

# **Kansas Health Information Exchange, Inc.**

## **Board of Directors' Meeting**

### **Agenda**

**March 14, 2012 – 11:00 am to 3:00 pm**

**Location: Conference Room B, Kansas Medical Society Offices, 623 SW 10<sup>th</sup> Avenue, Topeka**

**Call-In Number: 866-620-7326, Conference Code: 3176470025**

<b>11:00 – 11:05</b>	<b>Welcome and Introductions</b>
<b>11:05 – 11:10</b>	<b>Review of Minutes</b> <ul style="list-style-type: none"><li>• February 8, 2012</li></ul>
<b>11:10 – 11:20</b>	<b>Consent Agenda Approval</b> <ul style="list-style-type: none"><li>• Executive Committee Report</li><li>• CEO Report</li><li>• Medicaid HIT Report</li><li>• KHIN Report</li><li>• LACIE Report</li><li>• REC Report</li></ul>
<b>11:20 – 11:45</b>	<b>Reports from Committee Chairs</b>
<b>11:45 – 12:00</b>	<b>HIO Application Status</b>
<b>12:00 – 12:20</b>	<b>Discussion of implementation timeline</b>
<b>12:20 - 1:00</b>	<b>Review of P&amp;P 02</b>
<b>1:00 – 1:10</b>	<b>KDHE/KHIE Contract</b>
<b>1:10 – 1:20</b>	<b>ONC Report from KDHE</b>
<b>1:20 – 1:30</b>	<b>Medicaid HIT Report</b>
<b>1:30 – 2:40</b>	<b>Visioning Exercise</b>
<b>3:00</b>	<b>Adjourn</b>



**KANSAS HEALTH INFORMATION EXCHANGE, INC.**  
**MINUTES**  
**BOARD OF DIRECTORS MEETING**  
**February 8, 2012**

A regular meeting of the Board of Directors of Kansas Health Information Exchange, Inc., was called to order by Chair Joe Davison, at 10:00 a.m. on February 8, 2012. Board members in attendance at the Topeka Library conference facility, in addition to Dr. Davison, included Jerry Slaughter, Dr. Michael Atwood, Dr. Helen Connors, Janet Stanek, Ken Mishler, Dr. Jen Brull, Dr. Robert Moser, and Jackie John. Bill Wallace, KHIE CEO, and Jeff Ellis, corporate legal counsel, were also in attendance along with Aaron Dunkel and Michael McPherson from the Kansas Department of Health and Environment.

**CALL TO ORDER**

Dr. Davison opened the meeting and announced that a quorum was present.

**VISIONING EXERCISE**

The first three hours of the Board meeting were devoted to refining KHIE's mission statement and vision.

**MINUTES**

***MOTION:** Mr. Slaughter moved that the Board approve the minutes of the January 11, 2012, meeting. Ms. Stanek seconded the motion, which passed unanimously.*

**CONSENT AGENDA**

Consent Agenda (reports attached):

- Executive Committee Report
- Education Committee Report
- CEO Report
- Medicaid HIT Report
- KHIN Report
- LACIE Report
- REC Report

Mr. Mishler commented that REC recruitment of providers was officially done. A discussion of bringing on new providers took place.

***MOTION:** Ms. John moved that the Board approve the Consent Agenda of the January 11, 2012, meeting. Mr. Slaughter seconded the motion, which passed unanimously.*

**KHIE BUDGET APPROVAL**

Mr. Wallace provided background information for KHIE's budget. He stated that the move to

Kansas Pharmacy Association would be complete in July. Dr. Brull asked how much money is left in the grant. A discussion ensued about the correct amount left.

**MOTION:** *Mr. Slaughter moved that the Board approve the KHIE budget. Dr. Brull seconded the motion, which passed unanimously.*

Mr. Slaughter asked for additional background on the remaining grant balance. He asked for a breakout of fund utilization.

**MOTION:** *Ms. John moved that KDHE provide a grant fund report to the Board. Mr. Slaughter seconded the motion, which passed unanimously.*

### **AUDIT PROPOSAL**

Mr. Wallace walked the Board through the audit proposal from Berberich Trahan and Co., P.A.

**MOTION:** *Dr. Brull moved that KDHE accept the audit proposal from Berberich Trahan. Ms. John seconded the motion, which passed unanimously.*

### **REVIEW COMMITTEE**

Dr. Davison introduced the role of the Review Committee. Mr. Wallace suggested nominees Duane Gosen, Dennis George, Dr. Doug Bradan, and Jeremy Hill. Dr. Davison stated that the committee requires a Board member to chair. Mr. Ellis read the charter no discussion took place.

**MOTION:** *Mr. Slaughter moved that the Board approve the four Review Committee nominees and that the Executive Committee be empowered to select a chair from the Board. Dr. Brull seconded the motion, which passed unanimously.*

## **LEGISLATIVE UPDATE**

Mr. Slaughter provided an update of discussions that he has had with Kansas legislators regarding Break The Glass (BTG) as it appears in KHIE Policy and Procedure 02 (Patient Notice and Restrictions on Access). He suggested introducing a letter of record to the legislation. Discussion of other HIT legislation ensued.

## **SUSTAINABILITY COMMITTEE**

Sustainability Committee Chair Mr. Slaughter stated that the Committee's goal would to provide the Board a plan in 90 days.

## **KDHE-KHIE CONTRACT UPDATE**

Mr. McPherson provided status of the contract between KDHE and KHIE. He stated that KDHE legal is working on a version to provide Mr. Ellis.

## **ONC UPDATE**

Mr. McPherson provided the Board an update of the ONC PIN Performance Matrix report and in particular Program Information Notices for electronic prescribing, electronic lab results, and care summaries.

## **MEDICAID HIT UPDATE**

Diane Davidson provided an update of the launch of EHR incentive payment process for Medicaid providers. Dr. Davison asked if KEES would be integrated into HIE. Dr. Davison commented that synergy exists to joining with KHIE. Ms. Davidson supported his statement and suggested that Medicaid participate in upcoming Technology Committee meetings. Dr. Atwood asked if KEES dollars were intended for Medicaid only. Ms. Davidson commented that to date funds are devoted to KEES and CHIP.

## **KHIE COMMITTEE UPDATES**

**Governance:** Ms. John provided status of the Governance Committee. Discussion of attendance took place. Ms. John provided status of commitment letters sent to all Board members and stated that two responses came back with 'no' with three 'yes' responses. She stated that all Governor appointed terms are due this year and that visits with administration are taking place. Melissa Hungerford provided status on a KHA nominee.

**Education:** Dr. Connors updated the Board with status of the RFP sent out to media companies.

**Review:** Dr. Davison commented that Martie Ross completed an HIO application exception report to the committee.

**Policy:** Dr. Davison stated that the agreement with Ms. Ross would be signed today. Discussion of remaining policies took place.

**Technology:** Mr. Mishler provided update of this committee's status.

### **ARRA ACCELERATION**

Mr. McPherson provided the Board with an update from the ONC that grant funds will need to be obligated by September 30, 2013. Previously the date was February 14, 2014.

### **OTHER BUSINESS**

Laura McCrary commented that KHIN had joined a coalition with other states to pressure EHR vendors to reduce interface costs. She commented that this is the largest barrier to providers. Ms. Ross stated that she is reviewing the group's memorandum of understanding. Michael Aldridge asked if there is legislative support.

### **ADJOURNMENT**

There being no further business to come before the meeting, Chair Davison adjourned the meeting at 2:52 p.m.

