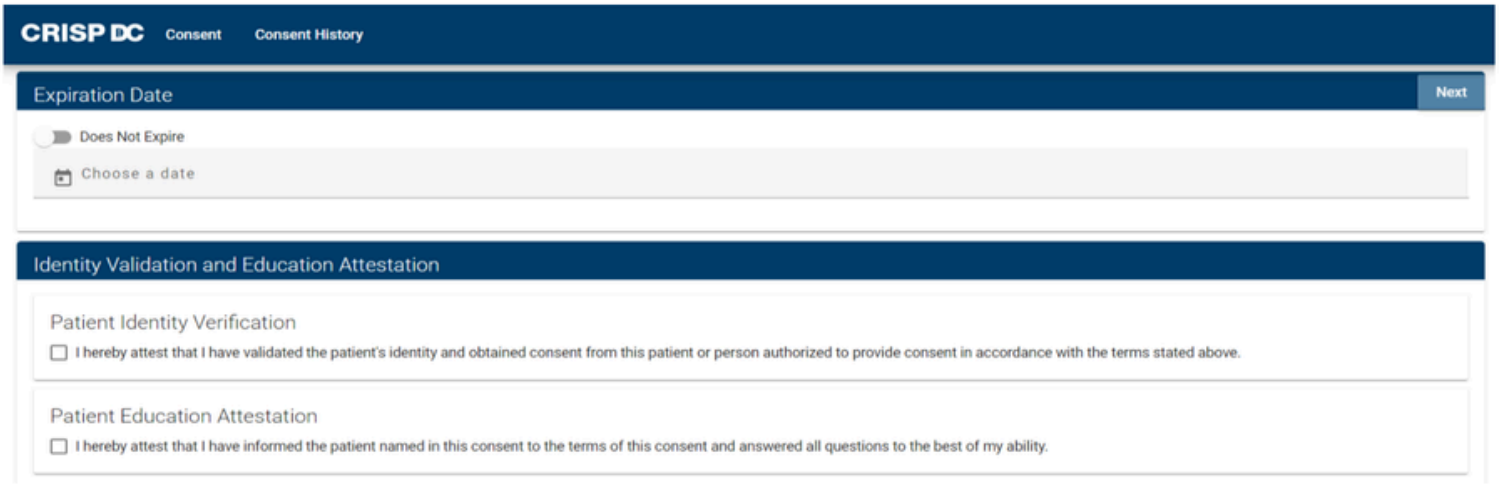
- Abby Lutz, Project Manager: Abby.Lutz@crisphealth.org
- DC Outreach Team: dcoutreach@crisphealth.org

CRISP DC Consent Tool View

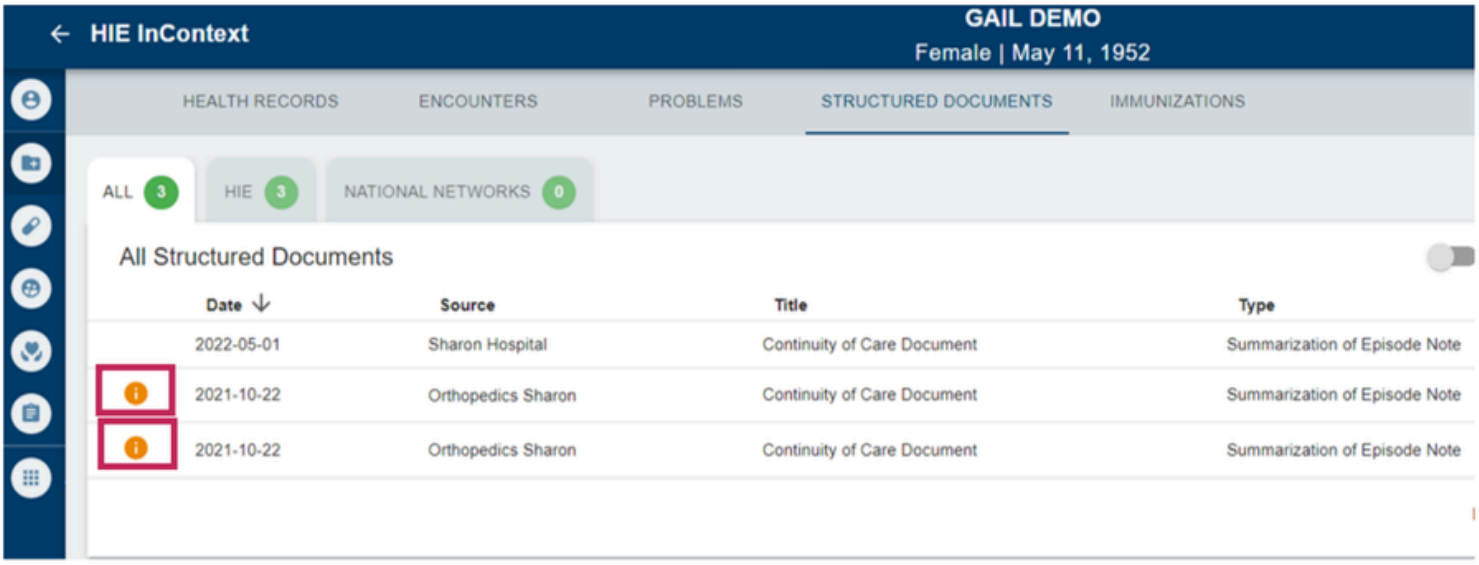
Data Sharing Selection:



Expiration Date, Verification, and Provider Attestation:



Re-Disclosure Notice:



This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as a part of a financial assistance award totaling $4,616,075.00 with 100% funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS or the U.S. Government.