

INTRODUCTION TO INFORMATION COLLECTION TEMPLATE FOR SCENARIOS 1 & 2

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 scenarios.

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 may be. 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 1 & 2 is focused on treatment scenarios 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 PATIENTS ONLY: For Scenarios 1 & 2, we are only including patients who are adults. Thus, do not 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.

Treatment: has the same definition as in HIPAA.

Assumptions:

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

Each 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" worksheet to answer questions in general about your state law.
2. Carefully review the definitions on "Definitions for Worksheet 1A-2A"
3. Follow the instructions on Worksheet 1A - Baseline (non-emergency), which will guide you through completing all Worksheets 1A, 1B, 1C and 1D. Note that not all Worksheets 1A-1D may be necessary.
4. Now, you can proceed to Scenario 2 (emergency treatment). Follow the instructions and answer the questions on Worksheet "Questions for Scenario 2".
5. The instructions on Worksheet 2A-Baseline (emergency) will guide you through completing all Worksheets 2A, 2B, 2C and 2D. Not all Worksheets 2A-2D may be necessary.

Definitions for Worksheets 1A and 2A [Baseline]

Use for Worksheet A in both Scenarios 1 & 2

Purpose of this Worksheet:

1. Worksheet 1A contains a chart that has labeled columns and rows. [Worksheet 2A also contains a similar chart.]
2. This sheet provides:
 - a. Definitions for the column headings in Worksheet A. These columns are meant to represent the source of the PHI (where the PHI is created and held), since some states' laws provide different PHI disclosure laws depending on where the data is created or held. There are obviously other sources of PHI, however, for the purposes of categorizing answers to the question of state law, we have limited the columns to capture the most common potential sources of PHI. Three additional "other" columns have also provided, in the event the respondent has other specific laws that have different PHI disclosure requirements by PHI source.
 - b. Definitions for the row headings in Worksheet A. These rows are meant to represent the type of PHI, because some state laws provide different PHI disclosure laws depending on what type of data is the subject of the disclosure. There are potentially other types of PHI, 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 provided, in the event the respondent has other specific laws that have different PHI disclosure requirements by type of PHI.
 - 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 1A and 2A.

Definitions for the Column Headings in Worksheet A:		
Column	PHI Source	Detailed Description of PHI Source
A	Hospital (nonmental health)	Hospital records, including inpatient, outpatient, emergency department, lab orders and results, EKG, radiology orders and results. This excludes records about mental health services provided by the hospital if their disclosure is covered by a separate state statute (see Column B).
B	Mental Health Facility - Inpatient	Inpatient facility for mental health.
C	Mental Health Facility - Outpatient (excluding provider licensing laws)	Outpatient facility for mental health. This column excludes provider licensing laws.
D	Substance or alcohol abuse (nonmental health) - Outpatient or Inpatient Facility	Includes inpatient and outpatient facilities. Please only capture information about your state to the extent that state law goes beyond federal law 42 CFR Part 2.
E	Other Outpatient Facility (nonmental health and nonsubstance or alcohol abuse)	Nonmental health, nondrug and alcohol abuse outpatient treatment facility.
F	Mental Health Provider Licensing laws - Psychiatrist	Relevant state laws that are limited to provider licensing for psychiatrists only.
G	Mental Health Provider Licensing laws - Psychologist	Relevant state laws that are limited to provider licensing for psychologists only.
H	Physicians (other than psychiatrists)	Relevant state laws related to physicians other than psychiatrists.
I	Pharmacy/Pharmacist	Pharmacies or pharmacists.
J	Managed Care Organizations	For example, Health Maintenance Organizations (HMO).
K	Commercial payer (other than managed care organizations)	For example, fee for service-based health plans.
L	Other [<i>insert description here</i>]	Columns A-K should not be changed. However, if the respondent has other PHI source that has different rules regarding disclosure, then the respondent can add as many "other" columns as desired to capture and represent these additional categories of where the data is created/held. Each new column must have a unique name and the added Other PHI Source must be defined in Worksheet 1B and/or 2B: Details. Examples of "other" PHI sources could include: radiology/imaging center, long term care facility, pharmacy benefit managers.