# March, 2012

## KHIE Board and Committee Meetings

February 2012							March 2012							April 2012						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
29	30	31	1	2	3	4	26	27	28	29	<b>1</b>	<b>2</b>	<b>3</b>	1	2	3	4	5	6	7
5	6	7	8	9	10	11	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	8	9	10	11	12	13	14
12	13	14	15	16	17	18	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	15	16	17	18	19	20	21
19	20	21	22	23	24	25	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	22	23	24	25	26	27	28
26	27	28	29	1	2	3	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	29	30	1	2	3	4	5
4	5	6	7	8	9	10	1	2	3	4	5	6	7	6	7	8	9	10	11	12

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	Mar 1	2	3
4	5	6 <b>11:30 AM KHIE Sustainability Meeting at KMS</b>	7 <b>2:00 PM Wednesday, March 7th meeting of the KHIE Policy Committee: 2-4 p.m. KPhA</b>	8 <b>2:00 PM KHIE Education Committee KPhA</b>	9 <b>8:30 AM KHIE Technology Committee Meeting at KPhA</b> KPhA Meeting Room - 1020 SW Fairlawn (Kansas Pharmacists Association) <b>12:30 PM KHIE Technology Application Review Subcommittee Meeting at KPhA</b> KPhA Meeting Room - 1020 SW Fairlawn (Kansas Pharmacists Association)	10
11	12	13	14 <b>10:00 AM KHIE Governance Meeting</b> Kansas Medical Society Bill Wallace <b>11:00 AM KHIE Board Meeting</b> KMS Building <b>3:00 PM KHIE Education Committee</b> KMS Building	15	16	17
18	19	20	21	22 <b>11:00 AM KHIE Technology Committee Meeting at KPhA</b> KPhA Meeting Room - 1020 SW Fairlawn Terri Kennedy	23	24
25	26 <b>12:00 PM KHIE Sustainability Committee Meeting: Kansas Medical Society - Lunch will be served.</b> Kansas Medical Society Terri Kennedy	27	28	29	30 <b>10:00 AM KHIE Policy Committee Meeting</b> Kansas Pharmacy Association Building, 1020 Fairlawn Road, Topeka, or via teleconference: 866-620-7326, Conference Code: 3176470025 Jamie Mullin	31





**KANSAS HEALTH INFORMATION EXCHANGE, INC.**  
**POLICIES AND PROCEDURES**

**P&P 02: Patient Notice and Restrictions on Access**

Date Approved by KHIE Board of Directors:	___/___/2012
Effective Date:	___/___/2012
Review Date:	03/14/2012

**Background:**

1. Under the Kansas Health Information Technology and Exchange Act (“KHITE”), a covered entity may not disclose an individual’s protected health information (“PHI”) to a health information organization (“HIO”) for any purpose unless:
  - a. the covered entity obtains a HIPAA-compliant authorization from the individual prior to the disclosure; or
  - b. the disclosure is made to an approved HIO with which the covered entity has a participation agreement, and:
    - i. the disclosure is consistent with that HIO’s established procedures;
    - ii. the covered entity provides the required notice to the individual prior to the disclosure; and
    - iii. the covered entity abides by the individual’s reasonable request for restrictions on such disclosures.
  
2. KHITE requires that KHIE establish the specifications for the written notice to be provided by a covered entity to an individual or his/her personal representative prior to the covered entity’s disclosure of the individual’s PHI to an approved HIO. KHITE states such written notice, which may be incorporated into the covered entity’s Notice of Privacy Practices (“NPP”) required under the HIPAA Privacy Rule, shall include the following:
  - a. The individual’s PHI will be disclosed to the approved HIO to facilitate the provision of health care to the individual;
  - b. The approved HIO maintains appropriate safeguards to protect the privacy and security of PHI;
  - c. Only authorized individuals may access PHI from the approved HIO;
  - d. The individual (or his/her personal representative) has the right to request in writing that the covered entity (i) not disclose any of the individual’s PHI to an approved HIO, or (ii) not disclose specified categories of the individual’s PHI to an approved HIO;

- e. Such restrictions may result in a health care provider not having access to the information necessary to provide appropriate care to the individual;
  - f. The covered entity is required to honor a written request delivered to the covered entity by an individual (or his/her personal representative) for reasonable restrictions on the disclosure of any of the individual's PHI to an approved HIO; and
  - g. The covered entity is required to honor a written request delivered to the covered entity by an individual (or his/her personal representative) for reasonable restrictions on the disclosure of specified categories of the individual's PHI to an approved HIO.
3. Following due consideration of current technological capacities, KHIE has determined the only feasible way for an individual to exercise his/her right to restrict disclosures to an approved HIO is for the individual to submit a request for restrictions to a centralized, statewide entity. (Such entity would be acting on behalf of a covered entity by receiving and taking action on such requests.) Current technology cannot adequately support restrictions at a more granular level (*e.g.*, provider, visit, or diagnosis level). Given its determination on this point, KHIE finds the following policy and procedures are consistent with KHITE's requirements.
  4. KHIE shall revisit this issue at regular intervals to determine whether new technology has become available to adequately support granular restrictions in a reliable manner, and take appropriate action at that time based on its findings.

**Policy:**

A Participant shall not disclose an individual's PHI to an approved HIO unless and until the individual (or his/her personal representative) has received written notice regarding electronic health information exchange.

An individual (or his/her personal representative) may direct that none of the individual's PHI be accessible to any person or entity through an approved HIO from that point forward. Notwithstanding such direction, an approved HIO may permit access to the individual's PHI by a properly authorized individual only as necessary to report specific information to a government agency as required by law (*e.g.*, reporting of certain communicable diseases or suspected incidents of abuse).

If an individual (or his/her personal representative) does not request such restriction or subsequently revokes a restriction, PHI regarding the individual may be accessed through an approved HIO by any Participant for treatment, payment, and health care operations.

An individual who receives treatment from a Participant that is a federally funded drug and alcohol treatment program subject to 42 C.F.R. Part 2 must give written consent to that Participant prior to records of such treatment being made available through an approved HIO.

## Procedures:

### Participant Responsibilities

1. A Participant that is required under 45 C.F.R. 164.520 to maintain a Notice of Privacy Practices (“NPP”) shall revise the NPP provided in the State of Kansas at least thirty (30) days prior to the Participant’s “go live” date with an approved HIO to include a provision substantially similar to the notice attached hereto as **Exhibit A** (as may be revised by KHIE from time to time) (“Notice”). A Participant that has engaged in health information exchange through an HIO prior to that HIO receiving its Certificate of Authority from KHIE shall revise its NPP by a date to be established and publicly announced by KHIE.
2. Because inclusion of the Notice constitutes a significant revision of a Participant’s NPP, a Participant that is a health plan must comply with the specific requirements of 45 C.F.R. 164.520(c)(1) and a Participant that is a health care provider must comply with the specific requirements of 45 C.F.R. 164.520(c)(2) with respect to providing the revised NPP in the State of Kansas.
3. A Participant shall not permit an approved HIO access to an individual’s PHI through an interface with the Participant’s EHR (or otherwise) unless and until the Participant has knowledge that the individual has received the Notice from the Participant or through another source.
4. A Participant that is a health care provider that maintains a physical service delivery site or sites in Kansas shall display a notice substantially similar to the notice attached as **Exhibit B** (as may be updated by KHIE from time to time) (“Poster”) at such delivery site or sites in a clear and prominent location where it is reasonable to expect an individual seeking goods or services from the Participant will have an opportunity to read the Poster. Such Participant shall display the Poster at least thirty (30) days prior to the Participant’s approved HIO “go live” date or, if such Participant has engaged in health information exchange through an HIO prior to that HIO receiving its Certificate of Authority from KHIE, that Participant shall display the Poster by a date to be established and publicly announced by KHIE. If the Participant is required by law to make its NPP available in one or more languages other than English, the Participant shall display the Poster in those languages as well as English.
5. The preceding requirements shall not be applicable to a Participant whose participation is limited to accessing information through an approved HIO (*e.g.*, a Participant that does not utilize an EHR).

