

INTRODUCTION TO INFORMATION COLLECTION TEMPLATE FOR SCENARIO 3

Purpose of this Excel file:

The purpose of this document is to guide the state in documenting its state laws that apply to the disclosure of protected health information in the given scenario.

Scope:

STATE LAW: When completing this information collection template, be sure to limit your responses to your state laws, regulations or administrative rules. Do not include what the actual business practice or policy may be, unless the question specifically asks for policy (which is only on StatePolicy worksheet, which is optional). If a particular law is ambiguous or its interpretation is unclear or it conflicts with another state law, indicate that in your response (e.g., uncertain).

TREATMENT: This template for Scenario 3 is focused on the use of PHI data held by public health (or other state government department) for disclosure to health care providers for treatment of the patient only. Thus, state laws related to disclosure for other purposes is out of scope, including but not limited to:

- a. Use of PHI for quality or health care operations (as defined in HIPAA).
- b. Use of PHI for marketing.
- c. Use of PHI in court proceedings (e.g., state doctor/patient privilege, evidence code).
- d. Use of PHI for public health purposes.
- e. Use of PHI for law enforcement purposes.

ADULT & MINOR PATIENTS: For Scenario 3, we are including patients who are adults or minors. However, we do not want you to include a review or explanation of any state laws related to what the age of majority is, who can consent on behalf of a minor, etc. Similarly, we do not want to capture state laws regarding who can consent to the disclosure on behalf of the patient.

Definitions:

When used in this document, the words below have the following meanings (whether capitalized or not):

Consent: means permission, authorization or consent to disclose PHI, without regard to the HIPAA definition.

Protected Health Information or PHI: has the same definition as in HIPAA

State law: refers to state laws, regulations or administrative rules. It can also include Attorney General opinions and case law to the extent that they interpret state law, regulation or administrative rules, if already known. The respondent is not required to research Attorney General opinions or case law to complete this document.

Definitions, continued:

Treatment: has the same definition as in HIPAA.

Public Health PHI: Refers to the types of PHI collected or obtained by the state government that are listed on the "Definitions for Worksheet 3A" worksheet, which are: immunizations, medication history from any state controlled substance prescription monitoring program, newborn screenings (metabolic and hearing), lead results, HIV test results, other STD results/registries, other test results from state labs, communicable disease test results/registries, cancer registries, hospital admission records, hospital discharge records, and other PHI held by the state public health agency.

Assumptions:

In the scenario, the legitimacy of the hospital, clinic, and/or provider has been confirmed and authenticated.

This scenario is for treatment of the patient. Assume it has already been established that the health care provider in the scenario has a treatment relationship with the patient.

Disclaimer:

YOUR ANSWERS TO THE QUESTIONS IN THIS TEMPLATE ARE NOT INTENDED TO BE A LEGAL OPINION, CONTAIN LEGAL ADVICE, REPRESENT YOUR ORGANIZATION OR STATE AGENCY'S OPINIONS OR ADVICE.

Overview of Directions for Completing this Template:

Summary of the flow and navigation of how to complete this template to collect certain information from your state:

1. Complete the "General Questions for Scen 3" worksheet to answer questions in general about your state law.
2. Carefully review the definitions on "Definitions for Worksheet 3A"
3. Follow the instructions on Worksheet 3A - Baseline, which will guide you through completing all Worksheets 3A, 3B, 3C and 3D. Note that not all Worksheets 3A-3D may be necessary.
4. Follow the instructions on the State Policy worksheet to document whether your state government has established policies that go beyond state law. COMPLETION OF THE "STATE POLICY" WORKSHEET IS OPTIONAL.

Definitions for Worksheet 3A

Use for Worksheet 3A in Scenario 3.

Purpose of this Worksheet:

1. Worksheet 3A contains a chart that has labeled columns and rows.
2. This sheet provides:
 - a. Definitions for the column headings in Worksheet 3A. These columns are meant to represent who has access to the public health PHI. Three additional "other" columns have also been provided in the event the respondent has other specific laws that have different PHI disclosure requirements by other types of health care providers not listed.
 - b. Definitions for the row headings in Worksheet 3A. These rows are meant to represent the type of public health PHI, because some state laws provide different PHI disclosure laws depending on what type of data is the subject of the disclosure. There are many other types of PHI collected by state agencies, however, for the purposes of categorizing answers to the question of state law, we have limited the rows to the most prevalent categorizations. Three additional, "other" rows have also been provided in the event the respondent has other PHI that is collected/held by its state public health agency that would be relevant.
 - c. A listing of what is considered out of scope for this project. Thus, the "Other" column or rows should not include anything in this list of exclusions.