Definitions for the Row Headings in Worksheet A:		
Row	PHI Type	Detailed Description of PHI Type
1	Patient ID & demographic info	Name, address, date of birth, gender, SSN. Some states have laws dealing with SSN. A few states have laws regarding a Record Locator Service, which houses the patient demographic information and pointers to where PHI on that patient is located (e.g., Medical Record No. 123 at Community Hospital North). Please add any corresponding details regarding relevant state laws on patient identifiers in Worksheet 1B / 2B: Details.
2	Medication History	Medication history (excludes medications taken for HIV/AIDS, separately listed below)
3	Lab test order and results	Excludes HIV/AIDS testing and genetic testing (which are both handled separately below)
4	Clinical notes/reports	Examples include surgery notes, daily progress notes, clinic visits notes, problem lists, hospital admission and discharge summaries. Excludes psychotherapy notes as defined in HIPAA.
5	Diagnosis or procedure info	Examples include ICD-9 or CPT code or injury code. Excludes HIV/AIDS diagnosis, which is covered separately below.
6	Allergies/adverse reactions	Information regarding patient allergies or adverse reactions
7	Claims data (other than medication history)	Other than medication history covered above separately and excluding Medicaid claims
8	HIV test - id of person taking test	The fact that a person took an HIV/AIDS test as evidenced by their identity.
9	HIV test results	Results of an HIV/AIDS test.
10	Medications used for HIV	Medications typically used to treat HIV/AIDS.
11	Diagnosis for HIV/AIDS	A diagnosis of HIV/AIDS.
12	Other indication of HIV/AIDS status	Any other information that could indicate that the person has HIV/AIDS, such as the order for a CD4 test (which is a test that would not be ordered if the patient were not HIV positive).
13	Other STDs	Other sexually transmitted diseases.
14	Mental health records	Excluding psychotherapy notes as defined in HIPAA.
15	Substance abuse	ONLY if state law provides greater protections than 42 CFR Part 2 federal law. If your state law specifically incorporates 42 CFR Part 2, please note that in the Details worksheet (1B) for this row (PHI type).

Definitions for the Row Headings in Worksheet A, continued:		
16	Genetic	Any genetic test, profile or other information regarding the genetic attributes of the person. This would include both predictive genetic tests and tests used to diagnose or treat an existing condition or symptom.
17	Immunization history from provider's record	Immunizations that are recorded in the provider's record, as opposed to immunizations that are held in the state or local public health department's database (which is covered in Scenario 3).
18	Other [<i>insert description here</i>]	The first 17 rows should not change. However, if the respondent has other types 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 and the added Other PHI Type must be defined in Worksheet 1B and/or 2B: Details.

EXCLUSIONS:	
<p>Note that “Other” is meant to capture other categories of PHI types or sources 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 <u>not</u> be considered under “Other”:</p>	
1.	Reproductive health or abortion information
2.	Advance directives
3.	PHI on decedents
4.	Family history
5.	De-identified data (as defined in HIPAA)
6.	Child abuse/neglect records
7.	Child support/custody data, such as blood tests
8.	Sex offender data
9.	Data collected for criminal prosecution
10.	Dentist records
11.	Social worker records
12.	Employment or worker's compensation records
13.	Data held by correctional facilities
14.	School records
15.	Data created by or input by or ordered by the patient/consumer (e.g., direct to consumer lab tests, patient-entered personal health record)
16.	Public health labs and other data collected by public health are addressed in Scenario 3 and should be excluded from the responses to Scenarios 1 & 2
17.	Medicaid claims data--excluded because it is covered by federal law, rather than state law

GENERAL QUESTIONS FOR SCENARIOS 1 AND 2

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 health information disclosure laws, 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 PHI by where the data are created? If so, please explain.
Response to Q1	
Question 2	Does your state regulate the disclosure of PHI by who holds the data (e.g., health care providers, health care practitioners, health plans, healthcare facilities or other category)? If yes, please explain. Please provide any applicable statutory definitions of these terms.
Response to Q2	
Question 3	Does your state regulate the disclosure of PHI by what type of data is the subject of the disclosure (e.g., general clinical, HIV, mental health)? If yes, please explain.

