



**CRISP**

# User Guide for the Consent Tool

2023

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**CRISP**

# Consent Tool



# Purpose of the Consent Tool

- Consent Tool is a platform for providers and staff to register patient consents
- What is my patient consenting to?:
  - To allow their Substance Use Disorder (SUD) or Mental Health (MH) treatment provider to share information about their SUD and MH treatment with the Health Information Exchange (HIE)
  - The HIE will then share it with other members of the patient's health care team who participate with CRISP Shared Services affiliate Health Information Exchanges (HIEs)
    - Including Maryland, DC, West Virginia, Virginia, Connecticut, Alaska and any HIE affiliates in the future



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# CRISP Paper Consent Form for Telehealth/In-Person Visits



# CRISP Paper Consent Form

- Patient must complete and sign the CRISP Paper Consent Form prior to provider registering consent in the tool
  - Form can be found [here](#) or at <https://www.crisphealth.org/consent-tool/>. This form is the paper version of the Consent Tool
- Enter patient's consent selections from the paper form in the Consent Tool and check off the "Attestation for Consent on File" in the signature section. The patient's SUD and MH information will stay masked until the consent is registered via the Consent Tool online
- Please keep the paper consent on file. It is required by Federal Law to have a patient signature to share the patient's SUD information



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# Accessing the Consent Tool



# Accessing Consent Tab via Portal

Enter patient name and date of birth (DOB) into Patient Search

Select the patient from search results returned

Click on the Consent Tool tab

The screenshot displays the CRISP portal interface. At the top left is the CRISP logo and the text "Connecting Providers with Technology to Improve Patient Care". The main header includes "HOME", "PRODUCT UPDATES", the user name "NAUREEN ELAHI", and a "LOGOUT" button. Below the header is a search bar labeled "Applications & Reports". The main content area is divided into two sections: "Patient Search" and "Search Results".

The "Patient Search" section contains the following fields:

- First Name \*
- Last Name \*
- Date of Birth \* (with a calendar icon)
- Gender (with a dropdown arrow)
- SSN

Buttons for "Reset" and "Search" are located at the bottom of the search form.

The "Search Results" section displays a table with the following data:

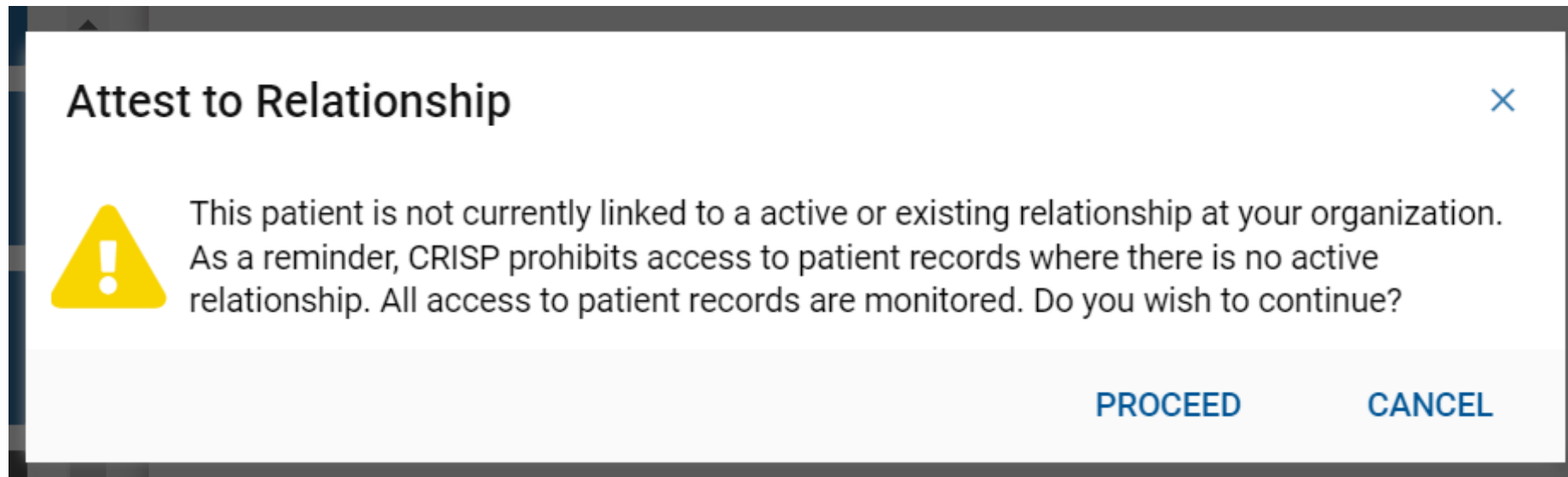
First Name	Last Name	Match Score
GILBERT	GRAPE	117 - probable

A "Select App" dropdown menu is open, listing various applications. The "Consent Tool" option is highlighted with a red box. Other visible options include Clinical Information, InContext, MyDirectives for Clinicians, Snapshot Staging, AK Labs and Imaging, CareTeam, Clinical Information Staging, COVID Lab Tools, and MOM Care Plan.



