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Health Current 2019 Policy Updates

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July 9, 2019

Dear Health Current Participant,

On August 27, 2019, changes to Arizona's Health Information Organizations law (the HIO Law) will take effect. These changes streamline administrative processes and align the HIO Law with HIPAA. A detailed description of these provisions is provided in the attached Legislative Fact Sheet. Due to these changes, Health Current has amended its Notice of Health Information Practices (Amended HIO Notice). A copy of the Amended HIO Notice is attached and effective as of August 27, 2019. The HIO Law requires participating healthcare providers to redistribute the Amended HIO Notice at the next point of contact with the patient or upon request on or after the effective date. Providers with physical delivery sites and/or websites must also post the Amended HIO Notice in a clear and prominent physical location and electronically on the provider's website, as applicable.

Additionally, the Health Current Board of Directors recently approved changes to the Health Current Permitted Use Policy, and approved an Individual Opt Out Policy and HIO Notice Distribution Policy. Brief summaries of these documents are below. A more complete summary, along with copies of the policies, are attached.

Permitted Use Policy (Board Approved May 28, 2019) – This policy amends the current Permitted Use Policy to include the new permitted uses of medical examiner activities, cadaveric organ, eye and tissue donation, and limited public health investigations under certain circumstances and as permitted by applicable law.

Individual Opt Out Policy (Board Approved January 22, 2019) – This policy requires participants to notify Health Current of an individual's decision to opt out of sharing their information through the health information exchange (HIE) within fifteen (15) days of receipt of such decision.

HIO Notice Distribution Policy (Board Approved January 22, 2019) – This policy clarifies that a healthcare provider must provide the HIO Notice to its patients under the following circumstances: (1) the healthcare provider (or its business associate) makes individually identifiable health information (IIHI) generated or maintained by the healthcare provider accessible through the HIE; or (2) the healthcare provider accesses IIHI directly through the HIE.

This letter serves as formal notice to all Health Current Participants of these updates, which are aimed at improving the functionality of the HIE and ensuring compliance with state and federal law. The Health Current Participation Agreement requires that Health Current provide Participants at least thirty (30) days' advance notice of material changes to policies. In order to ensure that participants are able to integrate these new policies and the Amended HIO Notice into their processes, Health Current has extended the effective dates of these policies by 30 days. As such, the new Permitted Use Policy, Individual Opt Out Policy, and HIO Notice Distribution Policy will take effect on September 9, 2019.

If you have any questions or concerns about the new policies or Amended HIO Notice, please do not hesitate to reach out to your Health Current account manager. You may also contact me directly at melissa.kotrys@healthcurrent.org or (602) 688-7201. We appreciate your participation and look forward to continuing to serve your organization and the Arizona health care community.

Sincerely,

Melissa A. Kotrys, MPH
Chief Executive Officer
Health Current



Health Current

2019 Legislative Fact Sheet

During the 2019 Arizona legislative session, Health Current collaborated with community stakeholders to move two bills through the legislature. As discussed in detail below, the first bill (SB 1321) amended the Arizona Health Information Organization (HIO) Law,¹ as well as the communicable disease² and mental health³ records statutes to streamline administrative processes for exchanging data through the HIE, and to ensure access for specific community needs (e.g. access by medical examiners, organ procurement organizations).

The second bill (SB 1352) amends the Arizona Health Care Directives statute⁴ by designating a Qualifying Health Information Exchange Organization (Health Current) to host the Arizona Health Care Directives Registry (previously hosted by the Arizona Secretary of State). This change will enable more meaningful access to health care directives throughout Arizona. Pursuant to law, the changes discussed below will take effect on **August 27, 2019**.

I. Arizona HIO Law

As discussed above, SB 1321 amends the Arizona HIO Law to streamline administrative processes, align with the Health Insurance Portability and Accountability Act (HIPAA), and ensure adherence to individuals' decisions about the sharing of their data. In addition to a number of minor changes to clarify and harmonize language in the statute, some changes relate directly to participation in the Health Current HIE, including the following:

A. Clarifying what it means for a Health Current participant that is a Healthcare Provider to “Participate” such that the Healthcare Provider must comply with the requirement to provide individuals with the Health Current Notice of Health Information Practices (HIO Notice).

The revised HIO Law states that “Participation,” with respect to the HIO, means providing or accessing individually identifiable health information (IIHI) in the manner provided in the HIO’s policies. Pursuant to the Health Current HIO Notice Distribution Policy (contained in this packet), a Healthcare Provider must provide patients with the HIO Notice when:

- (1) The Healthcare Provider (or its Business Associate) makes IIHI generated or maintained by the Healthcare Provider accessible through the Health Current health information exchange (HIE); or
- (2) The Healthcare Provider accesses IIHI directly through the Health Current HIE. A Healthcare Provider that receives data indirectly from the HIE through a third party (e.g. an ACO, health plan) is not required to provide the HIO Notice.

¹ A.R.S. §§ 36-3801–3809.

² A.R.S. § 36-664(A).

³ A.R.S. § 36-509(A)

⁴ A.R.S. §§ 36-3201, 36-3291 et seq.

B. Aligning the requirements for the provision of the HIO Notice with the requirements for the provision of the HIPAA Notice of Privacy Practices.

The amended statute clarifies that participant Healthcare Providers must provide the HIO Notice in the “same circumstances and in the same manner...[as] required by [HIPAA].” These changes will ease administrative burdens for providers, and clarify how to provide the HIO Notice under particular circumstances (e.g. during an emergency a provider may provide the HIO Notice when it is practical to do so after the emergency situation has ended). The amendment also clarifies that Healthcare Providers at a joint location may provide the HIO Notice for, or on behalf of, any of the Healthcare Providers that share that location. Alignment with HIPAA will create an additional change: participant Healthcare Providers who are required to provide the HIO Notice, and who operate a physical delivery sites and/or website must also post the HIO Notice in a clear and prominent physical location and electronically on the provider’s website, as applicable.

C. Removing the “partial opt out,” and instead enabling individuals only to opt out of any of their data being accessed through the HIE.

Pursuant to Arizona law, individuals have the right to opt out of having their data accessed through the HIE. Previously, patients could elect to stop all of their data from being accessed (global opt out), or stop data from a specific provider (or provider organization) from being accessed (a partial opt out). Due to technical and other issues related to a partial opt out (e.g. patients electing to opt out of a single provider’s data being available leading to opting out the patient’s data from the provider’s entire organization), the amended statute removes this requirement and instead enables an “all or nothing” approach. This will bring clarity to both participants and patients through a single process. All patients who are currently partially opted out will be moved to a global opt out within 90 days of the effective date of the amendment, and will be notified of this change in case they want to change their status.