Your State Name:

QUESTIONS AND RESPONSES

Q #	GENERAL QUESTIONS ABOUT STATE HEALTH INFORMATION DISCLOSURE LAWS
Response to Q3	
Question 4	In the context of your state's disclosure laws, does the type of health care provider to whom the PHI is disclosed matter? If yes, please explain.
Response to Q4	
Question 5	Does your state regulate the disclosure of PHI by any other factors not listed above? If yes, please explain.
Response to Q5	
Question 6	Does your state law distinguish between disclosing the complete medical record and disclosing parts or elements of the record (such as lab results or hospital discharge summary)? If yes, please explain.
Response to Q6	
Question 7	Does your state law have any limitations or requirements related to the disclosure of 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 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 1A: 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 #1 (Treatment – Nonemergency):

Adult person from your state seeks nonemergency 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 on this patient held by the "PHI Sources" below to the healthcare provider in the other state?

Directions:

1. Please make sure you have reviewed the worksheet entitled "Definitions for Worksheet 1A-2A" prior to beginning this Worksheet 1A, 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 1A indicating where consent or other disclosure requirement is mandated for disclosure in the Scenario above. If using this worksheet as a printed copy, **please note that this worksheet is formatted to print on LEGAL SIZE PAPER.** 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 for the particular source and/or type of PHI

3. If you answer "Yes", "Sometimes", or "Unclear" in a cell below, use the Worksheet 1B-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 the Worksheet 1C-Citation which is cross-referenced to the applicable Cell Reference Numbers in this Worksheet 1A.
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 1D-ConsentQs. Go to Worksheet 1D-ConsentQs and follow the instructions there.
6. Use the rows or columns labeled "Other" to the Worksheet 1A chart below to accommodate additional types of PHI or additional sources of PHI. If you do so, please label it: "Other - [*insert description here*]" and include the definition in Worksheet 1B: Details. If not all Other columns/rows are used, please leave them blank.
7. See a brief example of this Worksheet A on the worksheet entitled "Example of A"
8. Once you have completed Worksheet 1A, 1B, 1C & 1D to the extent necessary, then proceed to the Worksheet entitled "Questions for Scenario 2" to begin work on Scenario 2.

State Name: 0

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI														
		Hospital (no-mental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (nonmental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (nonmental health and nonsubstance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organizations	Commercial payer (other than managed care org)	Other [insert description here]	Other [insert description here]	Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	Patient ID & demographic info	1	1A	1B	1C	1D	1E	1F	1G	1H	1I	1J	1K	1L	1M	1N
	Medication history	2	2A	2B	2C	2D	2E	2F	2G	2H	2I	2J	2K	2L	2M	2N
	Lab test order and results	3	3A	3B	3C	3D	3E	3F	3G	3H	3I	3J	3K	3L	3M	3N
	Clinical notes/ reports	4	4A	4B	4C	4D	4E	4F	4G	4H	4I	4J	4K	4L	4M	4N
	Diagnosis or procedure info	5	5A	5B	5C	5D	5E	5F	5G	5H	5I	5J	5K	5L	5M	5N
	Allergies/adverse reactions	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	6J	6K	6L	6M	6N
	Claims data (other than med history)	7	7A	7B	7C	7D	7E	7F	7G	7H	7I	7J	7K	7L	7M	7N
TYPES OF PHI	HIV test - id of person taking test	8	8A	8B	8C	8D	8E	8F	8G	8H	8I	8J	8K	8L	8M	8N
	HIV test results	9	9A	9B	9C	9D	9E	9F	9G	9H	9I	9J	9K	9L	9M	9N
	Medications used for HIV	10	10A	10B	10C	10D	10E	10F	10G	10H	10I	10J	10K	10L	10M	10N
	Diagnosis for HIV/AIDS	11	11A	11B	11C	11D	11E	11F	11G	11H	11I	11J	11K	11L	11M	11N