## KHIE Support Center

6. KHIE shall operate or arrange for the operation of a centralized statewide KHIE Support Center to receive individuals' requests for restrictions on access to PHI through an approved HIO ("Restriction") and requests for revocation of such restrictions ("Revocation"). Specifically, the KHIE Support Center shall be responsible for the following:
  - (a) develop and maintain functionality on the KHIE website to permit an individual to submit a request for Restriction or Revocation electronically in a secure manner (or by printing, completing, and mailing a form to KHIE) using standardized formats substantially similar to **Exhibit C** ("Restriction Form") and **Exhibit D** ("Revocation Form") (each a "Submission Form");
  - (b) contact those individuals who fail to provide all requested demographic information on their Submission Forms (and/or their health care providers identified on the Submission Forms) to obtain the missing information;
  - (c) develop, implement, and adhere to procedures to verify that the individual submitting a Submission Form has proper authority to request the Restriction or Revocation;
  - (d) communicate each verified Restriction or Revocation to all approved HIOs as soon as possible in a secure manner;
  - (e) audit approved HIOs for compliance with such Restrictions and Revocations; and
  - (f) communicate on an annual basis with each individual for whom a Restriction is in place (or his/her personal representative) to verify that the individual (or his/her personal representative) wishes to continue that Restriction.
7. As resources permit, KHIE Support Center services shall be expanded to include (a) a regularly manned telephone help line for Participants and patients; (b) the provision of foreign language translations of the sample Notice, Poster, and Submission Forms; and (c) other services as deemed necessary and appropriate. KHIE shall approve and distribute appropriate revisions to the sample Notice, Poster, and Submission Forms to reflect any such expansion of services.
8. All information received and/or maintained by the KHIE Support Center relating to Restrictions and Revocations shall be maintained in a manner consistent with HIPAA Security Rule requirements. All KHIE Support Center staff shall receive appropriate training regarding all privacy and security requirements.

Additional Responsibilities of Participants That Qualify as Programs Under 42 C.F.R. Part 2 (“Part 2 Programs”)

9. Starting at least thirty (30) days prior to its approved HIO “go live” date, a Part 2 Program shall request each Part 2 Patient (or such patient’s personal representative) to execute a Part 2-compliant consent form authorizing disclosure of the Part 2 Patient’s PHI through the approved HIO. The Part 2 Program should advise each Part 2 Patient (or his/her personal representative) that refusal to provide such consent shall result in none of the Part 2 Patient’s PHI being available through the approved HIO, including PHI unrelated to diagnosis and treatment of alcohol or drug abuse.
10. For each and every Part 2 Patient for whom a Part 2 Program does not obtain such written consent prior to the approved HIO gaining access to such Part 2 Patient’s PHI, the Part 2 Program shall complete and submit to the KHIE Support Center a Restriction Form on behalf of that Part 2 Patient. The Part 2 Program shall submit such Restriction Form prior to or immediately following the first patient encounter that would generate an entry in the electronic health record accessible to the approved HIO.
11. If a Part 2 Patient who previously failed or refused to provide written consent for his/her PHI to be available through the approved HIO (or his/her personal representative) subsequently gives such consent to the Part 2 Program, the Part 2 Program shall direct the Part 2 Patient (or his/her personal representative) to submit a Revocation Form to the KHIE Support Center. Upon receipt of a Revocation Form from a Part 2 Patient (or such person’s personal representative), the KHIE Support Center shall forward to the Part 2 Patient (or personal representative) the Verification Form attached as **Exhibit E**. Upon receipt of the completed Verification Form from the Part 2 Patient (or personal representative), the KHIE Support Center shall communicate such Revocation to all approved HIOs as soon as possible in a secure manner.

Approved HIO Responsibilities

12. An approved HIO’s Participation Agreement with a Part 2 Program shall incorporate a Part 2-compliant Qualified Service Organization Agreement (“QSOA”).
13. An approved HIO shall have the technical capacity to (a) receive secure electronic transmission of directives from the KHIE Support Center; (b) block any person or entity from accessing through the HIO any PHI relating to an individual upon receipt of a directive from the KHIE Support Center (except for purposes of mandatory reporting requirements and as necessary for technical and administrative support); (c) provide an electronic notification to a person or entity that submits an inquiry for such individual that he/she has elected to restrict access to his/her PHI through health information exchange; and (d) maintain such restriction until such time the HIO receives a directive from the KHIE Support Center to permit access to the PHI. Notwithstanding the foregoing, an approved HIO shall continue to report (or make available) that information mandated by law to the Kansas Department of Health and Environment.

14. An approved HIO shall block (or restore) access to an individual's PHI by close of business the next business day following receipt of a directive from the KHIE Support Center.
15. An approved HIO shall perform regular audits to determine whether any person or entity can access blocked PHI through the HIO. An approved HIO shall make available results of such regular audits to KHIE promptly upon written request.
16. If an approved HIO determines an individual's PHI has been accessed through the HIO despite a current directive to prohibit such access, such access shall be reported in a manner consistent with the KHIE P&P No. 7, *Audits and Identification of Unauthorized Access*.

## EXHIBIT A: SAMPLE NOTICE OF PRIVACY PRACTICES LANGUAGE

### Your Rights Regarding Electronic Health Information Exchange

As explained above, health care providers and health plans may use and disclose your health information without your written authorization for purposes of treatment, payment, and health care operations. Until now, providers and health plans have exchanged this information directly by hand-delivery, mail, facsimile, or e-mail. This process is time consuming, expensive, not secure, and often unreliable.

Electronic health information exchange, or HIE, changes this process. New technology allows a provider or a health plan to submit a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other HIE participants.

An organization known as the Kansas Health Information Exchange, or KHIE, regulates HIOs operating in Kansas. Only properly authorized individuals may access information through an HIO operating in Kansas, and only for purposes of treatment, payment, or health care operations.

Under Kansas law, you have the right to decide whether providers and health plans can access your health information through an HIO. You have two choices. First, you can permit authorized individuals to access your electronic health information through an HIO for treatment, payment, or health care operations only. If you choose this option, you do not have to do anything.

Second, you can restrict access to your electronic health information through any HIO operating in Kansas with the exception of access by a properly authorized individual as needed to report specific information as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

If you wish to restrict access, you must complete and submit the required form to KHIE. You must provide specific information needed to put your requested restrictions in place. The form is available at <http://www.khieconsent.org>.

For your protection, each request is subject to verification procedures which may take several days to complete. Your failure to provide all information on the required form may result in additional delay.

Once your request has been processed, your electronic health information no longer will be available through HIOs operating in Kansas except for mandatory reporting requirements. You may change your mind at any time and permit access by submitting another request to KHIE.

Please understand your decision to restrict access to your electronic health information through an HIO will limit your health care providers' ability to provide the most effective care for you. By submitting a request for restrictions, you accept the risks associated with that decision.

If you have questions regarding electronic health information exchange or HIOs, please visit <http://www.khie.org> for additional information.

Your decision to restrict access to your electronic health information through an HIO does not impact other disclosures of your health information. Providers and health plans may continue to share your information directly through other means (such as by facsimile or secure e-mail) without your specific written authorization.

KHIE cannot require an HIO operating outside Kansas to restrict access to an individual's electronic health information. Please communicate directly with your out-of-state health care provider to learn how to request such restrictions.