II. State Confidentiality Laws (Mental Health & Communicable Disease)

Previously, Health Current was unable to grant HIE access to various community stakeholders (e.g. medical examiners and organ procurement organizations) because the mental health and communicable disease statutes did not have an exception to share such data with these organizations. As data in the HIE is often comingled (i.e. a patient’s records may include mental health, communicable disease, and other data), Health Current was forced to exclude medical examiners and organ procurement organizations from the HIE because it could not ensure this information would not be disclosed.

To address this issue, SB 1321 amended the mental health and communicable disease records statutes to enable records and information therein to be disclosed as authorized by state or federal law, including HIPAA. As HIPAA enables the sharing of data with medical examiners, organ procurement organizations and others, Health Current can now expand the number of stakeholders who can meaningfully use data through the HIE, while still adhering to the strong privacy and security principles of HIPAA.

III. Health Care Directives Registry Advance Directives

The changes resulting from SB 1352 amends the Arizona Health Care Directives statute by defining a Qualifying Health Information Exchange Organization (QHIEO) and requiring the Department of Health Services (DHS) to designate the same. Pursuant to the amended statute, a QHIEO is a “nonprofit health

information organization as defined in section 36-3801 [the HIO Law] that is designated by the Department of Health Services...to operate the health care directives registry.” Health Current is working with DHS on receive the official designation as the QHIEO, since it is generally accepted that Health Current is the only entity that meets the HIO definition in the HIO law.

The amended statute enables the QHIEO to establish the manner for submitting and accessing health care directives, including prehospital medical care directives and any amendments to or revocations of these documents. The statute further permits a QHIEO to transmit health care directives registry documents from a health information organization, enabling Health Current to populate the registry with documents contained in the HIE.

Finally, the amended statute provides liability protections for a provider who makes a good faith health care decision in reliance on the provisions of an apparently genuine directive received from the registry, and states that the requirement that a prehospital medical care directive be on an orange form does not apply to a health care provider who relies on a prehospital medical care directive displayed through the registry.



Summary of Health Current Policy Updates July 2019

I. **Health Current Permitted Use Policy** (Board Approved May 28, 2019)

Presently, Health Current permits the use of data by Participants for the following purposes: treatment, care coordination, case/care management, transition of care planning, population health, payment, limited healthcare operations activities, and with a valid HIPAA authorization. In an effort to expand the meaningful use of data by community stakeholders, the Health Current Board has elected to permit the use of data for the following additional activities:

1. **Limited Public Health Investigation:** Participant Public Health Authorities may access Data to conduct an investigation, as authorized by law, in response to a voluntary or mandatory public health report, including (but not limited to) investigations into a communicable disease report or report of opioid poisoning. Limited Public Health Investigations do **NOT** include fraud and abuse detection activities, provider or facility monitoring, other health oversight activities, or general public health surveillance or public health interventions.
2. **Medical Examiner Activities:** Medical Examiners may access Data for purposes of identifying a deceased person, determining a cause of death, conducting a death investigation, or performing other duties as authorized by Applicable Law.
3. **Organ, Eye or Tissue Donation or Transplantation:** Organ Procurement Organizations may access Data for the purpose of facilitating organ, eye or tissue donation and transplantation as permitted by Applicable Law.

II. **Health Current Individual Opt Out Policy** (Board Approved January 22, 2019)

Pursuant to Arizona law, individuals have the right to opt out of having their individually identifiable health information (IIHI) shared through the Health Current health information exchange (HIE). This Policy explains a Participant Healthcare Provider's and Health Current's obligations to implement this individual right.

A Participant Healthcare Provider who receives an individual's completed Health Current Opt Out Form, Health Current Opt Back In Form, or writing indicating an individual's decision to opt back in (e.g. an authorization or consent) must promptly notify Health Current of the individual's decision within fifteen (15) calendar days of the Healthcare Provider's receipt of the same. A Healthcare Provider may communicate an individual's decision through the methods described in the Policy (e.g. securely faxing Form or sending an electronic flag through an interface).

Health Current will assign an opt out (or opt back in) status to an individual within thirty (30) calendar days of receiving the individual's decision from a Participant Healthcare Provider.

III. Health Current HIO Notice Distribution Policy (Board Approved January 22, 2019)

This Policy clarifies that a Healthcare Provider is required to provide its patients with the HIO Notice under the following circumstances:

1. The Healthcare Provider (or its Business Associate) makes IIIHI generated or maintained by the Healthcare Provider accessible through the Health Current health information exchange (HIE); or
2. The Healthcare Provider accesses IIIHI directly through the Health Current HIE.

A Healthcare Provider that only indirectly receives IIIHI that originated from the HIE through an Intermediary Organization is not required to distribute the HIO Notice to patients. A Healthcare Provider who makes its IIIHI accessible through the HIE indirectly through an Intermediary Organization must distribute the HIO Notice to patients.

A Healthcare Provider will distribute the HIO Notice and document its distribution as required by A.R.S. § 36-3804. Section 36-3804 governs when and how a Healthcare Provider must distribute and document patient's receipt of the HIO Notice.

Notice of Health Information Practices

You are receiving this notice because your healthcare provider participates in a non-profit, non-governmental health information exchange (HIE) called Health Current. It will not cost you anything and can help your doctor, healthcare providers, and health plans better coordinate your care by securely sharing your health information. This Notice explains how the HIE works and will help you understand your rights regarding the HIE under state and federal law.

How does Health Current help you to get better care?

In a paper-based record system, your health information is mailed or faxed to your doctor, but sometimes these records are lost or don't arrive in time for your appointment. If you allow your health information to be shared through the HIE, your doctors are able to access it electronically in a secure and timely manner.

What health information is available through Health Current?

The following types of health information may be available:

- Hospital records
- Medical history
- Medications
- Allergies
- Lab test results
- Radiology reports
- Clinic and doctor visit information
- Health plan enrollment and eligibility
- Other information helpful for your treatment

Who can view your health information through Health Current and when can it be shared?

People involved in your care will have access to your health information. This may include your doctors, nurses, other healthcare providers, health plan and any organization or person who is working on behalf of your healthcare providers and health plan. They may access your information for treatment, care coordination, care or case management, transition of care planning, payment for your treatment, conducting quality assessment and improvement activities, developing clinical guidelines and protocols, conducting patient safety activities, and population health services. Medical examiners, public health authorities, organ procurement organizations, and others may also access health information for certain approved purposes, such as conducting death investigations, public health investigations and organ, eye or tissue donation and transplantation, as permitted by applicable law.

Health Current may also use your health information as required by law and as necessary to perform services for healthcare providers, health plans and others participating with Health Current.