Directions:

Please review this carefully prior to beginning to complete Worksheet 3A.

Definitions for the Column Headings in Worksheet 3A:		
Column	Type of Health Care Provider Seeking Access to the Public Health PHI	Detailed Description
A	Hospital	Hospitals licensed in the particular state
B	Other Inpatient/outpatient facility	Health care facilities (inpatient and outpatient) that are not considered "hospitals". Examples could include clinics, mental health facilities, etc.
C	Physicians	Physicians licensed in the particular state
D	Non-physician providers	All other licensed health care providers (e.g., psychologists, nurses, physicians' assistantants)
E	Pharmacists	Pharmacists licensed in the particular state
F	Other [<i>insert description here</i>]	Columns A-E should not be changed. However, if the respondent has another type of health care provider to which different rules for disclosure of public health PHI apply, then the respondent can add as many "other" columns as desired to capture and represent these additional categories. Each new column must have a unique name.

Definitions for the Row Headings in Worksheet 3A:		
Row	Type of Public Health PHI	Detailed Description
1	Immunizations	State immunization registry.
2	Medication history from PMP (prescription monitoring program)	Some states have laws establishing the collection of controlled substances in a prescription monitoring program (often called PMP). This law typically requires pharmacies in the state to report all prescriptions filled to the state, which is then housed in a database that the state makes available to certain authorized users (often to providers). Which state agency that administers the PMP varies from state to state.
3	Newborn screen - metabolic	Results of state mandated newborn screening tests for metabolic issues.
4	Newborn screen - hearing	Results of state mandated newborn screening tests for hearing problems.
5	Lead results	Results of state mandated lead tests.
6	HIV test results	Results of HIV tests either conducted by state labs or reported to the state through the disease reporting statutes.
7	STD test results/registries	Results of sexually transmitted disease (STD) tests or registries of persons who had tested positive for certain reportable STDs.
8	Communicable results/registries	Results of communicable disease tests or registries of persons who had tested positive for other communicable diseases not already listed above (e.g., tuberculosis).
9	Cancer registries	Data about persons with cancer that has been reported to the state.
10	Hospital admission records	Any hospital admission records that are reported to the state.
11	Hospital discharge summaries	Any hospital discharge summaries that are reported to the state.
12	Other PHI held by state public health agency [<i>insert description here</i>]	The first 11 rows should not change. However, if the respondent has other type of PHI that have different rules regarding disclosure, then the respondent can add as many "Other" rows as desired to capture and represent these additional categories. Each new row must have a unique name. An example would be where the state labs conduct other tests not included in one of the categories above.

EXCLUSIONS:	
<p>Note that “Other” is meant to capture other categories of public health PHI or other types of health care providers seeing access to the public health PHI that your state law may separate out as having special disclosure protections/requirements. However, the following is considered out of scope for this project and should not be considered under “Other”:</p>	
1.	Records held by local public health departments.
2.	Records held by state agencies/departments OTHER THAN public health (except the PMP).
3.	Records that do not contain enough information to be able to identify it with a specific person/patient.
4.	De-identified data (as defined in HIPAA)
5.	Reproductive health or abortion information
6.	Advance directives
7.	PHI on decedents
8.	Family history
9.	Child abuse/neglect records
10.	Child support/custody data, such as blood tests
11.	Sex offender data
12.	Data collected for criminal prosecution
13.	Dentist records
14.	Social worker records
15.	Employment or worker's compensation records
16.	Data held by correctional facilities
17.	School records
18.	Data created by or input by or ordered by the patient/consumer (e.g., direct to consumer lab tests, patient-entered personal health record)
19.	Medicaid claims data--excluded because it is covered by federal law, rather than state law [Note: If a state has a specific policy regarding disclosure of Medicaid claims PHI to health care providers for treatment of a patient, that can be optionally documented under the “State Policy” worksheet.]

GENERAL QUESTIONS FOR SCENARIO 3

DIRECTIONS

1. Complete the questions below with respect to your state law.
2. These questions are intended to capture general information and key drivers in your state's law on the disclosure of the public health PHI to health care providers, regardless of treatment situation or setting. Please consider both emergency and non-emergency treatment situations when completing these questions.
3. Please keep your answers on this chart brief and at a high level. Responses are intended to give the reader an overview. The other worksheets you are required to complete will provide a chance to give a more detailed explanation of specific laws.
4. Use as much room as you need. The boxes below automatically wrap text that is entered directly into this worksheet.