State Name: 0

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI														
		Hospital (no-mental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (nonmental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (nonmental health and nonsubstance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organizations	Commercial payer (other than managed care org)	Other [insert description here]	Other [insert description here]	Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	Other indication of HIV/AIDS status	12	12A	12B	12C	12D	12E	12F	12G	12H	12I	12J	12K	12L	12M	12N
	Other STDs	13	13A	13B	13C	13D	13E	13F	13G	13H	13I	13J	13K	13L	13M	13N
	Mental health records	14	14A	14B	14C	14D	14E	14F	14G	14H	14I	14J	14K	14L	14M	14N
	Substance abuse	15	15A	15B	15C	15D	15E	15F	15G	15H	15I	15J	15K	15L	15M	15N
	Genetic	16	16A	16B	16C	16D	16E	16F	16G	16H	16I	16J	16K	16L	16M	16N
	Immuniz'n history from provider record	17	17A	17B	17C	17D	17E	17F	17G	17H	17I	17J	17K	17L	17M	17N
	Other [insert description here]	18	18A	18B	18C	18D	18E	18F	18G	18H	18I	18J	18K	18L	18M	18N
	Other [insert description here]	19	19A	19B	19C	19D	19E	19F	19G	19H	19I	19J	19K	19L	19M	19N
	Other [insert description here]	20	20A	20B	20C	20D	20E	20F	20G	20H	20I	20J	20K	20L	20M	20N

WORKSHEET 1B: FURTHER EXPLANATIONYour State Name: **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:

**Worksheet
1A Cell Ref #**

FURTHER EXPLANATION

Your State Name:

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

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Worksheet 1A Cell Ref #	FURTHER EXPLANATION

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Worksheet 1A Cell Ref #	FURTHER EXPLANATION

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Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name:

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

WORKSHEET 1C: LEGAL CITATIONS

Your 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 1A.

Directions:

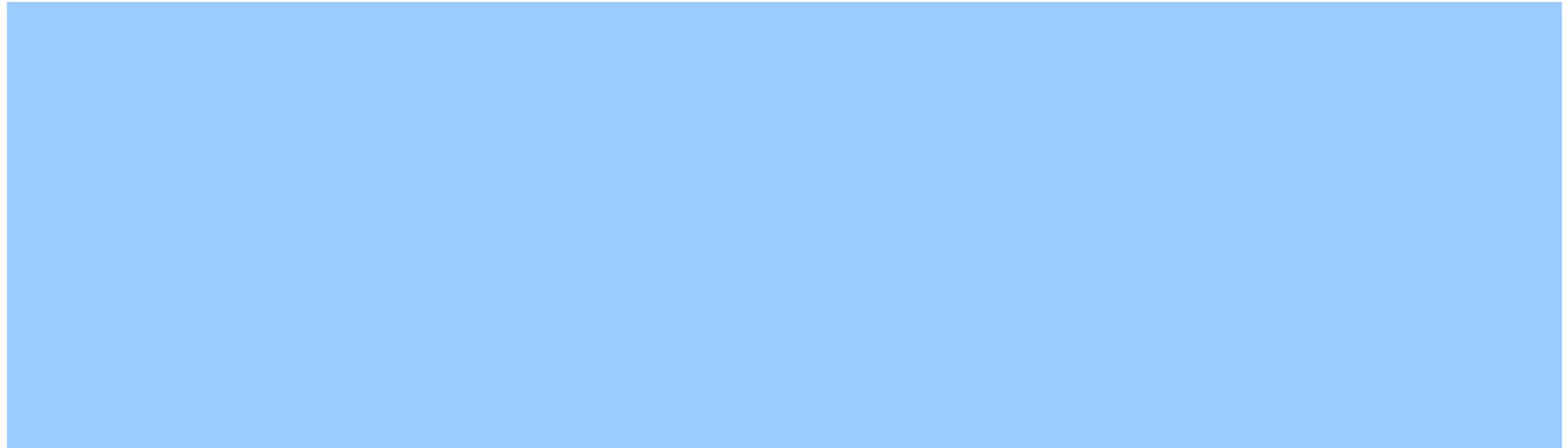
1. **For each cell on Worksheet 1A, except those marked "no" or "n/a"**, please complete this chart to indicate what state law, regulation, etc. was referred to in order to answer the particular question on Worksheet 1A.
2. Since there may be more than one law referenced in a particular cell on Worksheet 1A, 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 1A.
3. To make completing this chart faster, feel free to reference multiple Cell Ref #s from Worksheet 1A 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 1A
- **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., pharmacist code, physician licensing code, general medical records code)