The Health Current Board of Directors can expand the reasons why healthcare providers and others may access your health information in the future as long as the access is permitted by law. That information is on the Health Current website at healthcurrent.org/permitted-use.

You also may permit others to access your health information by signing an authorization form. They may only access the health information described in the authorization form for the purposes stated on that form.

Does Health Current receive behavioral health information and if so, who can access it?

Health Current does receive behavioral health information, including substance abuse treatment records. Federal law gives special confidentiality protection to substance abuse treatment records from some substance abuse treatment programs. Health Current keeps these protected substance abuse treatment records separate from the rest of your health information. Health Current will only share these protected substance abuse treatment records it receives from these programs in two cases. One, medical personnel may access this information in a medical emergency. Two, you may sign a consent form giving your healthcare provider or others access to this information.

How is your health information protected?

Federal and state laws, such as HIPAA, protect the confidentiality of your health information. Your information is shared using secure transmission. Health Current has security measures in place to prevent someone who is not authorized from having access. Each person has a username and password, and the system records all access to your information.

Your Rights Regarding Secure Electronic Information Sharing

You have the right to:

1. Ask for a copy of your health information that is available through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider.
2. Request to have any information in the HIE corrected. If any information in the HIE is incorrect, you can ask your healthcare provider to correct the information.
3. Ask for a list of people who have viewed your information through Health Current. To make this request, complete the Health Information Request Form and return it to your healthcare provider. Please let your healthcare provider know if you think someone has viewed your information who should not have.

You have the right under article 27, section 2 of the Arizona Constitution and Arizona Revised Statutes title 36, section 3802 to keep your health information from being shared electronically through Health Current:

1. Except as otherwise provided by state or federal law, you may “opt out” of having your information shared through Health Current. To opt out, ask your healthcare provider for the Opt Out Form. Your information will not be available for sharing through Health Current within 30 days of Health Current receiving your Opt Out Form from your healthcare provider.
Caution: If you opt out, your health information will NOT be available to your healthcare providers—even in an emergency.
2. If you opt out today, you can change your mind at any time by completing an Opt Back In Form and returning it to your healthcare provider.
3. If you do nothing today and allow your health information to be shared through Health Current, you may opt out in the future.

IF YOU DO NOTHING, YOUR INFORMATION MAY BE SECURELY SHARED THROUGH HEALTH CURRENT.

Health Current
Permitted Use Policy
Effective September 8, 2019

I. Purpose

This Policy describes the specific purposes for accessing or receiving Data from Health Current, Arizona's statewide health information exchange (HIE), which constitute "Permitted Use" of the Data. The Health Current Participation Agreement defines "Permitted Use" to include treatment, care coordination, case or care management, transition of care planning, and other purposes approved by the Health Current Board of Directors that are permitted by Applicable Law. All approved purposes are set out in the use cases described in this Policy, as may be amended from time to time.

This Policy also describes access restrictions on certain types of data that is submitted to the HIE, including Part 2 Data and Claims Data. Because Genetic Testing Information does not flow to the HIE, this Policy does not describe restrictions that apply to access to Genetic Testing Information.

II. Definitions

Unless otherwise defined in this Policy, all capitalized terms in this Policy will have the same meaning as provided under HIPAA or in the Health Current Participation Agreement, both as amended from time to time.

Applicable Law means federal, state and local statutes and regulations that are applicable to Health Current, Participants, Authorized Recipients, or other individuals who access Data through the HIE.

Authorized Recipient(s) means a person or entity that has a HIPAA Authorization to access Data of the individual who is the subject of the HIPAA Authorization.

Business Associate means a person or entity that has signed a HIPAA Business Associate Agreement with a Participant, and who is accessing Data through Health Current to provide services to, or on behalf of, the Participant.

Claims Data means those standard transactions between two parties to carry out financial or administrative activities related to healthcare, including bills sent by healthcare providers to a health plan to request payment for medical services and payment of such bills by a health plan. Claims Data consists of two components: (1) clinical data; and (2) financial data. **For purposes of this Policy, the restrictions on Claims Data apply to the financial data component only.**

Data means any information transmitted to Health Current by Data Suppliers, including but not limited to Protected Health Information (PHI).

Data Supplier means an entity that makes Data available for access through the HIE and has entered into a Participation Agreement.

De-identified Data means Data that complies with the HIPAA de-identification standards at 45 C.F.R. § 164.514.

DOJ means the United States Department of Justice.

FTC means the Federal Trade Commission.

Genetic Testing Information means genetic testing and information derived from genetic testing. Genetic testing means a test of a person's genes, genetic sequence, gene products or chromosomes for abnormalities or deficiencies, including carrier status, that: (i) are linked to physical or mental disorders or impairments; (ii) indicate a susceptibility to any illness, disease, impairment or other disorder, whether physical or mental; or (iii) demonstrate genetic or chromosomal damage due to any environmental factor. Genetic testing does **NOT** include: (i) chemical, blood and urine analyses that are widely accepted and used in clinical practice and that are not used to determine genetic traits; (ii) tests that are used in a criminal investigation or prosecution or as a result of a criminal conviction; (iii) tests for the presence of the human immunodeficiency virus; (iv) tests to determine paternity that are conducted pursuant to Title 25, Chapter 6, Article 1 of the Arizona Revised Statutes; or (v) tests that are given for use in biomedical research that is conducted to generate scientific knowledge about genes or to learn about the genetic basis of disease or for developing pharmaceutical and other treatment of disease.

Healthcare Provider includes hospitals, physicians and physician practices, behavioral health clinics, clinical laboratories, nursing homes, ambulatory surgical centers, home health agencies, hospice programs, outpatient rehabilitation facilities, imaging facilities, and pharmacies. Health Current may determine that other types of entities or persons meet the definition of a Healthcare Provider.

Health Plan includes health insurance companies regulated by the Department of Insurance, health maintenance organizations (HMOs), Medicaid (AHCCCS) plans, and group health plans that are offered to individuals through their employers. Health Current may determine that other types of entities meet the definition of Health Plan.

HIPAA means the Health Insurance Portability and Accountability Act and its implementing regulations, all as amended from time to time.

HIPAA Authorization means a form that meets the requirements of an authorization set forth in the HIPAA regulations at 45 C.F.R. § 164.508.

Limited Public Health Investigation means a Public Health Authority investigation, as authorized by law, that is in response to a voluntary or mandatory public health report, including (but not limited to) Public Health Authority investigations into a communicable disease report or report of opioid poisoning. Limited Public Health Investigations do **NOT** include fraud and abuse detection activities, provider or facility monitoring, other health oversight activities, or general public health surveillance or public health interventions.

Medical Examiner means a person or entity authorized by law to identify a deceased person, determine a cause of death of a deceased individual, or perform other duties as authorized by law. See also A.R.S. § 11-591 et seq.