Your State Name:

QUESTIONS AND RESPONSES

Q #	GENERAL QUESTIONS ABOUT STATE HEALTH INFORMATION DISCLOSURE LAWS
Question 1	Does your state regulate the disclosure of public health PHI (previously defined) by what state agency is holding the data? If so, please explain.
Response to Q1	
Question 2	Does your state regulate the disclosure of public health PHI by what type of data is the subject of the disclosure (e.g., immunization, newborn screening results)? If yes, please explain.
Response to Q2	
Question 3	In the context of your state's disclosure laws for public health PHI, does the type of health care provider to whom the PHI is disclosed matter? If yes, please explain.

Your State Name:

QUESTIONS AND RESPONSES

Q #	GENERAL QUESTIONS ABOUT STATE HEALTH INFORMATION DISCLOSURE LAWS
Response to Q3	
Question 4	Are the public health PHI disclosure requirements in your state for an emergency treatment situation different from those in a non-emergency treatment situation?
Response to Q4	
Question 5	If you answered yes to the previous question, does your state define the term "emergency" with respect to disclosure of public health PHI? If yes, please include your state's definition and citation. If no, is there another circumstance or definition that triggers an "emergency exception" for disclosure?
Response to Q5	
Question 6	Does your state regulate the disclosure of public health PHI by any other factors not listed above? If yes, please explain.
Response to Q6	
Question 7	Does your state law have any limitations or requirements related to the disclosure of public health PHI (e.g., limited data elements, re-disclosure, required notice to patient or recipient)? If yes, please explain.

Your State Name:

QUESTIONS AND RESPONSES

Q #	GENERAL QUESTIONS ABOUT STATE HEALTH INFORMATION DISCLOSURE LAWS
Response to Q7	
Question 8	Does your state law have different public health PHI disclosure requirements if disclosing within the state (that is, to providers within your state) versus disclosing to health care providers in another state (assuming the legitimacy of the provider in the other state is verified)?
Response to Q8	
Question 9	Does your state law mandate actions following a disclosure of PHI without consent (e.g., patient notification within a certain time period)? If yes, please describe and provide the legal citation.
Response to Q9	

WORKSHEET 3A: BASELINE DISCLOSURE REQUIREMENTS

Your State Name:

Purpose of this Worksheet:

To capture a categorized view of when disclosure requirements exist under state law for the targeted scenario.

Scenario #3 (Public Health):

Person from your state seeks treatment from a healthcare provider in another state (e.g., doctor's office, a healthcare treatment facility such as a hospital or outpatient center). What is required by your state to allow the disclosure of any and all PHI of the types listed below under "Public Health Types of PHI" on this patient held by the state government to the healthcare provider in the other state?

Directions:

1. Please make sure you have reviewed the worksheet entitled "Definitions for Worksheet 3A" prior to beginning this Worksheet 3A, because it provides a greater description of the row and column labels below and specifies what is outside the scope of this project.
2. Complete a copy of this Worksheet 3A indicating where consent or other disclosure requirement is mandated for disclosure in the Scenario above. For each cell below, choose from the drop down box selections of:

KEY:

"Yes" means consent or other disclosure requirement is mandated

"No" means consent or other disclosure requirement is NOT mandated

"Sometimes" means consent or other disclosure requirement is mandated in some cases for this type of PHI from this type of PHI Source

"Unclear" means the state law is unclear as to whether consent or other disclosure requirement is mandated

"n/a" means not applicable

3. If you answer "Yes", "Sometimes", or "Unclear" in a cell below, use the Worksheet 3B-Details to specify the details for those cells. Please note that additional explanation for "Yes" answers only apply where there is an additional disclosure requirement **other than or in addition to** patient consent.
4. For all cells, be sure to complete Worksheet 3C-Citation which is cross-referenced to this Worksheet 3A.
5. If you answer "Yes" or "Sometimes" in a cell below, then you will need to answer questions about any consent that may be required in the Worksheet 3D-Consent Questions. Go to Worksheet 3D-Consent Questions and follow the instructions there.
6. Feel free to add another row or column to the Worksheet 3A chart below to accommodate additional types of PHI or additional sources of PHI. If you do so, please label it: "Other - [insert description here]".
7. See a brief example of this Worksheet 3A on the worksheet entitled "Example of A"
8. Once you have completed Worksheet 3A, 3B ,3C & 3D to the extent necessary, then you have completed the mandatory portion of this template. It is your option whether to choose to complete the State Policy worksheet.