WORKSHEET 1D: CONSENT QUESTIONSYour State Name:

This consent requirement applies to the following CELL REF #s from Worksheet 1A (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 1A 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 1D. Rename each new Worksheet 1D to something like 1D-Consent1, 1D-Consent2, 1D-Consent3. [Thus, if you would answer any of the questions below differently for a different cell in Worksheet 1A, you will need more than one Worksheet 1D.]
3. List all Cell Ref #s from Worksheet 1A that your answers on this worksheet apply to in the box indicated above.
4. See a brief example of this Worksheet 1D on the worksheet entitled "Example of D".

Your State Name: **0**

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	
Question 5	Would the HIPAA authorization form satisfy the requirements or are there additional elements required outside of HIPAA's required elements?

Your State Name: **0**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
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	
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?

Your State Name: 0

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
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	
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	

Your State Name:

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
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	
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, skip to Question 15.</u>
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.

Your State Name: 0

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
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	
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	

Your State Name:

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 15	Is some specific patient education about the consent required under the state law? If so, please describe.
Response to Q15	
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	

SPECIFIC QUESTIONS FOR SCENARIO 2 ONLYYour State Name:

Scenario 2 (Emergency Treatment): An adult person from your state is seen by a health care provider in another state seeking emergent care. What is required by your state to allow the disclosure of any and all PHI on this patient held by the "PHI Sources" on Worksheet A to the healthcare provider in the other state?

Directions:

1. Complete the questions below with respect to your state law.
2. These questions are intended to capture general information about state disclosure laws regarding treatment in an emergency situation.
3. Please keep your answers on this chart brief and at a high level. It is intended to give the reader an overview regarding emergency disclosure. 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 the text.
5. Once you have completed this Worksheet:
 - if you answered "yes" to Question #1 below, then proceed to Worksheet "2A-Baseline (emergency)" and follow the directions there.
 - if you answered "no" to Question #1 below, then STOP and do not complete Worksheets 2A, 2B, 2C or 2D.

Your State Name: **0**

QUESTIONS AND RESPONSES

Q #	SPECIFIC QUESTIONS ABOUT SCENARIO 2 ONLY
Question 1	<p>Are the disclosure requirements in your state for an emergency treatment situation different from those in a nonemergency treatment situation? If the answer to this question is no, you have completed Scenario 2. If your answer to this question is yes, please continue with the questions below and in filling out the corresponding worksheets that begin with a "2".</p>
Response to Q1	
Question 2	<p>Does your state define the term "emergency" with respect to disclosure of 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?</p>
Response to Q2	

WORKSHEET 2A: 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 #2 (Treatment – Emergent):

An adult person from your state is seen by a health care provider in another state seeking emergent care. What is required by your state to allow the disclosure of any and all PHI on this patient held by the "PHI Sources" on Worksheet A to the health care provider in the other state?