Organ Procurement Organization means any organization that is engaged in the procurement,

banking, or transplantation of cadaveric organs, eyes, or tissue for the purposes of facilitating organ, eye or tissue donation and transplantation, which may include (i) any organization designated by the Secretary of the United States Department of Health and Human Services as an organ procurement organization, (ii) a tissue bank, or (iii) eye bank. See A.R.S. § 36-841.

Part 2 Consent Form means a form approved by Health Current for accessing Part 2 Data through the HIE and meets the consent requirements under the federal Confidentiality of Substance Use Disorder Patient Records regulations at 42 C.F.R. Part 2.

Part 2 Data means information protected by the federal Confidentiality of Substance Use Disorder Patient Records regulations at 42 C.F.R. Part 2.

Participant means a person or a legal entity that has signed a Health Current Participation Agreement.

Payment means activities defined at 45 C.F.R. § 164.501, including but not limited to activities undertaken by (1) a Health Plan to obtain premiums and/or to determine or fulfill coverage obligations and provisions of benefits under a health plan, and (2) a Healthcare Provider or Health Plan to obtain or provide reimbursement for the provision of healthcare. Payment does **NOT** include activities defined as health care operations at 45 C.F.R. § 164.501, such as underwriting or other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits.

Permitted Use includes the use cases as set forth below. Unless a Permitted Use is required by law or as required by subpoena, a Permitted Use is subject to an individual's right under Applicable Law to opt out of permitting access to his/her Data in the HIE.

Population Health means population-based activities relating to improving health or reducing healthcare costs, including (but not limited to) defining a population, identifying care gaps, stratifying risks, engaging patients, managing care, and measuring outcomes.

Public Health Authority means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.

Treatment means the provision, coordination, or management of healthcare and related services by one or more Healthcare Providers, including the coordination or management of healthcare by a Healthcare Provider with a third party; consultation between Healthcare Providers relating to a patient; or the referral of a patient for healthcare from one Healthcare Provider to another.

III. Healthcare Provider Use Cases

This Section outlines the permissible purposes for access to Data by Healthcare Providers who are Participants in Health Current, or by Business Associates who are providing services to, or on behalf of, such Healthcare Providers, as permitted by Applicable Law.

A. Treatment, Care Coordination, Care or Case Management, and Transition of Care Planning

Permitted Use: Healthcare Providers that are Participants, or Business Associates on behalf of such Healthcare Providers, may access Data for Treatment, care coordination, care or case management, and transition of care planning purposes.

Individuals for Whom Data May Be Accessed: Access is permitted for Data of individuals who are (i) current patients of the Healthcare Provider, (ii) prospective patients with whom the Healthcare Provider is expected to establish a treatment relationship (for example, an individual who is scheduled for an upcoming appointment or who has been assigned to the Healthcare Provider by a Health Plan), and (iii) past patients for whom the Healthcare Provider is transitioning to a new Healthcare Provider. Access is not permitted for Data of individuals who have opted out of the HIE.

Time Period and Types of Data That May Be Accessed: Access is permitted for Data generated during any time period that is relevant to the specific Treatment, care coordination, care or case management, or transition of care planning activities.

Special Restrictions on Part 2 Data:

- Healthcare Providers may access Part 2 Data for emergency Treatment purposes to the extent necessary to meet a bona fide medical emergency in which the individual's prior consent cannot be obtained, and if they follow Health Current policies or procedures related to documenting the medical emergency.
- Healthcare Providers may access Part 2 Data for non-emergency Treatment purposes only if the individual has signed a Part 2 Consent Form or as otherwise permitted by 42 C.F.R. Part 2, and if they follow the Health Current policies or procedures related to documenting that consent.

Special Restrictions on Claims Data (financial data component only): Health Current will restrict Healthcare Providers' access to the financial data component of Claims Data of other Data Suppliers consistent with federal antitrust policy established by the DOJ and FTC in the Statements of Antitrust Enforcement Policy in Health Care (Aug. 1996), as amended from time to time.

B. Population Health

Permitted Use: Healthcare Providers that are Participants, or Business Associates on behalf of such Healthcare Providers, may access Data for Population Health purposes.

Individuals for Whom Data May Be Accessed: Access is permitted for Data of individuals who are current patients of the Healthcare Provider. Data about individuals who are past patients of the Healthcare Provider will be provided only with approval under standards or procedures approved by the Health Current Data Governance Council or the Health Current Board of Directors. Access is not permitted for Data of individuals who have opted out of the HIE.

Time Period and Types of Data That May Be Accessed: To comply with the minimum necessary standard, the Healthcare Provider or its Business Associate will limit its request to only the PHI needed for the particular Population Health project, and which is generated during the 36 months prior to the request. The Healthcare Provider or its Business Associate will comply with procedures approved by the

Health Current Data Governance Council or the Health Current Board of Directors to implement the HIPAA minimum necessary standard.

Special Restrictions on Part 2 Data: Healthcare Providers may access Part 2 Data for Population Health purposes only if the individual has signed a Part 2 Consent Form or as otherwise permitted by 42 C.F.R. Part 2, and the Healthcare Provider follows the Health Current policies or procedures related to documenting that consent.

Special Restrictions on Claims Data (financial data component only): Health Current will restrict Healthcare Providers' access to the financial data component of Claims Data of other Data Suppliers consistent with federal antitrust policy established by the DOJ and FTC in the Statements of Antitrust Enforcement Policy in Health Care (Aug. 1996), as amended from time to time.

C. Payment

Permitted Use: Healthcare Providers that are Participants, or Business Associates on behalf of such Healthcare Providers, may access Data for Payment purposes, except that Data may **NOT** be accessed for the purpose of disclosing Data to consumer reporting agencies.

Individuals for Whom Data May Be Accessed: Access is permitted for Data of individuals who are (i) current patients of the Healthcare Provider, (ii) prospective patients of the Healthcare Provider with whom the Healthcare Provider is expected to establish a treatment relationship, and (iii) past patients of the Healthcare Provider that have an outstanding payment obligation to the Healthcare Provider. Access is not permitted for Data of individuals who have opted out of the HIE.

Time Period and Types of Data That May Be Accessed: To comply with the minimum necessary standard, the Healthcare Provider or its Business Associate will limit its request to only the PHI needed for the Healthcare Provider to obtain reimbursement for the healthcare services provided, and which is generated during the 13 months prior to the request. The Healthcare Provider or its Business Associate will comply with procedures approved by the Health Current Data Governance Council or the Health Current Board of Directors to implement the HIPAA minimum necessary standard.