Your State Name:

WORKSHEET 3A: BASELINE DISCLOSURE REQUIREMENTS			TYPE OF PROVIDER SEEKING ACCESS TO PUBLIC HEALTH PHI						
			Hospital	Other inpatient or outpatient facility	Physician	Nonphysician provider	Pharmacist	Other [insert description here]	Other [insert description here]
CELL REF #		A	B	C	D	E	F	G	
TYPES OF PUBLIC HEALTH PHI	Immunizations	1	1A	1B	1C	1D	1E	1F	1G
	Medication history from PMP	2	2A	2B	2C	2D	2E	2F	2G
	Newborn screen - metabolic	3	3A	3B	3C	3D	3E	3F	3G
	Newborn screen - hearing	4	4A	4B	4C	4D	4E	4F	4G
	Lead results	5	5A	5B	5C	5D	5E	5F	5G
	HIV results	6	6A	6B	6C	6D	6E	6F	6G
	STD results/registries	7	7A	7B	7C	7D	7E	7F	7G
	Communicable results/registries	8	8A	8B	8C	8D	8E	8F	8G
	Cancer registries	9	9A	9B	9C	9D	9E	9F	9G
	Hospital admission records	10	10A	10B	10C	10D	10E	10F	10G
	Hospital discharge summaries	11	11A	11B	11C	11D	11E	11F	11G
	Other PHI held by state public health agency [insert description here]	12	12A	12B	12C	12D	12E	12F	12G

WORKSHEET 3B: FURTHER EXPLANATIONYour State Name: **Purpose of this Worksheet:**

To capture details of the state law(s) for the particular cells from Worksheet 3A.

Directions:

1. For any cells on Worksheet 3A that you entered "**Yes**", and where there is an additional disclosure requirement **other than or in addition to** patient consent, please explain here.
2. For any cells on Worksheet 3A that you entered "**Sometimes**", or "**Unclear**", please complete a further explanation below. You may also enter further explanation for other cells as well, if desired for clarity.
3. Please use excerpts from the actual statute/regulation/rule in quotation marks in your explanation.
4. To make completing this chart faster, feel free to reference multiple Cell Ref #s from Worksheet 3A in the left column below.
5. Use as much room as you need. The boxes below automatically wrap text.
6. See a brief example of this Worksheet B on the worksheet entitled "Example of B"

Your State Name:

Worksheet 3A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 3A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 3A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 3A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 3A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 3A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 3A Cell Ref #	FURTHER EXPLANATION

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Worksheet 3A Cell Ref #	FURTHER EXPLANATION

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Worksheet 3A Cell Ref #	FURTHER EXPLANATION

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Worksheet 3A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 3A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 3A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 3A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 3A Cell Ref #	FURTHER EXPLANATION

WORKSHEET 3C: LEGAL CITATIONSYour State Name: **Purpose of this Worksheet:**

To document the legal citations to the state law that support the answer and analysis for each cell in Worksheet 3A.

Directions:

1. **For each cell on Worksheet 3A, except those marked "no" or "n/a"**, please complete this chart to indicate what state law, regulation, etc. was referred to in order to answer the particular question on Worksheet 3A.
2. Since there may be more than one law referenced in a particular cell on Worksheet 3A, feel free to use more than one row below to reference the statutes. Thus, there could be several rows below that have the same Cell Ref # from Worksheet 3A.
3. To make completing this chart faster, feel free to reference multiple Cell Ref #s from Worksheet 3A in the left column below.
4. See a brief example of this Worksheet C on the worksheet entitled "Example of C"

KEY:

- **Cell Ref #** refers to the Cell Ref # from Worksheet 3A
- **Citation** refers to the legal citation of the statute, regulation, administrative rule, etc. (e.g., I.C. 35-6-1)
- **Link to URL** refers to the hyperlink to the webpage on which the specific law is contained (if available)
- **Derives from** refers to where it is derived from. Should be either statute, regulation, administrative rule, or state Attorney General opinion or state case law to the extent that it interprets state law/reg/rule. [Note: It is optional if you want to research Attorney General opinions or case law]. **There is a drop down list to choose from.**
- **Location** refers to what body of laws the statute is found in (e.g., immunization code, physician licensing code, mandatory disease reporting statute)

Your State Name:

STATE LAW REFERENCE INFORMATION				
Cell Ref #	Citation	Link to URL	Derives from <small>(click to see drop down list)</small>	Location

WORKSHEET 3D: CONSENT QUESTIONS

Your State Name:

This consent requirement applies to the following CELL REF #s from Worksheet 3A (in the shaded space below, please list all applicable cells as described in the directions):

Purpose of this Worksheet:

To document the specific details about the consent required under your state law in order to permit the disclosure of the patient's PHI.