## "Warning" Prompt for New Patient Relationships

- If you are registering consent for a new patient that is not on your existing CRISP panel, a "warning" prompt will appear
  - Click "Proceed" to continue and choose reason for patient query







# Accessing Consent Tool via SSO

- The Consent Tool is now available via SSO for InContext users
- Launch InContext through your EMR and locate the Consent Tool" icon on the left side bar

← HIE InContext

ANNA CADENCE  
Female | Nov 16, 1981

HEALTH RECORDS ENCOUNTERS PROBLEMS STRUCTURED DOCUMENTS IMMUNIZATIONS

ALL LABORATORY RADIOLOGY CLINICAL NOTES

Health Records

Hide Home Facility Data

Date Collected ↓	Source	Description
2022-07-21	CRISP_REFER	Referral for further care
2022-07-05	CRISP_REFER	Referral for further care
	CRISP_REFER	Referral for further care
	CRISP_REFER	Referral for further care
	CRISP_REFER	Referral for further care
2022-05-17	CRISP_REFER	Referral for further care

Consent Tool allows treating providers and their staff to register a patient's affirmative consent to share data protected by 42 CFR Part 2 and, as applicable, other legally protected data. Click here to access in a new tab.



# Patient Consent to Disclose SUD and MH Treatment Information Form



# Consent Section

Please review the “Information About This Consent” section with the patient, using the Accounting of Disclosures and FAQ links if needed

## Information about this Consent

By completing and signing this form, you will be allowing your Substance Use Disorder or Mental Health treatment provider to share information about your Substance Use Disorder AND Mental Health treatment with the Health Information Exchange who will then share it with other members of your health care team. These could include your primary care provider, hospital providers, emergency providers and other individuals who are involved in coordination of your care. The information may also be shared with your treatment providers who participate with the CRISP Shared Services affiliate Health Information Exchanges (HIEs) including Maryland, DC, West Virginia, Connecticut, Alaska, and any HIE affiliates in the future. These providers must adhere to all state and federal laws with regards to keeping your information private. You can request a list of providers who have received your information by completing an accounting of disclosures requests at <https://disclosures.crisphealth.org>. A list of Frequently Asked Questions (FAQ) about sharing Substance Use Disorder and Mental Health treatment data through CRISP can be found by clicking [here](#) or going to <https://www.crisphealth.org/consent-tool/>.



## Consent to Disclose My Substance Use Disorder and Mental Health Information

**From Whom** I authorize disclosure by any of my past, present, and future Substance Use Disorder and Mental Health treatment providers about any of my treatment, including my Substance Use Disorder and Mental Health treatment, that share data with CRISP Shared Services HIEs.

**To Whom** I authorize disclosure of the above information to CRISP Shared Services affiliate HIEs, who may then disclose the information to any of my past, present, or future providers involved in my care who participate with the HIE or any of the HIE affiliates. I can request a list of all providers who have received my information by going to <https://disclosures.crisphealth.org>.



# Type and Amount of Data Section

- Patients must select the amount and kind of information to be disclosed
- Patients have the option to share only their SUD and MH providers contact information or all SUD and MH data, which can include treatment plans, medications, laboratory results, clinical notes, health care encounters, claims information, and other data about their SUD and/or MH care.

## Type and Amount of Data

**Purpose** The information shared will be used to help my health care team coordinate my care and provide health care treatment.

### Consent Options

- Disclose All Substance Use Disorder and Mental Health Data for Treatment Purposes**  
This information could include my treatment plan, medications, laboratory results, clinical notes, health care encounters, claims information, and other data about my Substance Use Disorder and/or Mental Health care.
- Disclose Substance Use Disorder and Mental Health Treatment Providers Contact Info Only**  
The information will include only my Substance Use Disorder and Mental Health treatment provider's name and contact information.



# Submission Instructions

- Please review instructions for each section carefully
- For telehealth visits, please make sure to have the CRISP Paper Consent Form signed and completed by the patient before attesting in this tool
- CRISP Paper Consent Form can be found by clicking on the highlighted link

## Submission Instructions

**Expiration Date:** This is the date the consent will expire if the patient doesn't revoke consent prior to expiration. Patient can choose any date for expiration, which can be changed by clicking on the calendar and selecting the preferred day, month, and/or year.

**Identity Validation and Education Attestation:** Select both checkboxes attesting patient's identity has been validated and patient has been educated on terms of this consent and questions have been answered.

### Signature and Submission:

*In-person Encounter:* If registering this consent on an in-person encounter, patient should sign their name electronically in the Patient Signature box. Patient's Legal Guardian, Parent, or Legally Authorized Representative, may sign on behalf of the patient by checking the corresponding box and signing in the signature box.

*Attestation for Consent on File:* If registering this consent via telehealth, please ensure the CRISP consent form is completed and signed prior to attesting in this tool. The CRISP consent form is located outside of this tool [here](#) and at <https://www.crisphealth.org/consent-tool/>. Once you have the written and signed consent on file, select the "Attestation for Consent on File" checkbox. Federal law requires patient signature on consent to share SUD information. Remember to keep the previously captured consent on file.