Special Restrictions on Part 2 Data: Healthcare Providers may access Part 2 Data for Payment purposes only if the individual has signed a Part 2 Consent Form or as otherwise permitted by 42 C.F.R. Part 2, and the Healthcare Provider follows the Health Current policies or procedures related to documenting that consent.

Special Restrictions on Claims Data (financial data component only): Health Current will restrict Healthcare Providers' access to the financial data component of Claims Data of other Data Suppliers consistent with federal antitrust policy established by the DOJ and FTC in the Statements of Antitrust Enforcement Policy in Health Care (Aug. 1996), as amended from time to time.

D. Limited Healthcare Operations Activities: Conducting Quality Assessment and Improvement Activities; Developing Clinical Guidelines and Protocols; and Conducting Patient Safety Activities

Permitted Use: Healthcare Providers that are Participants, or Business Associates on behalf of such Healthcare Providers, may access Data for the following limited healthcare operations activities: (i)

conducting quality assessment and improvement activities; (ii) developing clinical guidelines and protocols; and (iii) conducting patient safety activities.

Individuals for Whom Data May Be Accessed: Access is permitted for Data of individuals who are current or past patients of the Healthcare Provider. Access is not permitted for Data of individuals who have opted out of the HIE.

Time Period and Types of Data That May Be Accessed: To comply with the minimum necessary standard, the Healthcare Provider or its Business Associate will limit its request to only the PHI needed for the Healthcare Provider to conduct the limited healthcare operations activities described in this Section, and which is generated during the 13 months prior to the request. The Healthcare Provider or its Business Associate will comply with procedures approved by the Health Current Data Governance Council or the Health Current Board of Directors to implement the HIPAA minimum necessary standard.

Special Restrictions on Part 2 Data: Healthcare Providers may access Part 2 Data for the limited health care operations activities described in this Section only if the individual has signed a Part 2 Consent Form or as otherwise permitted by 42 C.F.R. Part 2, and the Healthcare Provider follows the Health Current policies or procedures related to documenting that consent.

Special Restrictions on Claims Data (financial data component only): Health Current will restrict Healthcare Providers' access to the financial data component of Claims Data of other Data Suppliers consistent with federal antitrust policy established by the DOJ and FTC in the Statements of Antitrust Enforcement Policy in Health Care (Aug. 1996), as amended from time to time.

IV. Health Plan Use Cases

This Section outlines the permissible purposes for access to Data by Health Plans that are Participants in Health Current, or by Business Associates who are providing services to, or on behalf of, such Health Plans, as permitted by Applicable Law.

A. Care Coordination, Care or Case Management, and Transition of Care Planning

Permitted Use: Health Plans that are Participants, or Business Associates on behalf of such Health Plans, may access Data for care coordination, care or case management, and transition of care planning purposes.

Individuals for Whom Data May Be Accessed: Access is permitted for Data of current members enrolled with the Health Plan and for past members whom the Health Plan is transitioning to a new Health Plan. Access is not permitted for Data of individuals who have opted out of the HIE.

Time Period and Types of Data That May Be Accessed: To comply with the minimum necessary standard, the Health Plan or its Business Associate will limit its request to only the PHI relevant to care coordination, care or case management, or transition of care planning, and which is generated during the 36 months prior to the request. The Health Plan or its Business Associate will comply with

procedures approved by the Health Current Data Governance Council or the Health Current Board of Directors to implement the HIPAA minimum necessary standard.

Special Restrictions on Part 2 Data: Health Plans may access Part 2 Data for care coordination, care or case management, and transition of care planning only if the individual has signed a Part 2 Consent Form or as otherwise permitted by 42 C.F.R. Part 2, and the Health Plan follows the Health Current policies or procedures related to documenting that consent.

Special Restrictions on Claims Data (financial data component only): Health Current will restrict Health Plans' access to the financial data component of Claims Data of other Data Suppliers consistent with federal antitrust policy established by the DOJ and FTC in the Statements of Antitrust Enforcement Policy in Health Care (Aug. 1996), as amended from time to time.

B. Population Health

Permitted Use: Health Plans that are Participants, or Business Associates on behalf of such Health Plans, may access Data for Population Health purposes.

Individuals for Whom Data May Be Accessed: Access is permitted for Data of individuals who are current members of the Health Plan. Data about individuals who are past members of the Health Plan will be provided only with approval under standards or procedures approved by the Health Current Data Governance Council or the Health Current Board of Directors. Access is not permitted for Data of individuals who have opted out of the HIE.

Time Period and Types of Data That May Be Accessed: To comply with the minimum necessary standard, the Health Plan or its Business Associate will limit its request to only the PHI needed for the particular Population Health project, and which is generated during the 36 months prior to the request. The Health Plan or its Business Associate will comply with procedures approved by the Health Current Data Governance Council or the Health Current Board of Directors to implement the HIPAA minimum necessary standard.

Special Restrictions on Part 2 Data: Health Plans may access Part 2 Data for Population Health Purposes only if the individual has signed a Part 2 Consent Form or as otherwise permitted by 42 C.F.R. Part 2, and the Health Plan follows the Health Current policies or procedures related to documenting that consent.

Special Restrictions on Claims Data (financial data component only): Health Current will restrict Health Plans' access to the financial data component of Claims Data of other Data Suppliers consistent with federal antitrust policy established by the DOJ and FTC in the Statements of Antitrust Enforcement Policy in Health Care (Aug. 1996), as amended from time to time.

C. Payment

Permitted Use: Health Plans that are Participants, or Business Associates on behalf of such Health Plans, may access Data for Payment purposes, except that Data may **NOT** be accessed for the purpose of disclosing Data to consumer reporting agencies.

Individuals for Whom Data May Be Accessed: Access is permitted for Data of individuals who are

(i) current members enrolled with the Health Plan, (ii) prospective members seeking to enroll with a Health Plan, and (iii) past members for whom the Health Plan is transitioning to a new Health Plan or with whom the Health Plan is continuing to resolve a Payment issue. Access is not permitted for Data of individuals who have opted out of the HIE.

Time Period and Types of Data That May Be Accessed: To comply with the minimum necessary standard, the Health Plan or its Business Associate will limit its request to only the PHI needed by the Health Plan for Payment purposes, and which is generated during the 13 months prior to the request. The Health Plan or its Business Associate will comply with procedures approved by the Health Current Data Governance Council or the Health Current Board of Directors to implement the HIPAA minimum necessary standard.

Special Restrictions on Part 2 Data: Health Plans may access Part 2 Data for Payment purposes only if the individual has signed a Part 2 Consent Form or as otherwise permitted by 42 C.F.R. Part 2, and the Health Plan follows the Health Current policies or procedures related to documenting that consent.