## EXHIBIT B: SAMPLE POSTER

### **YOUR RIGHTS REGARDING ELECTRONIC HEALTH INFORMATION EXCHANGE**

We participate in the electronic exchange of health information with other health care providers and health plans in the State of Kansas through an approved health information organization. Unless you direct otherwise, your electronic health records will be accessible through the exchange to properly authorized users for purposes of treatment, payment, and health care operations only.

***If you want to restrict access to your records through the exchange, you must submit a request for restriction through the Kansas Health Information Exchange, Inc.***

Even if you restrict access, your information still will be available through the exchange by a properly authorized individual as necessary to report specific information to a government agency as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

*For your protection, each request for restrictions is subject to verification procedures. Please allow sufficient time for your request to be processed. Your failure to provide all information required for verification may result in additional delay or denial of your request.*

## EXHIBIT C: REQUEST FOR RESTRICTIONS ON ACCESS FORM

### REQUEST FOR RESTRICTIONS ON ACCESS TO PROTECTED HEALTH INFORMATION THROUGH ELECTRONIC HEALTH INFORMATION EXCHANGE

I direct that none of my electronic health information be accessible to any person or entity for any purpose through an approved health information organization (“HIO”) except access by a properly authorized individual only as necessary to report specific information to a government agency as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

I understand and accept the risks associated with denying health care providers access to my health information through electronic health information exchange. I understand I can revoke this restriction at any time.

I certify that I am authorized to submit this request, and that the information below is true and accurate to the best of my knowledge.

First Name: _____	Middle Name: _____
Last Name: _____	Maiden Name: _____
List any Other Names, Aliases, or Nicknames: _____	
Address: _____	
City: _____	State: ____ Zip: _____
E-mail Address: _____	
<i>Confirmation of this request will be sent to the e-mail address listed here</i>	
Home Phone: _____	Work/Mobile Phone: _____
Birth Date: _____	Social Security Number: _____
Gender: _____	
List the most frequently visited physicians (name and city):	
_____	
_____	
_____	

If you are completing this request as the personal representative for another individual, you must provide the following additional information about yourself:

Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_

*All information provided will remain strictly confidential, and will be used solely for the purpose of carrying out your request. You will receive confirmation of your request from the Kansas Health Information Exchange, Inc. Retain that confirmation for your records. If you do not receive confirmation, contact [telephone] as soon as possible.*

*For your protection, each request received is subject to verification procedures. Your failure to provide all information required for verification may result in additional delay or denial of your request. Access to your health information through electronic health information exchange will be restricted as soon as practical.*

**EXHIBIT D: REQUEST TO REVOKE RESTRICTIONS ON ACCESS FORM**

**REQUEST TO REVOKE RESTRICTIONS ON ACCESS TO PROTECTED HEALTH INFORMATION  
THROUGH ELECTRONIC HEALTH INFORMATION EXCHANGE**

I previously directed that none of my electronic health information be accessible to any person or entity for any purpose through an approved health information organization (“HIO”). I now revoke my prior directive and allow my information to be accessible through an approved HIO to authorized Participants for purposes of treatment, payment, and health care operations.

I understand I can once again restrict access at any time by submitting a new request for restrictions.

I certify that I am authorized to submit this request, and that the information below is true and accurate to the best of my knowledge.

First Name: _____	Middle Name: _____
Last Name: _____	Maiden Name: _____
List any Other Names, Aliases, or Nicknames: _____	
Address: _____	
City: _____	State: ___ Zip: _____
E-mail Address: _____ <i>Confirmation of this request will be sent to the e-mail address listed here</i>	
Home Phone: _____	Work/Mobile Phone: _____
Birth Date: _____	Social Security Number: _____
Gender: _____	
List the most frequently visited physicians (name and city): _____ _____	

If you are completing this request as the personal representative for another individual, you must provide the following additional information about yourself:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_

*All information provided will remain strictly confidential, and will be used solely for the purpose of carrying out your request regarding your electronic protected health information. You will receive a confirmation of your request from Kansas Health Information Exchange, Inc. Retain that confirmation for your records. If you do not receive a confirmation, contact [telephone] as soon as possible.*

*For your protection, each request received is subject to verification procedures. Your failure to provide all information required for verification may result in additional delay or denial of your request. Access to your health information through electronic health information exchange will be restored as soon as practical.*

**EXHIBIT E: PART 2 PATIENT VERIFICATION OF REQUEST TO REVOKE  
RESTRICTIONS ON ACCESS FORM**

**VERIFICATION OF REQUEST TO REVOKE RESTRICTIONS ON ACCESS  
TO PROTECTED HEALTH INFORMATION  
THROUGH ELECTRONIC HEALTH INFORMATION EXCHANGE**

Patient Name: \_\_\_\_\_

Kansas Health Information Exchange, Inc. (“KHIE”), has received a request to permit access to your electronic health information through an approved health information organization (HIO). Prior to implementing this request, KHIE must verify the authority of the person submitting this request. Please have your signature on this document notarized and return the completed document to KHIE at the following address: [insert]

Currently, none of my electronic health information is accessible to any person or entity for any purpose through an approved health information organization (“HIO”). I now have requested that such information (including records relating to diagnosis and treatment of substance abuse) be accessible through an approved HIO to authorized Participants for purposes of treatment, payment, and health care operations.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

**VERIFICATION OF REQUEST TO REVOKE RESTRICTIONS ON ACCESS  
TO PROTECTED HEALTH INFORMATION  
THROUGH ELECTRONIC HEALTH INFORMATION EXCHANGE**

Patient Name: \_\_\_\_\_

Personal Representative Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Kansas Health Information Exchange, Inc. (“KHIE”), has received a request to revoke previously imposed restrictions on access to this individual’s electronic health information through an approved health information organization (HIO). Prior to implementing this request for revocation, KHIE must verify the authority of the person submitting the request. Please have your signature on this document notarized and return the completed document to KHIE at the following address: [insert]

Electronic health information relating to this patient currently is not accessible to any person or entity for any purpose through an approved health information organization (“HIO”). I now have requested revocation of this restriction to allow this information (including records relating to diagnosis and treatment of substance abuse) to be accessible through an approved HIO to authorized Participants for purposes of treatment, payment, and health care operations. I hereby represent that I have the proper legal authority to act on behalf of the patient for this purpose and assume all legal responsibility associated with this request for revocation of restrictions.

\_\_\_\_\_  
Personal Representative’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date





**KANSAS HEALTH INFORMATION EXCHANGE, INC.  
POLICIES AND PROCEDURES**

**P&P 02: Patient Notice and Restrictions on Access**

~~Date Approved by KHIE Policy Committee: \_\_\_\_\_ 11/09/2011~~

Date Approved by KHIE Board of Directors:

~~11/09/2011~~ / / 2012

Effective Date:

~~12/01/2011~~ / / 2012

Review Date:

~~\_\_\_/\_\_\_/201~~ 03/14/2012

**Background:**

1. Under the Kansas Health Information Technology and Exchange Act (“KHITE”), a covered entity may not disclose an individual’s protected health information (“PHI”) to a health information organization (“HIO”) for any purpose unless:
  - a. the covered entity obtains a HIPAA-compliant authorization from the individual prior to the disclosure; or
  - b. the disclosure is made to an approved HIO with which the covered entity has a participation agreement, and:
    - i. the disclosure is consistent with that HIO’s established procedures;
    - ii. the covered entity provides the required notice to the individual prior to the disclosure; and
    - iii. the covered entity abides by the individual’s reasonable request for restrictions on such disclosures.
  