Directions:

1. Please make sure you have reviewed the worksheet entitled "Definitions for Worksheet 1A-2A" prior to beginning this Worksheet 2A, 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 2A indicating where consent or other disclosure requirement is mandated for disclosure in the Scenario above. If using this worksheet as a printed copy, **please note that this worksheet is formatted to print on LEGAL SIZE PAPER.** 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 for the particular source and/or type of PHI

3. If you answer "Yes", "Sometimes", or "Unclear" in a cell below, use the Worksheet 2B-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 the Worksheet 2C-Citation which is cross-referenced to the applicable Cell Reference Numbers in this Worksheet 1A.
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 1D-Consent Questions. Go to Worksheet 1D-Consent Questions and follow the instructions there.
6. Feel free to add another row or column to the Worksheet 2A chart below to accommodate additional types of PHI or additional sources of PHI. If you do so, please label it: "Other - [and insert a description]".
7. See a brief example of this Worksheet A on the worksheet entitled "Example of A"
8. Once you have completed Worksheet 2A, 2B, 2C & 2D to the extent necessary, you have completed this template.

State Name: **0**

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI														
		Hospital (nonmental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (nonmental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (nonmental health and nonsubstance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organizations	Commercial payer (other than managed care org)	Other [insert description here]	Other [insert description here]	Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	Patient ID & demographic info	1	1A	1B	1C	1D	1E	1F	1G	1H	1I	1J	1K	1L	1M	1N
	Medication history	2	2A	2B	2C	2D	2E	2F	2G	2H	2I	2J	2K	2L	2M	2N
	Lab test order and results	3	3A	3B	3C	3D	3E	3F	3G	3H	3I	3J	3K	3L	3M	3N
	Clinical notes/ reports	4	4A	4B	4C	4D	4E	4F	4G	4H	4I	4J	4K	4L	4M	4N
	Diagnosis or procedure info	5	5A	5B	5C	5D	5E	5F	5G	5H	5I	5J	5K	5L	5M	5N
	Allergies/adverse reactions	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	6J	6K	6L	6M	6N
	Claims data (other than med history)	7	7A	7B	7C	7D	7E	7F	7G	7H	7I	7J	7K	7L	7M	7N
TYPES OF PHI	HIV test - id of person taking test	8	8A	8B	8C	8D	8E	8F	8G	8H	8I	8J	8K	8L	8M	8N
	HIV test results	9	9A	9B	9C	9D	9E	9F	9G	9H	9I	9J	9K	9L	9M	9N
	Medications used for HIV	10	10A	10B	10C	10D	10E	10F	10G	10H	10I	10J	10K	10L	10M	10N

State Name: 0

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI														
		Hospital (nonmental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (nonmental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (nonmental health and nonsubstance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organizations	Commercial payer (other than managed care org)	Other [insert description here]	Other [insert description here]	Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	Diagnosis for HIV/AIDS	11	11A	11B	11C	11D	11E	11F	11G	11H	11I	11J	11K	11L	11M	11N
	Other indication of HIV/AIDS status	12	12A	12B	12C	12D	12E	12F	12G	12H	12I	12J	12K	12L	12M	12N
	Other STDs	13	13A	13B	13C	13D	13E	13F	13G	13H	13I	13J	13K	13L	13M	13N
	Mental health records	14	14A	14B	14C	14D	14E	14F	14G	14H	14I	14J	14K	14L	14M	14N
	Substance abuse	15	15A	15B	15C	15D	15E	15F	15G	15H	15I	15J	15K	15L	15M	15N
	Genetic	16	16A	16B	16C	16D	16E	16F	16G	16H	16I	16J	16K	16L	16M	16N
	Immuniz'n history from provider record	17	17A	17B	17C	17D	17E	17F	17G	17H	17I	17J	17K	17L	17M	17N
	Other [insert description here]	18	18A	18B	18C	18D	18E	18F	18G	18H	18I	18J	18K	18L	18M	18N
	Other [insert description here]	19	19A	19B	19C	19D	19E	19F	19G	19H	19I	19J	19K	19L	19M	19N
	Other [insert description here]	20	20A	20B	20C	20D	20E	20F	20G	20H	20I	20J	20K	20L	20M	20N

WORKSHEET 2B: FURTHER EXPLANATIONYour State Name: **Purpose of this Worksheet:**

To capture details of the state law(s) for the particular cells from Worksheet 2A.