Directions:

1. You will only use this Worksheet if you answered "Yes" or "Sometimes" or "Unclear" to one or more cells on Worksheet 3A and patient consent is required to enable the disclosure.
2. If you have more than one type of consent under your state law, then you will need to make a copy of this Worksheet 3D. Rename each new Worksheet 3D to something like 3D-Consent1, 3D-Consent2, 3D-Consent3. [Thus, if you would answer any of the questions below differently for a different cell in Worksheet 3A, you will need more than one Worksheet 3D.]
3. List all Cell Ref #s from Worksheet 3A that your answers on this worksheet apply to in the box indicated above.
4. See a brief example of this Worksheet 3D on the worksheet entitled "Example of D".

Your State Name:

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 1	Who must give consent to the disclosure (e.g., patient, doctor)? It is not necessary to go into detail about who can give consent on behalf of the patient. This question is only meant to capture whether someone other than the patient or his/her representative has to give consent to disclose the PHI.
Response to Q1	
Question 2	What form must the consent take (e.g., in writing, electronic, oral, implied)? Please be specific.
Response to Q2	
Question 3	Are there any specific signature requirements? (Note that e-consent and electronic signature is outside the scope of this project).
Response to Q3	
Question 4	If there are consent formats or content requirements, please list them.
Response to Q4	

Your State Name:

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 5	Would the HIPAA authorization form satisfy the requirements or are there additional elements required outside of HIPAA's required elements?
Response to Q5	
Question 6	Is there a limited duration for the consent? <u>If no</u> , skip to Question 7.
Response to Q6	
Question 6.1	Is it time limited? If so, please describe.
Response to Q6.1	
Question 6.2	Is it a specific event? If so, please describe.
Response to Q6.2	

Your State Name:

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 6.3	Is it for a one-time disclosure or can it be ongoing?
Response to Q6.3	
Question 7	Does a separate consent have to be obtained for each time PHI is collected?
Response to Q7	
Question 8	Does the consent allow the patient to limit the disclosure to certain types of people (e.g., type of provider, such as mental health provider)? If so, please describe.
Response to Q8	
Question 8.1	Does the consent require the identification of a specific named recipient of the information (Dr. Jones)?
Response to Q8.1	

Your State Name:

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 9	Does the consent allow the patient to limit the disclosure to certain purposes? If so, please describe.
Response to Q9	
Question 10	Is the consent limited to "minimum necessary" or some other scope of disclosure? If so, please describe.
Response to Q10	
Question 11	Does the consent allow the patient to specify (or limit) what types of PHI can or cannot be disclosed (e.g., all PHI except records from mental health providers)? If so, please describe.
Response to Q11	
Question 12	Does the consent only allow for the use of PHI that was collected prior and up to the date consent is executed or does it apply to PHI collected after the consent as well?
Response to Q12	

Your State Name: 0

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 13	Can the consent be revoked after it has been given? If so, describe how that affects continued use of the PHI.
Response to Q13	
Question 14	Is the recipient of the PHI permitted to re-disclose to others? <u>If yes</u> , skip to Question 15.
Response to Q14	
Question 14.1	Must the original PHI source notify the recipient of the PHI of the requirement that consent be obtained before further re-disclosure? Please explain in detail.
Response to Q14.1	
Question 14.2	Must the notice of re-disclosure requirements be in writing? <u>If no</u> , skip to Question 14.3.
Response to Q14.2	

Your State Name:

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 14.2.1	If so, does electronic notice that can be printed out satisfy this requirement?
Response to Q14.2.1	
Question 14.3	Are there content/format requirements for the notice? If so, please describe.
Response to Q14.3	
Question 14.4	Are there exceptions to the re-disclosure requirements? If so, please describe.
Response to Q14.4	
Question 15	Is some specific patient education about the consent required under the state law? If so, please describe.
Response to Q15	

Your State Name:

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 16	Are there any special requirements for disclosure in addition to consent? If so, please describe.
Response to Q16	
Question 17	Does your state has a consent form that has been approved by state law? If so, please submit it with this template.
Response to Q17	

COMPLETION OF THIS STATE POLICY WORKSHEET IS OPTIONAL.