Special Restrictions on Claims Data (financial data component only): Health Current will restrict Health Plans' access to the financial data component of Claims Data of other Data Suppliers consistent with federal antitrust policy established by the DOJ and FTC in the Statements of Antitrust Enforcement Policy in Health Care (Aug. 1996), as amended from time to time.

D. Limited Healthcare Operations Activities: Conducting Quality Assessment and Improvement Activities; Developing Clinical Guidelines and Protocols; and Conducting Patient Safety Activities

Permitted Use: Health Plans that are Participants, or Business Associates on behalf of such Health Plans, may access Data for the following limited healthcare operations activities: (i) conducting quality assessment and improvement activities; (ii) developing clinical guidelines and protocols; and (iii) conducting patient safety activities.

Individuals for Whom Data May Be Accessed: Access is permitted for Data of individuals who are current or past members of the Health Plan. Access is not permitted for Data of individuals who have opted out of the HIE.

Time Period and Types of Data That May Be Accessed: To comply with the minimum necessary standard, the Health Plan or its Business Associate will limit its request to only the PHI needed for the Health Plan to conduct the limited healthcare operations activities described in this Section, and which is generated during the 13 months prior to the request. The Health Plan or its Business Associate will comply with procedures approved by the Health Current Data Governance Council or the Health Current Board of Directors to implement the HIPAA minimum necessary standard.

Special Restrictions on Part 2 Data: Health Plans may access Part 2 Data for the limited health care operations activities described in this Section only if the individual has signed a Part 2 Consent Form or as otherwise permitted by 42 C.F.R. Part 2, and the Health Plan follows the Health Current policies or procedures related to documenting that consent.

Special Restrictions on Claims Data (financial data component only): Health Current will restrict Health Plans' access to the financial data component of Claims Data of other Data Suppliers consistent with

federal antitrust policy established by the DOJ and FTC in the Statements of Antitrust Enforcement Policy in Health Care (Aug. 1996), as amended from time to time.

V. Public Health Authority Use Cases

This Section outlines the permissible purposes for access to Data by a Public Health Authority that is a Participant in Health Current, as permitted by Applicable Law.

A. Limited Public Health Investigations

Permitted Use: A Public Health Authority that is a Participant may access Data for a Limited Public Health Investigation. This use case is contingent on there being adequate technical and/or administrative procedures in place to provide access in compliance with Applicable Law. Health Current will not give a Public Health Authority direct access for a Limited Public Health Investigation until this condition precedent is satisfied.

Individuals for Whom Data May Be Accessed: Access is permitted for Data of individuals who are the subject of a Limited Public Health Investigation. Unless required by law or as required by subpoena, access is not permitted for Data of individuals who have opted out of the HIE.

Time Period and Types of Data That May Be Accessed: To comply with the minimum necessary standard, a Public Health Authority will limit its request to only the PHI needed for a particular Limited Public Health Investigation. A Public Health Authority will comply with procedures approved by the Health Current Data Governance Council or the Health Current Board of Directors to implement the minimum necessary standard. Such procedures may differ depending on the nature and type of Limited Public Health Investigation.

Special Restrictions on Part 2 Data: A Public Health Authority may access Part 2 Data for Limited Public Health Investigations described in this Section only if the individual (or legally authorized representative, if permitted under Applicable Law) has signed a Part 2 Consent Form or as otherwise permitted by 42 C.F.R. Part 2, and the Public Health Authority follows the Health Current policies or procedures related to documenting that consent.

Special Restrictions on Claims Data (financial data component only): Health Current will restrict a Public Health Authority's access to the financial data component of Claims Data of other Data Suppliers consistent with federal antitrust policy established by the DOJ and FTC in the Statements of Antitrust Enforcement Policy in Health Care (Aug. 1996), as amended from time to time.

B. [RESERVED]

VI. Medical Examiner Use Case

This Section outlines the permissible purposes for access by Medical Examiners, as permitted by Applicable Law.

Permitted Use: Medical Examiners may access Data for purposes of identifying a deceased person, determining a cause of death, conducting a death investigation, or performing other duties as authorized by Applicable Law (collectively, “Medical Examiner Activities”). See A.R.S. § 11-594.

Individuals for Whom Data May Be Accessed: Access is permitted for Data of individuals who are the subject of the Medical Examiner Activities. Unless required by law or as required by subpoena, access is not permitted for Data of individuals who have opted out of the HIE.

Time Period and Types of Data That May Be Accessed: To comply with the minimum necessary standard, the Medical Examiner will limit its request to only the PHI needed for the particular Medical Examiner Activity, and which was generated during the 24 months prior to the request. The Medical Examiner will comply with procedures approved by the Health Current Data Governance Council or the Health Current Board of Directors to implement the HIPAA minimum necessary standard.

Special Restrictions on Part 2 Data: Medical Examiners may access Part 2 Data for death investigations as permitted by Applicable Law, see 42 C.F.R. § 2.15(b). Medical Examiners may access Part 2 Data for other Medical Examiner Activities only if the individual (or legally authorized representative) has signed a Part 2 Consent Form or as otherwise permitted by 42 C.F.R. Part 2, and the Medical Examiner follows the Health Current policies or procedures related to documenting that consent.

Special Restrictions on Claims Data (financial data component only): Health Current will restrict Medical Examiners’ access to the financial data component of Claims Data of other Data Suppliers consistent with federal antitrust policy established by the DOJ and FTC in the Statements of Antitrust Enforcement Policy in Health Care (Aug. 1996), as amended from time to time.

VII. Organ Procurement Organization Use Case

This Section outlines the permissible purposes for access to Data by Organ Procurement Organizations, as permitted by Applicable Law. (This use case is contingent upon SB 1321(2019) being signed into law and will be effective as of the effective date of that law.)

Permitted Use: Organ Procurement Organizations may access Data for the purpose of facilitating organ, eye or tissue donation and transplantation as permitted by Applicable Law.

Individuals for Whom Data May Be Accessed: Access is permitted for Data of individuals who are donors or prospective donors of their organ(s), eye(s) or tissue(s). Access is not permitted for Data of individuals who have opted out of the HIE.

Time Period and Types of Data That May Be Accessed: To comply with the minimum necessary standard, Organ Procurement Organizations will limit their request to only the PHI needed for the particular organ, tissue or eye procurement activity. Organ Procurement Organizations will comply with procedures approved by the Health Current Data Governance Council or the Health Current Board of Directors to implement the HIPAA minimum necessary standard.

Special Restrictions on Part 2 Data: Organ Procurement Organizations may access Part 2 Data for the activities described in this Section only if the individual (or legally authorized representative, if

permitted under Applicable Law) has signed a Part 2 Consent Form or as otherwise permitted by 42 C.F.R. Part 2, and the Organ Procurement Organization follows the Health Current policies or procedures related to documenting that consent.