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 2A 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 2A 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: 0

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: 0

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: 0

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: 0

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: 0

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

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Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: 0

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name:

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

WORKSHEET 2C: 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 2A.

Directions:

1. **For each cell on Worksheet 2A, 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 2A.
2. Since there may be more than one law referenced in a particular cell on Worksheet 2A, 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 2A.
3. To make completing this chart faster, feel free to reference multiple Cell Ref #s from Worksheet 2A 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 2A
- **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., pharmacist code, physician licensing code, general medical records code)

WORKSHEET 2D: CONSENT QUESTIONS

Your State Name:

This consent requirement applies to the following CELL REF #s from Worksheet 2A (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 2A 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 2D. Rename each new Worksheet 2D to something like 2D-Consent1, 2D-Consent2, 2D-Consent3. [Thus, if you would answer any of the questions below differently for a different cell in Worksheet 2A, you will need more than one Worksheet 2D.]
3. List all Cell Ref #s from Worksheet 2A that your answers on this worksheet apply to in the box indicated above.
4. See a brief example of this Worksheet 2D on the worksheet entitled "Example of D".

Your State Name: **0**

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	
Question 5	Would the HIPAA authorization form satisfy the requirements or are there additional elements required outside of HIPAA's required elements?

Your State Name: **0**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
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	
Question 6.3	Is it for a one-time disclosure or can it be ongoing?
Response to Q6.3	

Your State Name: **0**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
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	
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	

Your State Name: **0**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
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	
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	

Your State Name: **0**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
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	
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	

Your State Name:

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
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	
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	

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

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS

Your State Name: **IDAHO**

Purpose of this Worksheet:

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

Scenario #1 (Treatment – Nonemergency):

Adult person from your state seeks non-emergency 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 on this patient held by the "PHI Sources" below to the health care provider in the other state?

Directions:

1. Please make sure you have reviewed the worksheet entitled "Definitions for Worksheet 1A-2A" prior to beginning this Worksheet 1A, 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 1A indicating where consent or other disclosure requirement is mandated for disclosure in the Scenario above. If using this worksheet as a printed copy, **please note that this worksheet is formatted to print on LEGAL SIZE PAPER.** 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 for the particular source and/or type of PHI

3. If you answer "Yes", "Sometimes", or "Unclear" in a cell below, use the Worksheet 1B-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 the Worksheet 1C-Citation which is cross-referenced to the applicable Cell Reference Numbers in this Worksheet 1A.
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 1D-ConsentQs. Go to Worksheet 1D-ConsentQs and follow the instructions there.
6. Use the rows or columns labeled "Other" to the Worksheet 1A chart below to accommodate additional types of PHI or additional sources of PHI. If you do so, please label it: "Other - [*insert description here*]" and include the definition in Worksheet 1B: Details. If not all Other columns/rows are used, please leave them blank.
7. See a brief example of this Worksheet A on the worksheet entitled "Example of A"
8. Once you have completed Worksheet 1A, 1B, 1C & 1D to the extent necessary, then proceed to the Worksheet entitled "Questions for Scenario 2" to begin work on Scenario 2.