SPECIFIC QUESTION FOR SCENARIO 3 ON STATE POLICY (IF APPLICABLE)

Scenario 3 (Public Health): Person from your state seeks treatment from a health care provider in another state (e.g., doctor's office, a health care treatment facility such as a hospital or outpatient center).

Directions, if you choose to complete this State Policy Worksheet:

1. Complete the questions below with respect to whether your state government policy goes beyond state law in limiting disclosure of the public health PHI. Please include any policy exceptions applicable to the disclosure of Medicaid claims data or other information held by the state Medicaid agency.
2. If an explanation applies to multiple cells, list all applicable cells in the reference column. For example, A1, B1, and G1
3. Use as much room as you need. The boxes below automatically wrap text.

Your State Name:

Worksheet 3A Cell Reference Number	Explanation of Policy that Overrides State Law	Citation of Policy (if publicly available)

Your State Name:

Worksheet 3A Cell Reference Number	Explanation of Policy that Overrides State Law	Citation of Policy (if publicly available)

Your State Name:

Worksheet 3A Cell Reference Number	Explanation of Policy that Overrides State Law	Citation of Policy (if publicly available)

WORKSHEET 3A: BASELINE DISCLOSURE REQUIREMENTS

Your State Name: CT

Purpose of this Worksheet:
To capture a categorized view of when disclosure requirements exist under state law for the targeted scenario.

Scenario #3 (Public Health):
Person from your state seeks treatment from a health care provider in another state (e.g., doctor's office, a health care treatment facility such as a hospital or outpatient center). What is required by your state to allow the disclosure of any and all PHI of the types listed below under "Public Health Types of PHI" on this patient held by the state government to the health care provider in the other state?

Directions:

1. Please make sure you have reviewed the worksheet entitled "Definitions for Worksheet 3A" prior to beginning this Worksheet 3A, because it provides a greater description of the row and column labels below and specifies what is outside the scope of this project.
2. Complete a copy of this Worksheet 3A indicating where consent or other disclosure requirement is mandated for disclosure in the Scenario above. For each cell below, choose from the drop down box selections of:

KEY:

 - "Yes" means consent or other disclosure requirement is mandated
 - "No" means consent or other disclosure requirement is NOT mandated
 - "Sometimes" means consent or other disclosure requirement is mandated in some cases for this type of PHI from this type of PHI Source
 - "Unclear" means the state law is unclear as to whether consent or other disclosure requirement is mandated
 - "n/a" means not applicable
3. If you answer "Yes", "Sometimes", or "Unclear" in a cell below, use the Worksheet 3B-Details to specify the details for those cells. Please note that additional explanation for "Yes" answers only apply where there is an additional disclosure requirement **other than or in addition to** patient consent.
4. For all cells, be sure to complete Worksheet 3C-Citation which is cross-referenced to this Worksheet 3A.
5. If you answer "Yes" or "Sometimes" in a cell below, then you will need to answer questions about any consent that may be required in the Worksheet 3D-Consent Questions. Go to Worksheet 3D-Consent Questions and follow the instructions there.
6. Feel free to add another row or column to the Worksheet 3A chart below to accommodate additional types of PHI or additional sources of PHI. If you do so, please label it: "Other - [insert description here]".
7. See a brief example of this Worksheet 3A on the worksheet entitled "Example of A"
8. Once you have completed Worksheet 3A, 3B ,3C & 3D to the extent necessary, then you have completed the mandatory portion of this template. It is your option whether to choose to complete the State Policy worksheet.

Your State Name: **CT**

WORKSHEET 3A: BASELINE DISCLOSURE REQUIREMENTS		TYPE OF PROVIDER SEEKING ACCESS TO PUBLIC HEALTH PHI							
		Hospital	Other inpatient or outpatient facility	Physician	Non-physician provider	Pharmacist	Other [insert description here]	Other [insert description here]	
CELL REF #		A	B	C	D	E	F	G	
TYPES OF PUBLIC HEALTH PHI	Immunizations	1	no	no	no	no	no		
			1A	1B	1C	1D	1E	1F	1G
	Medication history from PMP	2	sometimes	no	sometimes	yes	unclear		
			2A	2B	2C	2D	2E	2F	2G
	Newborn screen - metabolic	3							
			3A	3B	3C	3D	3E	3F	3G
	Newborn screen - hearing	4							
			4A	4B	4C	4D	4E	4F	4G
	Lead results	5							
			5A	5B	5C	5D	5E	5F	5G
	HIV results	6							
			6A	6B	6C	6D	6E	6F	6G
STD results/registries	7								
		7A	7B	7C	7D	7E	7F	7G	
Communicable results/registries	8								
		8A	8B	8C	8D	8E	8F	8G	
Cancer registries	9								
		9A	9B	9C	9D	9E	9F	9G	
Hospital admission records	10								
		10A	10B	10C	10D	10E	10F	10G	
Hospital discharge summaries	11								
		11A	11B	11C	11D	11E	11F	11G	
Other PHI held by state public health agency [insert description here]	12								
		12A	12B	12C	12D	12E	12F	12G	