Special Restrictions on Claims Data (financial data component only): Health Current will restrict Organ Procurement Organizations' access to the financial data component of Claims Data of other Data Suppliers consistent with federal antitrust policy established by the DOJ and FTC in the Statements of Antitrust Enforcement Policy in Health Care (Aug. 1996), as amended from time to time.

VIII. Authorized Recipients

This Section outlines the permissible access to Data by Authorized Recipients.

Permitted Use: Authorized Recipients may access the Data described in the HIPAA Authorization.

Individuals for Whom Data May Be Accessed: Access is permitted for Data of the individual who is the subject of the HIPAA Authorization only. Access is not permitted for Data of that individual if that individual has opted out, unless the form used expressly states that the individual is changing his or her previous decision to opt out.

Time Period and Types of Data That May Be Accessed: Access is limited to the Data described in the HIPAA Authorization, including any date restrictions on the Data. To release HIV information, the HIPAA Authorization must specifically indicate that one of its purposes is to release HIV information. If the Data is not date restricted, access is permitted to the Data described in the HIPAA Authorization generated during any time period relevant to the purposes described in the HIPAA Authorization.

Expiration of Access: Access to the Data described in the HIPAA Authorization expires upon the expiration date on the HIPAA Authorization. If the HIPAA Authorization contains an expiration event, rather than an expiration date, the Authorized Recipient may receive access only one time, unless the Authorized Recipient demonstrates that the expiration event has not passed.

Special Restrictions on Part 2 Data: Authorized Recipients may access Part 2 Data only if the individual has signed a Part 2 Consent Form or as otherwise permitted by 42 C.F.R. Part 2.

IX. Health Current Use Cases

Permitted Uses: Health Current may not use or disclose Data in a manner prohibited by federal or state law. Health Current may access Data for the following purposes, as permitted by Applicable Law:

- As required by law;
- As required by a subpoena and, if applicable, in accordance with A.R.S. § 36-3808;
- As necessary to perform services under the Participation Agreement and to assist Participants (and Participants' Business Associates) in the Permitted Uses;
- As directed in writing by the Data Supplier that provided the Data;
- To provide access to an individual in accordance with A.R.S. § 36-3802;

- To provide services to Healthcare Providers participating in the Practice Innovation Institute, including (but not limited to) reporting required in contracts or grants;
- To conduct Population Health activities;
- To conduct public health reporting, including (but not limited to) reporting of immunization data to the State of Arizona Immunization Registry;
- To provide Data to a Public Health Authority to conduct a Limited Public Health Investigation;
- To create De-Identified Data to be used for purposes other than Research; and
- For Health Current’s own management and administration or to carry out its legal responsibilities, including but not limited to audit, legal defense and liability, record keeping, and similar obligations.

Individuals for Whom Data May Be Accessed: Health Current may access Data of individuals whose information is relevant to the activities and services listed above. Health Current may not disclose Data of individuals who have opted out of the HIE for these purposes, except as required by law or as required by a subpoena, or to conduct mandatory public health reporting.

Time Period and Types of Data That May Be Accessed: To comply with the minimum necessary standard, access is limited to only the PHI needed for the particular purpose. Health Current will determine the minimum PHI needed for each particular project consistent with the procedures approved by the Health Current Data Governance Council or the Health Current Board of Directors to implement the HIPAA minimum necessary standard.

Special Restrictions on Part 2 Data: For the use of Part 2 Data for Permitted Uses in this Section, Health Current will obtain approval of the Health Current Data Governance Council to use Part 2 Data for the particular purpose.

Special Restrictions on Claims Data (financial data component only): When using the financial data component of Claims Data to assist Participants and their Business Associates as described in this Section (including providing services in connection with the Practice Innovation Institute), Health Current will restrict Participants’ and their Business Associates’ access to the financial data component of Claims Data of other Data Suppliers consistent with federal antitrust policy established by the DOJ and FTC in the Statements of Antitrust Enforcement Policy in Health Care (Aug. 1996), as amended from time to time.

Waiver of Notice Requirement: Requests for Data by a Public Health Authority to conduct Limited Public Health Investigations are not subject to the notice requirement in the Health Current Participation Agreement, currently located in Section 2.2(c)(ii).

X. Process for Approval of New Use Cases

To make any future adjustments to this Policy, the following process will be followed:

- Health Current or any Participant in Health Current may propose a new use case for consideration by the Health Current Data Governance Council. The proposal should set forth specific details regarding:
 - The purpose of the new use case;

- Which category of Participants or Health Current is proposed to have access to Data under the new use case;
 - A description of the individuals for whom Data may be accessed;
 - The types of Data that may be accessed for the use case; and
 - The time period for which Data may be accessed (e.g., “Data created during the 36 months prior to the request”), or other criteria to be used to implement the HIPAA minimum necessary standard.
- The Health Current Data Governance Council will review new proposed use cases. The Council will issue a schedule for consideration of new use cases that will be made available to all Participants from time to time.
 - If the Health Current Data Governance Council recommends approval of a new use case, it will forward the completed “Permitted Use Approval” checklist, attached as **Exhibit A**, along with its recommendation to the Health Current Board of Directors for consideration.
 - If a new use case is approved by the Health Current Board of Directors and is consistent with Applicable Law, this Policy will be amended to reflect such new use case and notice will be provided to all Participants consistent with the Health Current Participation Agreement.

Version: Board Approved May 28, 2019

EXHIBIT A



Permitted Use Approval

APPLICABILITY: The Health Current Data Governance Council must complete this checklist before recommending to the Health Current Board a proposed permitted use.

PURPOSE: This form will help Health Current to determine whether approval of a proposed permitted use is appropriate.

Proposed Use Case: _____

Description:

Insert full description of use case, including specific examples. Also include a description and examples of activities that do not fit within the permitted use.

Due Diligence (check all that apply):

- Compliance with Arizona law** (e.g., HIO, Mental Health, Communicable Disease Statutes) Notes:
- Compliance with Federal law** (e.g., HIPAA, 42 C.F.R. Part 2, GINA) Notes:
- Technical Requirements Considered** (e.g., System Capacity, Audit Capabilities) Notes:
- HIPAA Min Necessary Standard Considered** Recommendation:
- Additional Considerations** (e.g., Commercial, Political) Notes:

Data Governance Council Recommendation: _____

Health Current Individual Opt Out Policy

I. Purpose

Individuals have the right to opt out of having their individually identifiable health information (IIHI) shared through the Health Current health information exchange (HIE). This Policy explains a Participant Healthcare Provider's and Health Current's obligations to implement this individual right.