2. KHITE requires that KHIE establish the specifications for the written notice to be provided by a covered entity to an individual or his/her personal representative prior to the covered entity’s disclosure of the individual’s PHI to an approved HIO. KHITE states such written notice, which may be incorporated into the covered entity’s Notice of Privacy Practices (“NPP”) required under the HIPAA Privacy Rule, shall include the following:
  - a. The individual’s PHI will be disclosed to the approved HIO to facilitate the provision of health care to the individual;
  - b. The approved HIO maintains appropriate safeguards to protect the privacy and security of PHI;
  - c. Only authorized individuals may access PHI from the approved HIO;
  - d. The individual (or his/her personal representative) has the right to request in writing that the covered entity (i) not disclose any of the individual’s PHI to an

- approved HIO, or (ii) not disclose specified categories of the individual's PHI to an approved HIO;
- e. Such restrictions may result in a health care provider not having access to the information necessary to provide appropriate care to the individual;
  - f. The covered entity is required to honor a written request delivered to the covered entity by an individual (or his/her personal representative) for reasonable restrictions on the disclosure of any of the individual's PHI to an approved HIO; and
  - g. The covered entity is required to honor a written request delivered to the covered entity by an individual (or his/her personal representative) for reasonable restrictions on the disclosure of specified categories of the individual's PHI to an approved HIO.
3. Following due consideration of current technological capacities, KHIE has determined the only feasible way for an individual to exercise his/her right to restrict disclosures to an approved HIO is for the individual to submit a request for restrictions to a centralized, statewide entity. (Such entity would be acting on behalf of a covered entity by receiving and taking action on such requests.) Current technology cannot adequately support restrictions at a more granular level (*e.g.*, provider, visit, or diagnosis level). Given its determination on this point, KHIE finds the following policy and procedures are consistent with KHIE's requirements.
4. KHIE shall revisit this issue at regular intervals to determine whether new technology has become available to adequately support granular restrictions in a reliable manner, and take appropriate action at that time based on its findings.

**Policy:**

A Participant shall not disclose an individual's PHI to an approved HIO unless and until the individual (or his/her personal representative) has received written notice regarding electronic health information exchange.

An individual (or his/her personal representative) may direct that none of the individual's PHI be accessible to any person or entity through an approved HIO from that point forward. Notwithstanding such direction, an approved HIO may permit access to the individual's PHI by a properly authorized individual only as necessary to report specific information to a government agency as required by law (*e.g.*, reporting of certain communicable diseases or suspected incidents of abuse).

If an individual (or his/her personal representative) does not request such restriction or subsequently revokes a restriction, ~~all~~ PHI regarding the individual ~~from any source~~ may be accessed through an approved HIO by any Participant for treatment, payment, and health care operations.

An individual who receives treatment from a Participant that is a federally funded drug and alcohol treatment program subject to 42 C.F.R. Part 2 must give written consent to that Participant prior to records of such treatment being made available through an approved HIO.

## **Procedures:**

### **Participant Responsibilities**

1. A Participant that is required under 45 C.F.R. 164.520 to maintain a Notice of Privacy Practices (“NPP”) shall revise the NPP provided in the State of Kansas at least thirty (30) days prior to the Participant’s “go live” date with an approved HIO to include a provision substantially similar to the notice attached hereto as **Exhibit A** (as may be revised by KHIE from time to time) (“Notice”). A Participant that has engaged in health information exchange through an HIO prior to that HIO receiving its Certificate of Authority from KHIE shall revise its NPP ~~within thirty (30) days of~~by a date to be established and publicly announced by KHIE.
2. Because inclusion of the Notice constitutes a significant revision of a Participant’s NPP, a Participant that is a health plan must comply with the specific requirements of 45 C.F.R. 164.520(c)(1) and a Participant that is a health care provider must comply with the specific requirements of 45 C.F.R. 164.520(c)(2) with respect to providing the revised NPP in the State of Kansas.
3. A Participant shall not permit an approved HIO access to an individual’s PHI through an interface with the Participant’s EHR (or otherwise) unless and until the Participant has knowledge that the individual has received the Notice from the Participant or through another source.
4. A Participant that is a health care provider that maintains a physical service delivery site or sites in Kansas shall display a notice substantially similar to the notice attached as **Exhibit B** (as may be updated by KHIE from time to time) (“Poster”) at such delivery site or sites in a clear and prominent location where it is reasonable to expect an individual seeking goods or services from the Participant will have an opportunity to read the Poster. Such Participant shall display the Poster at least thirty (30) days prior to the Participant’s approved HIO “go live” date or, if such Participant has engaged in health information exchange through an HIO prior to that HIO receiving its Certificate of Authority from KHIE, that Participant shall display the Poster ~~within thirty (30) days of~~by a date to be established and publicly announced by KHIE. If the Participant is required by law to make its NPP available in one or more languages other than English, the Participant shall display the Poster in those languages as well as English.
5. The preceding requirements shall not be applicable to a Participant whose participation is limited to accessing information through an approved HIO (e.g., a Participant that does not utilize an EHR).

## KHIE Support Center

6. KHIE shall operate or arrange for the operation of a centralized statewide KHIE Support Center to receive individuals' requests for restrictions on access to PHI through an approved HIO ("Restriction") and requests for revocation of such restrictions ("Revocation"). Specifically, the KHIE Support Center shall be responsible for the following:
  - (a) develop and maintain functionality on the KHIE website to permit an individual to submit a request for Restriction or Revocation electronically in a secure manner (or by printing, completing, and mailing a form to KHIE) using standardized formats substantially similar to **Exhibit C** ("Restriction Form") and **Exhibit D** ("Revocation Form") (each a "Submission Form");
  - (b) contact those individuals who fail to provide all requested demographic information on their Submission Forms (and/or their health care providers identified on the Submission Forms) to obtain the missing information;
  - (c) develop, implement, and adhere to procedures to verify that the individual submitting a Submission Form has proper authority to request the Restriction or Revocation;
  - (d) communicate each verified Restriction or Revocation to all approved HIOs as soon as possible in a ~~timely and~~ secure manner;
  - (e) audit approved HIOs for compliance with such Restrictions and Revocations; and
  - (f) communicate on an annual basis with each individual for whom a Restriction is in place (or his/her personal representative) to verify that the individual (or his/her personal representative) wishes to continue that Restriction.
7. As resources permit, KHIE Support Center services shall be expanded to include (a) a regularly manned telephone help line for Participants and patients; ~~(b) the capability to receive written and telephonic Restrictions and Revocations;~~ (c) the provision of foreign language translations of the sample Notice, Poster, and Submission Forms; and ~~(d)~~ other services as deemed necessary and appropriate. KHIE shall approve and distribute appropriate revisions to the sample Notice, Poster, and Submission Forms to reflect any such expansion of services.
8. All information received and/or maintained by the KHIE Support Center relating to Restrictions and Revocations shall be maintained in a manner consistent with HIPAA Security Rule requirements. All KHIE Support Center staff shall receive appropriate training regarding all privacy and security requirements.