RED (BOLD) FONT EXAMPLE OF A PORTION OF WORKSHEET B

WORKSHEET 3B: FURTHER EXPLANATION

Your State Name: **Alaska**

Purpose of this Worksheet:

To capture details of the state law(s) for the particular cells from Worksheet 1A.

Directions:

1. For any cells on Worksheet 1A that you entered "Yes", and where there is an additional disclosure requirement **other than or in addition to** patient consent, please explain here.
2. For any cells on Worksheet 1A that you entered "Sometimes", or "Unclear", please complete a further explanation below. You may also enter further explanation for other cells as well, if desired for clarity.
3. Please use excerpts from the actual statute/regulation/rule in quotation marks in your explanation.
4. To make completing this chart faster, feel free to reference multiple Cell Ref #s from Worksheet 1A in the left column below.
5. Use as much room as you need. The boxes below automatically wrap text.
6. See a brief example of this Worksheet B on the worksheet entitled "Example of B"

Your State Name: **Alaska**

Worksheet 3A Cell Ref #	FURTHER EXPLANATION
3A-3D, 4A-4D	Alaska has a specific statute that governs the release of state-held newborn screening results, and it requires consent on behalf of the patient.

RED (BOLD) FONT EXAMPLE OF A PORTION OF WORKSHEET C

WORKSHEET 3C: LEGAL CITATIONS

Your State Name:

Hawaii

Purpose of this Worksheet:

To document the legal citations to the state law that support the answer and analysis for each cell in Worksheet 3A.

Directions:

1. **For each cell on Worksheet 3A, except those marked "no" or "n/a"**, please complete this chart to indicate what state law, regulation, etc. was referred to in order to answer the particular question on Worksheet 3A.
2. Since there may be more than one law referenced in a particular cell on Worksheet 3A, feel free to use more than one row below to reference the statutes. Thus, there could be several rows below that have the same Cell Ref # from Worksheet 3A.
3. To make completing this chart faster, feel free to reference multiple Cell Ref #s from Worksheet 3A in the left column below.
4. See a brief example of this Worksheet C on the worksheet entitled "Example of C"

KEY:

- **Cell Ref #** refers to the Cell Ref # from Worksheet 3A
- **Citation** refers to the legal citation of the statute, regulation, administrative rule, etc. (e.g., I.C. 35-6-1)
- **Link to URL** refers to the hyperlink to the webpage on which the specific law is contained (if available)
- **Derives from** refers to where it is derived from. Should be either statute, regulation, administrative rule, or state Attorney General opinion or state case law to the extent that it interprets state law/reg/rule. [Note: It is optional if you want to research Attorney General opinions or case law]. **There is a drop down list to choose from.**
- **Location** refers to what body of laws the statute is found in (e.g., immunization code, physician licensing code, mandatory disease reporting statute)

Your State Name:

Hawaii

STATE LAW REFERENCE INFORMATION				
Cell Ref #	Citation	Link to URL	Derives from <small>(click to see drop down list)</small>	Location
1A	Hawaii Code 35-4-1.4	www.hc.....	state law statute	immunization law

RED (BOLD) FONT EXAMPLE OF A PORTION OF WORKSHEET D

WORKSHEET 3D: CONSENT QUESTIONS

Your State Name: **GEORGIA**

This consent requirement applies to the following CELL REF #s from Worksheet 3A (in the shaded space below, please list all applicable cells as described in the directions):

2B-2D, 2F

Purpose of this Worksheet:

To document the specific details about the consent required under your state law in order to permit the disclosure of the patient's PHI.

Directions:

1. You will only use this Worksheet if you answered "Yes" or "Sometimes" or "Unclear" to one or more cells on Worksheet 3A and patient consent is required to enable the disclosure.
2. If you have more than one type of consent under your state law, then you will need to make a copy of this Worksheet 3D. Rename each new Worksheet 3D to something like 3D-Consent1, 3D-Consent2, 3D-Consent3. [Thus, if you would answer any of the questions below differently for a different cell in Worksheet 3A, you will need more than one Worksheet 3D.]
3. List all Cell Ref #s from Worksheet 3A that your answers on this worksheet apply to in the box indicated above.
4. See a brief example of this Worksheet 3D on the worksheet entitled "Example of D".