II. Definitions

Unless otherwise defined in this Policy, all capitalized terms will have the same meaning as provided under HIPAA or in the Health Current Participation Agreement, all as amended from time to time.

Healthcare Provider includes hospitals, physicians and physician practices, behavioral health clinics, nursing homes, ambulatory surgical centers, home health agencies, hospice programs, outpatient rehabilitation facilities, imaging facilities, and pharmacies. Health Current may determine that other types of entities or persons meet the definition of a Healthcare Provider.

HIPAA means the Health Insurance Portability and Accountability Act and its implementing regulations, all as amended from time to time.

Participant Healthcare Provider means a Healthcare Provider that has signed a Health Current Participation Agreement.

III. Applicability

This Policy applies to Health Current and Participant Healthcare Providers.

IV. Default Status

An individual's IIHI will be accessible through the HIE unless and until the individual opts out.

V. Opt Out Right and Implementation

An individual may choose not to allow his or her IIHI to be accessible through the HIE, as explained in the Health Current Notice of Health Information Practices.

Any individual may download the most current version of the Health Current Opt Out Form from Health Current's website: Patient Rights Process Toolkit.

If an individual chooses to opt out of having his or her IIHI accessible through the HIE, the individual should complete the Health Current Opt Out Form and return it to any Participant Healthcare Provider.

A Participant Healthcare Provider who receives an individual's completed Health Current Opt Out Form must promptly notify Health Current of the individual's decision to opt out of the HIE. A Participant Healthcare Provider must notify Health Current within fifteen (15) calendar days of the Healthcare Provider's receipt of the Health Current Opt Out Form from the individual.

A Participant Healthcare Provider may notify Health Current using the following methods:

1. Completing the bottom section of the Health Current Opt Out Form and securely faxing it to Health Current; or
2. Capturing the individual's decision electronically and sending the appropriate flag through an interface between the Participant Healthcare Provider's electronic systems and Health Current, through a mutually agreeable method.

Health Current will assign an opt out status to an individual within thirty (30) calendar days of receiving the individual's opt out decision from a Participant Healthcare Provider.

If an individual chooses to opt out, his or her IIHI will not be accessible through the HIE, even in the event of a medical emergency. An individual's opt out status will not affect a Participant Healthcare Provider's or Health Current's use or disclosure of IIHI through means other than the HIE. An individual's opt out status will not prohibit Health Current from disclosing IIHI as required by law (such as obligations to perform mandatory public health reporting).

VI. Opt Back In and Implementation

An individual may choose to opt back in at any time. To opt back in, the individual must either:

1. Complete a Health Current Opt Back In Form and return it to a Participant Healthcare Provider; or
2. Indicate in writing an intent to opt back in, such as by signing an authorization or consent to disclose health information through the HIE.

A Participant Healthcare Provider will promptly notify Health Current of an individual's opt back in decision. A Participant Healthcare Provider must notify Health Current within fifteen (15) calendar days of the Participant Healthcare Provider's receipt of the Health Current Opt Back In Form. A Participant Healthcare Provider may notify Health Current using any of the methods provided for in Section V.

Health Current will implement an individual's opt back in decision within thirty (30) calendar days of Health Current receiving a completed Health Current Opt Back In Form.

Version: Board Approved January 22, 2019



healthcurrent

Opt Out Form

If you do not want your health information shared through Health Current, please complete and return this form to your healthcare provider. Your healthcare provider will return the form to Health Current.

This is the “Opt Out Form” described in the Health Current Notice of Health Information Practices. If you opt out, your healthcare providers will not be able to access your health information through Health Current, Arizona’s health information exchange (HIE)—even in an emergency. If you are filling out this form for another person, the references to “you,” “I” and “my” in this form refer to that other person.

If you do **not** want your health information shared through Health Current, fill in your name and date of birth below. Then, check the box that says, “Opt Out.” Finally, sign the form and give it to your healthcare provider.

Patient Name: _____ **Date of Birth:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Opt Out: I do not want any of my health information shared through Health Current.

Signature of Patient or Patient’s

Parent/Guardian/Healthcare Decision Maker: _____

Print Name: _____ **Date:** _____

If signed by a person other than the patient, please indicate your authority to sign for the patient (check one):

Spouse Parent/Guardian Caregiver with authority to make healthcare decisions

If you are signing on behalf of more than one patient (such as your children), you must fill out a separate form for each patient.

Provider Office Only: This section must be completed before sending via secure fax to Health Current.

Organization/Provider: _____

Print Name: _____ Date: _____

Signature: _____ Phone: _____

Health Current HIO Notice Distribution Policy

I. Purpose

This Policy explains when a Healthcare Provider is required to give patients the [Health Current Notice of Health Information Practices](#) (the “HIO Notice”).

II. Definitions

Unless otherwise defined in this Policy, all capitalized terms will have the same meaning as provided under HIPAA or in the Health Current Participation Agreement, all as amended from time to time.

Business Associate is defined as it is in 45 C.F.R. § 160.103.

Healthcare Provider includes hospitals, physicians and physician practices, behavioral health clinics, nursing homes, ambulatory surgical centers, home health agencies, hospice programs, outpatient rehabilitation facilities, imaging facilities, and pharmacies. Health Current may determine that other types of entities or persons meet the definition of a Healthcare Provider.

HIPAA means the Health Insurance Portability and Accountability Act and its implementing regulations at 45 C.F.R. Parts 160-164, all as amended from time to time.

III. Applicability

This Policy applies to Health Current and Healthcare Providers.

IV. Health Current Obligations

Health Current is required to maintain a HIO Notice. Health Current will post its current HIO Notice conspicuously on its website. Health Current will also provide an individual with a copy of the HIO Notice within thirty (30) calendar days after Health Current receives a written request for that information from the individual.

V. Healthcare Provider Obligations

A Healthcare Provider is required to provide its patients with the HIO Notice under the following circumstances:

1. The Healthcare Provider (or its Business Associate) makes individually identifiable health information generated or maintained by the Healthcare Provider accessible through the Health Current health information exchange (HIE); or
2. The Healthcare Provider accesses individually identifiable health information directly through the Health Current HIE.

A Healthcare Provider that only indirectly receives individually identifiable health information that originated from the HIE through an accountable care organization (ACO), clinically integrated network (CIN), Health Plan or similar organization (an “Intermediary Organization”) is not required

to distribute the HIO Notice to patients. A Healthcare Provider who makes its individually identifiable health information accessible through the HIE indirectly through an Intermediary Organization must distribute the HIO Notice to patients.

A Healthcare Provider will distribute the HIO Notice and document its distribution as required by A.R.S. § 36-3804. Section 36-3804 governs when and how a Healthcare Provider must distribute and document patient's receipt of the HIO Notice.

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