

# Consent Tool Provider Guide Prevention of Harm Form

Summer 2022

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# Purpose of Form



#### Purpose of the Prevention of Harm Form

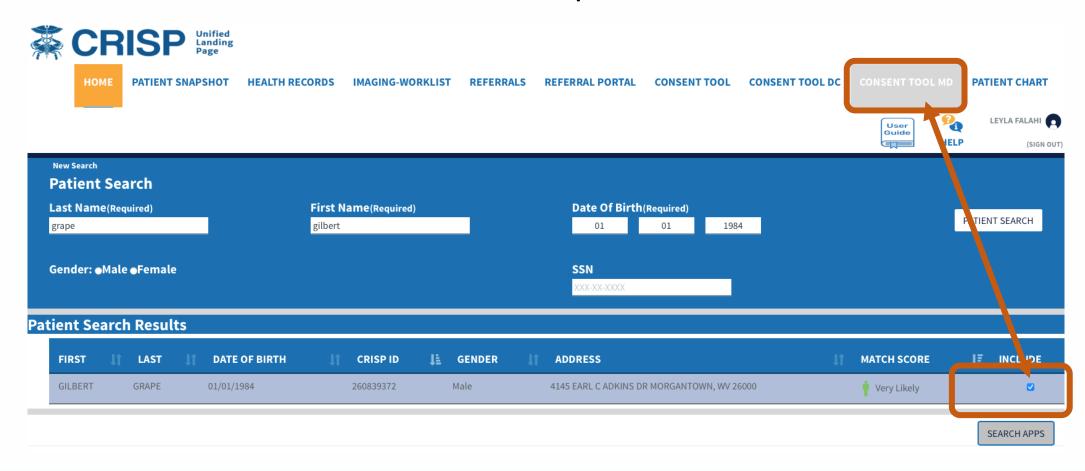
- The purpose of this Consent Tool form is to provide written notice to the health information exchange (HIE) that the patient's electronic health information (EHI) should not be shared with that patient or his/her/their authorized representative for the reasons stated below.
  - access or disclosure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





## Form Submission Workflow in Unified Landing Page (ULP)

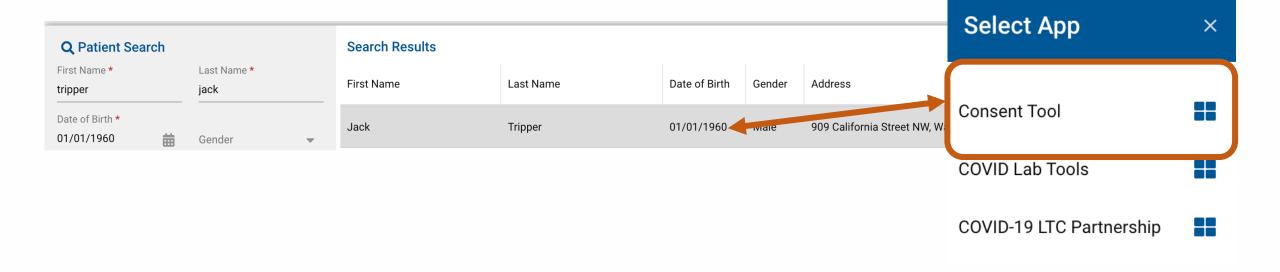
- Log into the Unified Landing Page (ULP)
- Patient Search: Search and select patient > click Consent Tool MD





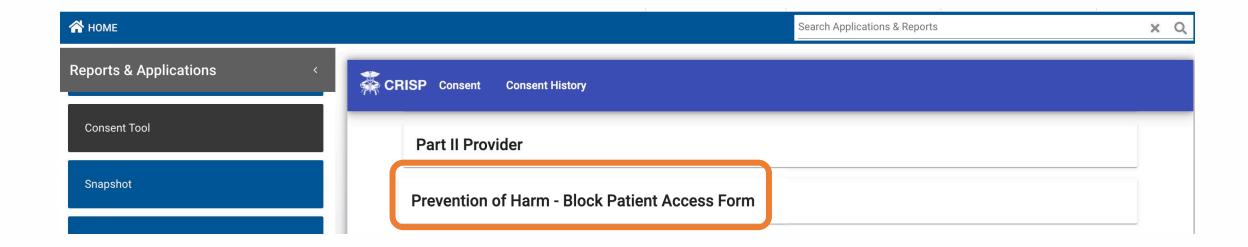
## Form Submission Workflow in HIE Portal

- Log into the MD HIE Portal: portal.crisphealth.org
- Patient Search: Search and select patient > click Consent Tool





Select: Prevention of Harm – Block Patient Access Form





Select radio button next to appropriate option

#### By submitting this form I certify the following:

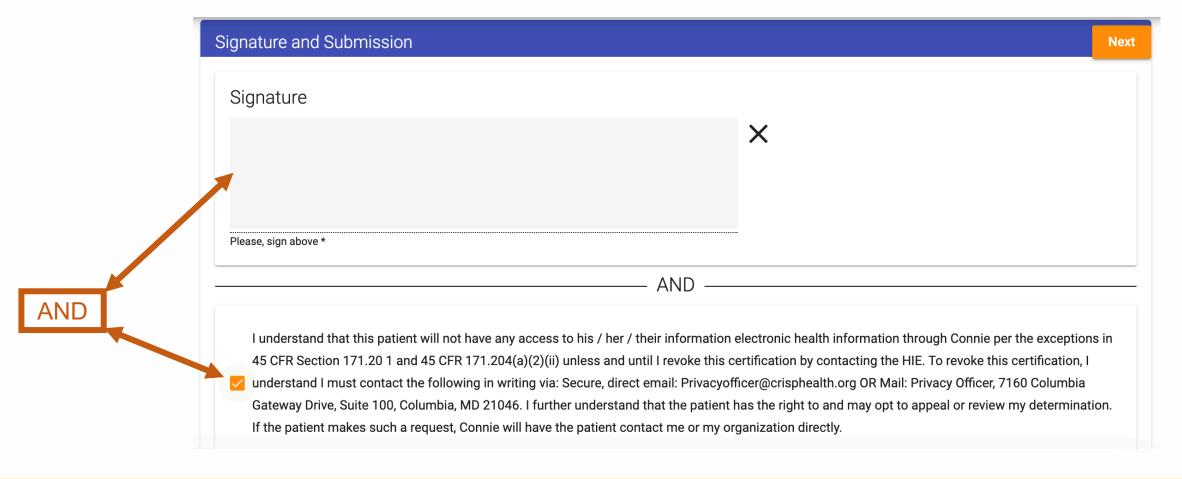
I am a licensed health care professional who has or had a clinician-patient relationship with the patient; and in the exercise of my professional judgement, I have determined, that for this specific patient:

#### Options

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



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





- Print Name and Licensure
- Click Submit





## Prevention of Harm Reversal



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

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