



**CRISP**

# Consent Tool Provider Guide **Prevention of Harm Form**

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## Purpose of Form



## Purpose of the Prevention of Harm Form

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



# Form Submission Workflow



# Form Submission Workflow in Unified Landing Page (ULP)

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

The screenshot shows the CRISP Unified Landing Page interface. The navigation bar includes: HOME, PATIENT SNAPSHOT, HEALTH RECORDS, IMAGING-WORKLIST, REFERRALS, REFERRAL PORTAL, CONSENT TOOL, CONSENT TOOL DC, CONSENT TOOL MD (highlighted), and PATIENT CHART. The user is logged in as LEYLA FALAH and has a 'SIGN OUT' option. A 'User Guide' and 'HELP' icon are also visible.

The 'Patient Search' form contains the following fields:

- Last Name(Required): grape
- First Name(Required): gilbert
- Date Of Birth(Required): 01 / 01 / 1984
- Gender: ●Male ●Female
- SSN: XXX-XX-XXXX

The 'Patient Search Results' table is shown below:

FIRST	LAST	DATE OF BIRTH	CRISP ID	GENDER	ADDRESS	MATCH SCORE	INCLUDE
GILBERT	GRAPE	01/01/1984	260839372	Male	4145 EARL C ADKINS DR MORGANTOWN, WV 26000	Very Likely	<input checked="" type="checkbox"/>

A 'SEARCH APPS' button is located at the bottom right of the results table.



# Form Submission Workflow in HIE Portal

- Log into the MD HIE Portal: [portal.crisphealth.org](http://portal.crisphealth.org)
- Patient Search: Search and select patient > click Consent Tool

**Q Patient Search**

First Name \*  Last Name \*

Date of Birth \*  Gender

**Search Results**

First Name	Last Name	Date of Birth	Gender	Address
Jack	Tripper	01/01/1960	male	909 California Street NW, W

**Select App** [X]

- Consent Tool [App Icon]
- COVID Lab Tools [App Icon]
- COVID-19 LTC Partnership [App Icon]



# Form Submission Workflow

- Select: Prevention of Harm – Block Patient Access Form

The screenshot displays a web application interface. At the top, there is a blue navigation bar with a home icon and the text 'HOME' on the left, and a search bar containing 'Search Applications & Reports' with a magnifying glass icon on the right. Below the navigation bar is a sidebar with a dark grey header 'Reports & Applications' and a left-pointing arrow. The sidebar contains three menu items: 'Consent Tool' (dark grey), 'Snapshot' (blue), and an unlabeled blue item. The main content area has a blue header with the 'CRISP' logo and the text 'Consent' and 'Consent History'. Below this header is a list of items. The first item is 'Part II Provider'. The second item, 'Prevention of Harm - Block Patient Access Form', is highlighted with an orange rounded rectangular border. The third item is partially visible and appears to be 'Prevention of Harm - Block Patient Access Form'.



# Form Submission Workflow

- Select radio button next to appropriate option

By submitting this form I certify the following:

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

Options

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

OR





# Form Submission Workflow

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

Signature and Submission Next

Signature

Please, sign above \*

AND

I understand that this patient will not have any access to his / her / their information electronic health information through Connie per the exceptions in 45 CFR Section 171.20 1 and 45 CFR 171.204(a)(2)(ii) unless and until I revoke this certification by contacting the HIE. To revoke this certification, I understand I must contact the following in writing via: Secure, direct email: Privacyofficer@crisphealth.org OR Mail: Privacy Officer, 7160 Columbia Gateway Drive, Suite 100, Columbia, MD 21046. I further understand that the patient has the right to and may opt to appeal or review my determination. If the patient makes such a request, Connie will have the patient contact me or my organization directly.



# Form Submission Workflow

- Print Name and Licensure
- Click Submit

Print Name and Licensure

Print Name and Licensure

Submit Cancel



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# Prevention of Harm Reversal



## Prevention of Harm Reversal

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

- Secure, direct email: [Privacyofficer@crisphealth.org](mailto:Privacyofficer@crisphealth.org) *OR*
- Mail: Privacy Officer, 7160 Columbia Gateway Drive, Suite 100, Columbia, MD 21046