Additional Responsibilities of Participants That Qualify as Programs Under 42 C.F.R. Part 2 (“Part 2 Programs”)

9. Starting at least thirty (30) days prior to its approved HIO “go live” date, a Part 2 Program shall request each Part 2 Patient (or such patient’s personal representative) to execute a Part 2-compliant consent form authorizing disclosure of the Part 2 Patient’s PHI through the approved HIO. The Part 2 Program should advise each Part 2 Patient (or his/her personal representative) that refusal to provide such consent shall result in none of the Part 2 Patient’s PHI being available through the approved HIO, including PHI unrelated to diagnosis and treatment of alcohol or drug abuse.
10. For each and every Part 2 Patient for whom a Part 2 Program does not obtain such written consent prior to the approved HIO gaining access to such Part 2 Patient’s PHI, the Part 2 Program shall complete and submit to the KHIE Support Center a Restriction Form on behalf of that Part 2 Patient. The Part 2 Program shall submit such Restriction Form prior to or immediately following the first patient encounter that would generate an entry in the electronic health record accessible to the approved HIO.
11. If a Part 2 Patient who previously failed or refused to provide written consent for his/her PHI to be available through the approved HIO (or his/her personal representative) subsequently gives such consent to the Part 2 Program, the Part 2 Program shall direct the Part 2 Patient (or his/her personal representative) to submit a Revocation Form to the KHIE Support Center. Upon receipt of a Revocation Form from a Part 2 Patient (or such person’s personal representative), the KHIE Support Center shall forward to the Part 2 Patient (or personal representative) the Verification Form attached as **Exhibit E**. Upon receipt of the completed Verification Form from the Part 2 Patient (or personal representative), the KHIE Support Center shall communicate such Revocation to all approved HIOs as soon as possible in a secure manner.

Approved HIO Responsibilities

12. An approved HIO’s Participation Agreement with a Part 2 Program shall incorporate a Part 2-compliant Qualified Service Organization Agreement (“QSOA”).
- 9.13. An approved HIO shall have the technical capacity to (a) receive secure electronic transmission of ~~Restrictions and Revocations~~directives from the KHIE Support Center; (b) ~~restrict~~block any person or entity from accessing through the HIO any PHI relating to an individual upon receipt of a ~~Restriction~~directive from the KHIE Support Center (except ~~by a properly authorized individual only as necessary to report specific information to a government agency as required by law (e.g., reporting of certain communicable diseases or suspected incidents of abuse)~~ unless and until receipt of a Revocation for that ~~individual~~for purposes of mandatory reporting requirements and as necessary for technical and administrative support); (c) provide an electronic notification to a ~~Participant~~person or entity that submits an inquiry for such individual that ~~the individual~~he/she has elected to restrict access to his/her PHI through ~~electronic~~health information exchange.—An

~~approved HIO shall restrict;~~ and (d) maintain such restriction until such time the HIO receives a directive from the KHIE Support Center to permit access to the PHI. Notwithstanding the foregoing, an approved HIO shall continue to report (or make available) that information mandated by law to the Kansas Department of Health and Environment.

14. An approved HIO shall block (or restore) access to an individual's PHI ~~as set forth herein as soon as practicable~~by close of business the next business day following receipt of a ~~Restriction (or Revocation)~~directive from the KHIE Support Center.

~~10.15.~~ 15. An approved HIO shall perform regular audits to determine whether any person or entity can access ~~restricted~~blocked PHI through the HIO. An approved HIO shall make available results of such regular audits to KHIE promptly upon written request.

~~11.16.~~ 16. If an approved HIO determines an individual's PHI has been ~~improperly~~ accessed through the HIO despite a ~~Restriction on~~current directive to prohibit such access, such access shall be reported in a manner consistent with the KHIE P&P No. 7, *Audits and Identification of Unauthorized Access*.

## EXHIBIT A: SAMPLE NOTICE OF PRIVACY PRACTICES LANGUAGE

### Your Rights Regarding Electronic Health Information Exchange

As explained above, health care providers and health plans may use and disclose your health information without your written authorization for purposes of treatment, payment, and health care operations. Until now, providers and health plans have exchanged this information directly by hand-delivery, mail, facsimile, or e-mail. This process is time consuming, expensive, not secure, and often unreliable.

Electronic health information exchange, or HIE, changes this process. New technology allows a provider or a health plan to submit a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from ~~all~~ other HIE participants.

~~A state agency called~~ An organization known as the Kansas Health Information Exchange, or KHIE, regulates HIOs operating in ~~the state of~~ Kansas ~~by enforcing privacy and security standards~~. Only properly authorized individuals may access information through an HIO operating in Kansas, and only for purposes of treatment, payment, or health care operations.

Under Kansas law, you have the right to decide whether providers and health plans can access your health information through an HIO. You have two choices. First, you can permit authorized individuals to access your electronic health information through an HIO for treatment, payment, or health care operations only. If you choose this option, you do not have to do anything.

Second, you can restrict ~~anyone from accessing any of~~ access to your electronic health information through ~~an HIO except~~ any HIO operating in Kansas with the exception of access by a properly authorized individual ~~only as necessary~~ needed to report specific information ~~to a government agency~~ as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

If you wish to ~~request restrictions on~~ restrict access ~~to your electronic health information~~, you must complete and submit the required form to ~~the Kansas Health Information Exchange, Inc~~ KHIE. You must provide specific information ~~on that form~~ needed to put your requested restrictions in place. The form is available at ~~[KHS website]~~ <http://www.khieconsent.org>.

For your protection, each request is subject to verification procedures which may take several days to complete. Your failure to provide all information on the required form may result in additional delay.

Once your request has been processed, your electronic health information no longer will be available through ~~an HIO~~ HIOs operating in Kansas except for mandatory reporting requirements. You may change your mind at any time and permit access by submitting another request to ~~the Kansas Health Information Exchange, Inc~~ KHIE.

Please understand your decision to restrict access to your electronic health information through an HIO will limit your health care providers' ability to provide the most effective care for you. By submitting a request for restrictions, you accept the risks associated with that decision.

If you have questions regarding electronic health information exchange or HIOs, please visit ~~[KHIE website]~~ <http://www.khie.org> for additional information.

Your decision to restrict access to your electronic health information through an HIO does not impact other disclosures of your health information. Providers and health plans may continue to share your information



directly through other means (such as by facsimile or secure e-mail) without your specific written authorization.

[KHIE cannot require an HIO operating outside Kansas to restrict access to an individual's electronic health information. Please communicate directly with your out-of-state health care provider to learn how to request such restrictions.](#)

## EXHIBIT B: SAMPLE POSTER

### **YOUR RIGHTS REGARDING ELECTRONIC HEALTH INFORMATION EXCHANGE**

We participate in the electronic exchange of health information with other health care providers and health plans in the State of Kansas through an approved health information organization. Unless you direct otherwise, your electronic health records will be accessible through the exchange to properly authorized users for purposes of treatment, payment, and health care operations only.

***If you want to restrict access to your records through the exchange, you must submit a request for restriction through the Kansas Health Information Exchange, Inc.***

Even if you restrict access, your information still will be available through the exchange by a properly authorized individual as necessary to report specific information to a government agency as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

*For your protection, each request for restrictions is subject to verification procedures. Please allow sufficient time for your request to be processed. Your failure to provide all information required for verification may result in additional delay or denial of your request.*

## EXHIBIT C: REQUEST FOR RESTRICTIONS ON ACCESS FORM

### REQUEST FOR RESTRICTIONS ON ACCESS TO PROTECTED HEALTH INFORMATION THROUGH ELECTRONIC HEALTH INFORMATION EXCHANGE

I direct that none of my electronic health information be accessible to any person or entity for any purpose through an approved health information organization (“HIO”) except access by a properly authorized individual only as necessary to report specific information to a government agency as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

I understand and accept the risks associated with denying health care providers access to my health information through electronic health information exchange. I understand I can revoke this restriction at any time.