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI														
		Hospital (nonmental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (nonmental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (nonmental health and nonsubstance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organizations	Commercial payer (other than managed care org)	Other [insert description here]	Other [insert description here]	Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	Patient ID & demographic info	1	1A	1B	1C	1D	1E	1F	1G	1H	1I	1J	1K	1L	1M	1N
	Medication history	2	no	yes	yes	yes	no	yes	unclear	no	sometimes					
	Lab test order and results	3	3A	3B	3C	3D	3E	3F	3G	3H	3I	3J	3K	3L	3M	3N
	Clinical notes/ reports	4	4A	4B	4C	4D	4E	4F	4G	4H	4I	4J	4K	4L	4M	4N
	Diagnosis or procedure info	5	5A	5B	5C	5D	5E	5F	5G	5H	5I	5J	5K	5L	5M	5N
	Allergies/adverse reactions	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	6J	6K	6L	6M	6N
	Claims data (other than med history)	7	7A	7B	7C	7D	7E	7F	7G	7H	7I	7J	7K	7L	7M	7N
TYPES OF PHI	HIV test - id of person taking test	8	8A	8B	8C	8D	8E	8F	8G	8H	8I	8J	8K	8L	8M	8N
	HIV test results	9	9A	9B	9C	9D	9E	9F	9G	9H	9I	9J	9K	9L	9M	9N
	Medications used for HIV	10	10A	10B	10C	10D	10E	10F	10G	10H	10I	10J	10K	10L	10M	10N
	Diagnosis for HIV/AIDS	11	11A	11B	11C	11D	11E	11F	11G	11H	11I	11J	11K	11L	11M	11N

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI														
		Hospital (nonmental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (nonmental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (nonmental health and nonsubstance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organizations	Commercial payer (other than managed care org)	Other [insert description here]	Other [insert description here]	Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	Other indication of HIV/AIDS status	12	12A	12B	12C	12D	12E	12F	12G	12H	12I	12J	12K	12L	12M	12N
	Other STDs	13	13A	13B	13C	13D	13E	13F	13G	13H	13I	13J	13K	13L	13M	13N
	Mental health records	14	14A	14B	14C	14D	14E	14F	14G	14H	14I	14J	14K	14L	14M	14N
	Substance abuse	15	15A	15B	15C	15D	15E	15F	15G	15H	15I	15J	15K	15L	15M	15N
	Genetic	16	16A	16B	16C	16D	16E	16F	16G	16H	16I	16J	16K	16L	16M	16N
	Immuniz'n history from provider record	17	17A	17B	17C	17D	17E	17F	17G	17H	17I	17J	17K	17L	17M	17N
	Other [insert description here]	18	18A	18B	18C	18D	18E	18F	18G	18H	18I	18J	18K	18L	18M	18N
	Other [insert description here]	19	19A	19B	19C	19D	19E	19F	19G	19H	19I	19J	19K	19L	19M	19N
	Other [insert description here]	20	20A	20B	20C	20D	20E	20F	20G	20H	20I	20J	20K	20L	20M	20N

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

WORKSHEET 1B: 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 1A Cell Ref #	FUTHER EXPLANATION
2B, 2C	Alaska has a specific statute that governs mental health in patient and outpatient facilities and the records that are created and held there. Consent is required under that statute.

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

WORKSHEET 1C: 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 1A.

Directions:

1. **For each cell on Worksheet 1A, 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 1A.
2. Since there may be more than one law referenced in a particular cell on Worksheet 1A, 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 1A.
3. To make completing this chart faster, feel free to reference multiple Cell Ref #s from Worksheet 1A 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 1A
- **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., pharmacist code, physician licensing code, general medical records code)

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
2B	Hawaii Code 35-4-1.4	www.hc.....	state law statute	law governing mental health facilities

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

WORKSHEET 1D: CONSENT QUESTIONS

Your State Name: **GEORGIA**

This consent requirement applies to the following CELL REF #s from Worksheet 1A (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 1A 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 1D. Rename each new Worksheet 1D to something like 1D-Consent1, 1D-Consent2, 1D-Consent3. [Thus, if you would answer any of the questions below differently for a different cell in Worksheet 1A, you will need more than one Worksheet 1D.]
3. List all Cell Ref #s from Worksheet 1A that your answers on this worksheet apply to in the box indicated above.
4. See a brief example of this Worksheet 1D 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>
Question 5	Would the HIPAA authorization form satisfy the requirements or are there additional elements required outside of HIPAA's required elements?

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
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>
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?

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
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>
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?

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
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>
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?

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Response to Q14.2.1	<i>n/a</i>
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>
Question 17	Does your state has a consent form that has been approved by state law? If so, please submit it with this template.

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
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