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 1	Who must give consent to the disclosure (e.g., patient, doctor)? It is not necessary to go into detail about who can give consent on behalf of the patient. This question is only meant to capture whether someone other than the patient or his/her representative has to give consent to disclose the PHI.
Response to Q1	<i>Patient</i>
Question 2	What form must the consent take (e.g., in writing, electronic, oral, implied)? Please be specific.
Response to Q2	<i>written</i>
Question 3	Are there any specific signature requirements? (Note that e-consent and electronic signature is outside the scope of this project).
Response to Q3	<i>none specified.</i>
Question 4	If there are consent formats or content requirements, please list them.
Response to Q4	<i>none specified.</i>

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 5	Would the HIPAA authorization form satisfy the requirements or are there additional elements required outside of HIPAA's required elements?
Response to Q5	<i>HIPAA would satisfy</i>
Question 6	Is there a limited duration for the consent? <u>If no</u> , skip to Question 7.
Response to Q6	<i>NO</i>
Question 6.1	Is it time limited? If so, please describe.
Response to Q6.1	<i>n/a</i>
Question 6.2	Is it a specific event? If so, please describe.
Response to Q6.2	<i>n/a</i>

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 6.3	Is it for a one-time disclosure or can it be ongoing?
Response to Q6.3	<i>n/a</i>
Question 7	Does a separate consent have to be obtained for each time PHI is collected?
Response to Q7	<i>not specified.</i>
Question 8	Does the consent allow the patient to limit the disclosure to certain types of people (e.g., type of provider, such as mental health provider)? If so, please describe.
Response to Q8	<i>not required.</i>
Question 9	Does the consent allow the patient to limit the disclosure to certain purposes? If so, please describe.
Response to Q9	<i>not specified.</i>

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 10	Is the consent limited to "minimum necessary" or some other scope of disclosure? If so, please describe.
Response to Q10	<i>not specified.</i>
Question 11	Does the consent allow the patient to specify (or limit) what types of PHI can or cannot be disclosed (e.g., all PHI except records from mental health providers)? If so, please describe.
Response to Q11	<i>not specified.</i>
Question 12	Does the consent only allow for the use of PHI that was collected prior and up to the date consent is executed or does it apply to PHI collected after the consent as well?
Response to Q12	<i>applies to PHI collected before and after the date of consent</i>
Question 13	Can the consent be revoked after it has been given? If yes, describe how that affects continued use of the PHI.
Response to Q13	<i>Yes. Revocation applies to uses/disclosures of the PHI AFTER the date of the revocation.</i>

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 14	Is the recipient of the PHI permitted to re-disclose to others? <u>If yes</u> , skip to Question 15.
Response to Q14	<i>Yes</i>
Question 14.1	Must the original PHI source notify the recipient of the PHI of the requirement that consent be obtained before further re-disclosure? Please explain in detail.
Response to Q14.1	<i>n/a</i>
Question 14.2	Must the notice of re-disclosure requirements be in writing? <u>If no</u> , skip to Question 14.3.
Response to Q14.2	<i>n/a</i>
Question 14.2.1	If so, does electronic notice that can be printed out satisfy this requirement?
Response to Q14.2.1	<i>n/a</i>

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 14.3	Are there content/format requirements for the notice? If so, please describe.
Response to Q14.3	<i>n/a</i>
Question 14.4	Are there exceptions to the re-disclosure requirements? If so, please describe.
Response to Q14.4	<i>n/a</i>
Question 15	Is some specific patient education about the consent required under the state law? If so, please describe.
Response to Q15	<i>no</i>
Question 16	Are there any special requirements for disclosure in addition to consent? If so, please describe.
Response to Q16	<i>no</i>

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 17	Does your state has a consent form that has been approved by state law? If so, please submit it with this template.
Response to Q17	<i>none</i>

CODES for the drop down lists -
DO NOT EDIT THIS PAGE

DO NOT REMOVE OR EDIT THIS BOX:
Drop down list selection for Worksheet A:
yes
no
sometimes
unclear
n/a

DO NOT REMOVE OR EDIT THIS BOX:
"Derives from" drop down list on Worksheet C:
state law statute
state law regulation
state administrative rule
Attorney General opinion
Case law
Other