Purpose of 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
• Log into the Unified Landing Page (ULP)
• Patient Search: Search and select patient > click Consent Tool MD
Form Submission Workflow in HIE Portal

- Log into the MD HIE Portal: portal.crisphealth.org

- Patient Search: Search and select patient > click Consent Tool
• Select: Prevention of Harm – Block Patient Access Form
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.
Form Submission Workflow

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

Signature and Submission

Signature

I understand that this patient will not have 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
Prevention of Harm Reversal
To reverse this decision, contact the following in writing via:

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