I certify that I am authorized to submit this request, and that the information below is true and accurate to the best of my knowledge.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

List any Other Names, Aliases, or Nicknames: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*Confirmation of this request will be sent to the e-mail address listed here*

Home ~~phone~~ Phone: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_

List the most frequently visited physicians (name and city):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are completing this request as the personal representative for another individual, you must provide the following additional information about yourself:

Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home ~~phone~~Phone: \_\_\_\_\_ Work/Mobile  
Phone: \_\_\_\_\_

*All information provided will remain strictly confidential, and will be used solely for the purpose of carrying out your request. You will receive confirmation of your request from the Kansas Health Information Exchange, Inc. Retain that confirmation for your records. If you do not receive confirmation, contact [telephone] as soon as possible.*

*For your protection, each request received is subject to verification procedures. Your failure to provide all information required for verification may result in additional delay or denial of your request. Access to your health information through electronic health information exchange will be restricted as soon as practical.*

**EXHIBIT D: REQUEST TO REVOKE RESTRICTIONS ON ACCESS FORM**

**REQUEST TO REVOKE RESTRICTIONS ON ACCESS TO PROTECTED HEALTH INFORMATION  
THROUGH ELECTRONIC HEALTH INFORMATION EXCHANGE**

I previously directed that none of my electronic health information be accessible to any person or entity for any purpose through an approved health information organization (“HIO”). I now revoke my prior directive and allow my information to be accessible through an approved HIO to authorized Participants for purposes of treatment, payment, and health care operations.

I understand I can once again restrict access at any time by submitting a new request for restrictions.

I certify that I am authorized to submit this request, and that the information below is true and accurate to the best of my knowledge.

First Name: _____	Middle Name: _____
Last Name: _____	Maiden Name: _____
List any Other Names, Aliases, or Nicknames: _____	
Address: _____	
City: _____	State: ___ Zip: _____
E-mail Address: _____ <i>Confirmation of this request will be sent to the e-mail address listed here</i>	
Home <del>phone</del> Phone: _____	Work/Mobile Phone: _____
Birth Date: _____	Social Security Number: _____
Gender: _____	
List the most frequently visited physicians (name and city): _____ _____	

If you are completing this request as the personal representative for another individual, you must provide the following additional information about yourself:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home ~~phone~~Phone: \_\_\_\_\_ Work/Mobile

Phone: \_\_\_\_\_

*All information provided will remain strictly confidential, and will be used solely for the purpose of carrying out your request regarding your electronic protected health information. You will receive a confirmation of your request from Kansas Health Information Exchange, Inc. Retain that confirmation for your records. If you do not receive a confirmation, contact [telephone] as soon as possible.*

*For your protection, each request received is subject to verification procedures. Your failure to provide all information required for verification may result in additional delay or denial of your request. Access to your health information through electronic health information exchange will be restored as soon as practical.*

**EXHIBIT E: PART 2 PATIENT VERIFICATION OF REQUEST TO REVOKE  
RESTRICTIONS ON ACCESS FORM**

**VERIFICATION OF REQUEST TO REVOKE RESTRICTIONS ON ACCESS  
TO PROTECTED HEALTH INFORMATION  
THROUGH ELECTRONIC HEALTH INFORMATION EXCHANGE**

Patient Name: \_\_\_\_\_

Kansas Health Information Exchange, Inc. (“KHIE”), has received a request to permit access to your electronic health information through an approved health information organization (HIO). Prior to implementing this request, KHIE must verify the authority of the person submitting this request. Please have your signature on this document notarized and return the completed document to KHIE at the following address: [insert]

Currently, none of my electronic health information is accessible to any person or entity for any purpose through an approved health information organization (“HIO”). I now have requested that such information (including records relating to diagnosis and treatment of substance abuse) be accessible through an approved HIO to authorized Participants for purposes of treatment, payment, and health care operations.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

VERIFICATION OF REQUEST TO REVOKE RESTRICTIONS ON ACCESS  
TO PROTECTED HEALTH INFORMATION  
THROUGH ELECTRONIC HEALTH INFORMATION EXCHANGE

Patient Name: \_\_\_\_\_

Personal Representative Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Kansas Health Information Exchange, Inc. (“KHIE”), has received a request to revoke previously imposed restrictions on access to this individual’s electronic health information through an approved health information organization (HIO). Prior to implementing this request for revocation, KHIE must verify the authority of the person submitting the request. Please have your signature on this document notarized and return the completed document to KHIE at the following address: [insert]

Electronic health information relating to this patient currently is not accessible to any person or entity for any purpose through an approved health information organization (“HIO”). I now have requested revocation of this restriction to allow this information (including records relating to diagnosis and treatment of substance abuse) to be accessible through an approved HIO to authorized Participants for purposes of treatment, payment, and health care operations. I hereby represent that I have the proper legal authority to act on behalf of the patient for this purpose and assume all legal responsibility associated with this request for revocation of restrictions.

\_\_\_\_\_  
Personal Representative’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public




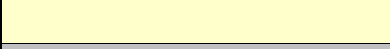

\_\_\_\_\_  
Date





Document comparison by Workshare Professional on Tuesday, March 13, 2012  
3:44:03 PM

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Description	#535673v1<Kansas> - FINAL KHIE P&P 02 Patient Notice/Restrictions on Access -
Document 2 ID	interwovenSite://sfbbwadms/Kansas/535673/3
Description	#535673v3<Kansas> - 03.12 FINAL KHIE P&P 02 Patient Notice/Restrictions on Access -
Rendering set	standard

Legend:	
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<del>Moved from</del>	
<a href="#">Moved to</a>	
Style change	
Format change	
<del>Moved deletion</del>	
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

Statistics:	
	Count
Insertions	81
Deletions	51
Moved from	0
Moved to	0
Style change	0
Format changed	0
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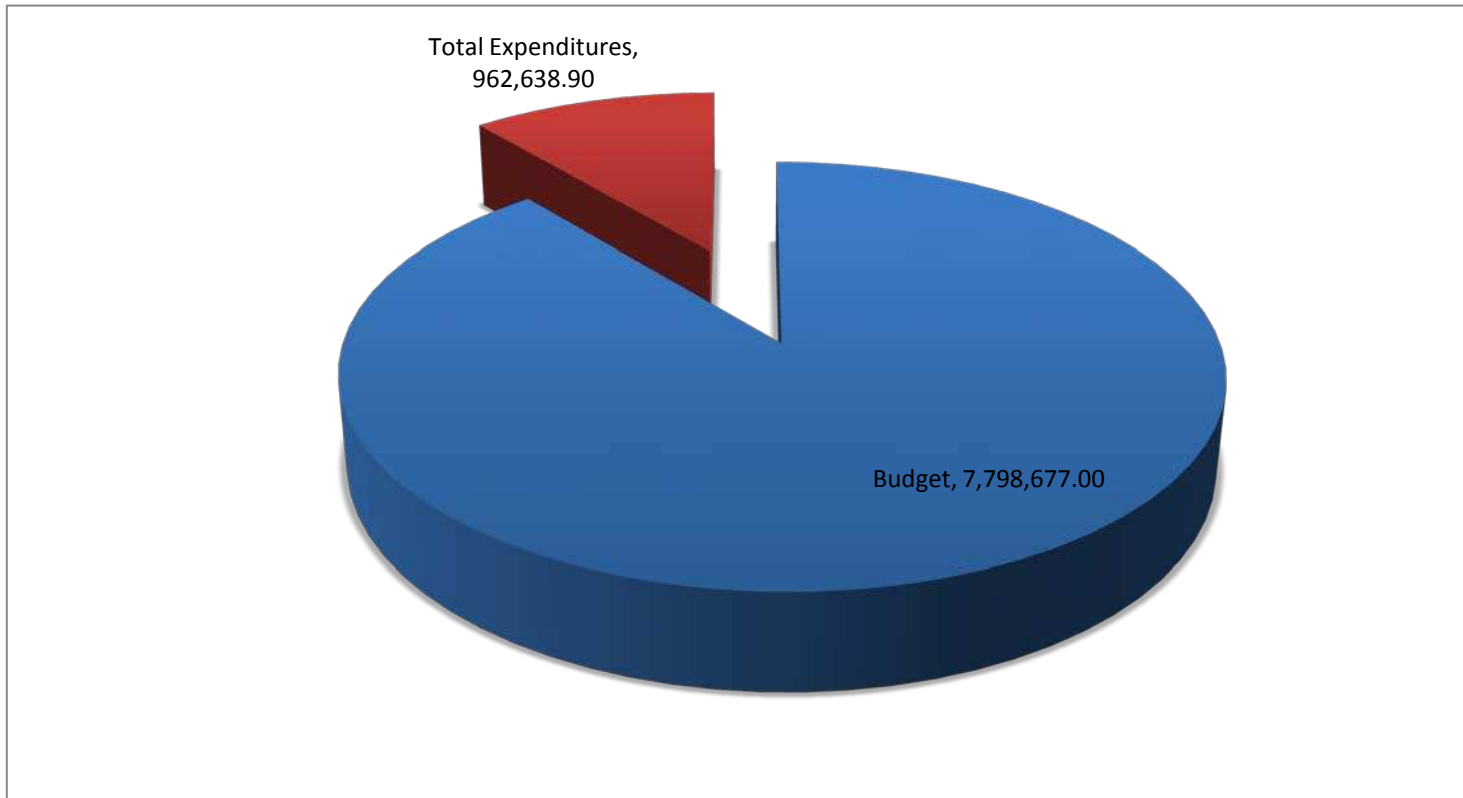
## KHIE Contractual Breakout

As of 3/9/12

Kansas Health information Exchange Project – Kansas Health Information Exchange, Inc. Budget Narrative and Justification  
 This budget is a subset of the KS HIE Project – State Budget. All funding is included in the State budget under contractual service line item.  
 Cumulative Implementation Budget Years One – Three 06/01/11 through 02/11/14

Personnel	Fringe Benefits	Travel	Equipment	Supplies	Contractual	Other	Indirects	Total
775,637.00		79,330.00		7,000.00	7,798,677.00	75,234.00	274,188.00	9,010,066.00

NGA Line Item	Budget	Total Expenditures	Remaining Balance	Percent Remaining
KHIE: Contractual	7,798,677.00	962,638.90	6,836,038.10	87.66%





# **KHIE 2012-2014 Visioning Document**

## **KHIE Vision**

“Improving the health of Kansans through trusted exchange of health information”

## **KHIE Mission**

“Orchestrating the exchange of health information to transform healthcare”

# KHIE 2012-2014 Visioning Document

## KHIE Values

1. We value **cost effective, patient-centered, quality health care.**
2. We value **privacy, security and confidentiality** of health information.
3. We seek **consensus and collaboration** among stakeholders through an **inclusive** and **transparent** process.
4. We engage and support **all areas of Kansas.**
5. We value **access to health information** regardless of where care is provided.
6. We value **efficient, innovative and flexible actions** to meet our mission
7. We value the **public good** and promote **population health.**
8. We value that consumers and providers are **informed and engaged.**
9. We support Kansas providers' actions to achieve recognized **quality outcome measures.**
10. We value a health information exchange environment that is **sustainable.**

# KHIE 2012-2014 Visioning Document

Focus Area	Goals	Objectives	Responsibility
<b>1 &amp; 2 – Integration with Local and State Agencies/Population Health</b> (Group facilitated by Mike McPherson)	<ul style="list-style-type: none"> <li>• Harmonize data sharing</li> <li>• Assessment of current data sources</li> <li>• Care coordination</li> <li>• Commitment to overcome barriers</li> <li>• Healthy people 20/20</li> </ul>	<ul style="list-style-type: none"> <li>• DURSA, MOUs</li> <li>• Availability to integrate with those sources, timelines</li> <li>• Establish workgroup to identify opportunities and barriers</li> <li>• Identify clinical data</li> </ul>	State HIT Coordinator
<b>3 – Recognized quality outcome measures</b> (Group facilitated by Terri Kennedy)	<ul style="list-style-type: none"> <li>• Gain consensus on quality outcome measures and assist providers to improve the health of Kansans and obtain incentives</li> </ul>	<ul style="list-style-type: none"> <li>• Define outcome measures from current quality incentive programs, such as:                             <ul style="list-style-type: none"> <li>○ eRx</li> <li>○ lab interface</li> <li>○ care summaries/Direct</li> </ul> </li> </ul>	??????????
<b>4 – Interoperability</b> (Group facilitated by Aaron Dunkel)	<ul style="list-style-type: none"> <li>• Interstate and Intrastate Operability</li> </ul>	<ul style="list-style-type: none"> <li>• Interstate – KHIE Establishment/Utilization of the NWHIN gateway +/-</li> <li>• Intrastate – <b>Eligible Professionals</b> will have access to one of the 3 <b>forms</b> of HIE                             <ul style="list-style-type: none"> <li>▪ Secure Clinical Communications (e.g. DIRECT)</li> <li>▪ HIE portal access</li> <li>▪ Fully functional HIE</li> </ul> </li> </ul>	KHIE Technology Committee
<b>5 – Infrastructure (MPI, RLS)</b> (Group Facilitated by Aaron Dunkel)	<ul style="list-style-type: none"> <li>• Define <b>required components that are missing from the current</b> infrastructure</li> <li>-</li> <li>• Identify vendor/resources to deliver infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• HIO -&gt; HIO</li> <li>• HIO -&gt; Interstate HIO</li> <li>• HIO -&gt; Private entity</li> <li>• HIO -&gt; Public entity</li> </ul>	KHIE Technology Committee
<b>6 – Governance and oversight</b> (Group Facilitated by	<ul style="list-style-type: none"> <li>• KHIE meet all State and Federal requirements and standards</li> <li>• Employ a collaborative and</li> </ul>	<ul style="list-style-type: none"> <li>• Issue certificates of authority</li> </ul>	KHIE Review Committee

# KHIE 2012-2014 Visioning Document

Focus Area	Goals	Objectives	Responsibility
Bill Wallace)	<ul style="list-style-type: none"> <li>transparent process to ensure compliance with established standards</li> <li>Facilitate the deployment of KIE capability on a statewide basis</li> </ul>	<ul style="list-style-type: none"> <li>Have policies in place that facilitate a vibrant and sustainable information exchange</li> </ul>	KHIE Policy Committee
<b>7 – Consumer education and engagement</b> (Group Facilitated by Terri Kennedy)	<ul style="list-style-type: none"> <li>Increase consumer use of electronic health records and engagement in health information exchange through education</li> </ul>	<ul style="list-style-type: none"> <li>Use existing materials when possible</li> <li>Common messaging and branding</li> <li>Engage communication experts</li> <li>Multi-media approach</li> </ul>	KHIE Education Committee
<b>8 – Sustainability</b> (Group Facilitated by Bill Wallace)	<ul style="list-style-type: none"> <li>KHIE will strive to establish a financial model that supports KHIE operations and promotes affordable state HIE</li> <li>KHIE will develop a process for allocation of grant funds</li> </ul>	<ul style="list-style-type: none"> <li>Distribute ONC grant funds by <b>09/30/2013 or 2/1/2014?</b></li> <li>Minimize financial barriers to the establishment and operation of HIOs</li> </ul>	KHIE Sustainability Committee
<b>9– Participation and engagement</b> (Group Facilitated by Terri Kennedy)	<ul style="list-style-type: none"> <li>Create value for all Kansans to drive participation in health information exchange</li> </ul>	<ul style="list-style-type: none"> <li>Define values for sub-populations (urban, rural, underserved, etc.)</li> <li>Identify barriers and challenges</li> </ul>	KHIE Education Committee