**Name of Person Registering Consent:** Type the name of the person registering this consent.



# Expiration and Revocation Section

- The patient has the right to revoke this consent at any time
- This section explains the process and result of revoking this consent
- Reference slide 23 for instructions on how to deactivate a consent

## Expiration and Revocation

### REVOKING MY PERMISSION

I understand that I may revoke this consent at any time, by requesting one of my CRISP participating providers to deactivate my consent in person or via written request. I understand that my information will be shared during the time the consent is active and my providers may use this information for my treatment and care coordination in accordance with state and federal law. I understand that the revocation will not affect any action by the organization that was authorized to release my information before it received notice of my revocation.

### EXPIRATION DATE

This Consent and Authorization to share my Substance Use Disorder and Mental Health treatment information will remain in effect until the date indicated, unless revoked prior to that time.





## Expiration Date Section

Consent to share SUD and MH information requires an expiration date. Date selection is required with a maximum of 5 years from the date of submission and is based on patient preference.

Expiration Date

Choose a date

Date picker allows flexibility in selecting a date, month, or year

JAN 2023

S M T W T F S

JAN

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Please, sign above \*



# Identity Validation and Education Attestation

Providers/staff obtaining patient consent **must** attest that:

- 1) they have verified the patient identity
- 2) the patient has been informed of all terms of the consent

## Identity Validation and Education Attestation

### Patient Identity Verification

I hereby attest that I have validated the patient's identity and obtained consent from this patient in accordance with the terms stated above.

### Patient Education Attestation

I hereby attest that I have informed the patient named in this consent to the terms of this consent and answered all questions to the best of my ability.





# Signature and Submission Section

- **Registering in-person:** Patient will enter electronic signature using a mouse, stylus pen, or finger via touchscreen/signature pad
- **Registering via telehealth/paper form:** Check off the box under "Attestation for Consent on File." CRISP Paper Consent Form must be completed by the patient before attesting

## Signature and Submission

Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative.

### Patient Signature

I acknowledge that I have read this consent form and understand that as indicated on this form, my Substance Use Disorder treatment information, which may also include Mental Health treatment information, may be shared with CRISP who may then share it with members of my health care team who participate with CRISP and its HIE affiliates.

Please, sign above \*

OR

### Attestation for Consent on File

I hereby attest that I have obtained WRITTEN and SIGNED consent from this patient and will retain in my records. I will make this consent available to CRISP Privacy and Security upon request.



## Legal Guardian, Parent or Legally Authorized Representative Signature (If Applicable)

Checkbox only required if the person signing the consent is the patient's legal guardian, parent, or legally authorized representative

The person signing on behalf of a patient MUST enter their name into the form and electronically sign

Select the second checkbox to capture both the patient's and legal guardian's signature (if applicable)


### Signature and Submission

Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative.

Check here if you would like to capture both a Patient Signature and a Legal Guardian, Parent, or Legally Authorized Representative signature.

Legal Guardian/Parent/Authorized Representative Signature.

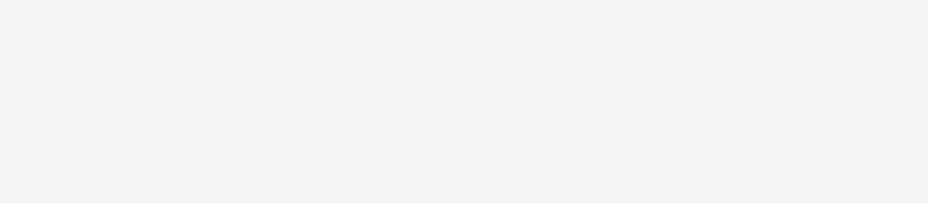
First Name	Last Name
Jane	Smith

 X

Please, sign above \*

Patient Signature (if applicable)

I acknowledge that I have read this consent form and understand that as indicated on this form, my Substance Use Disorder treatment information, which may also include Mental Health treatment information, may be shared with CRISP who may then share it with members of my health care team who participate with CRISP and its HIE affiliates.

 X

Please, sign above \*



# Submission and Confirmation

1) Enter name of person registering consent



2) Click "Submit"  
**(Only click once to avoid multiple form registrations)**



3) Click "Print and Exit" or "Exit"

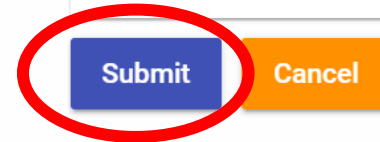


4) Will direct you to confirmation page



Name of Person Registering Consent

Name of Person Registering Consent  
Dr. CRISP



Consent Successfully Submitted

Do you want to print this consent before exiting?

Print and Exit Exit

CRISP Consent Consent History

Consent Submitted.

Your Consent Was Submitted.

To start another consent, please exit this page and follow the steps normally used to create a consent.



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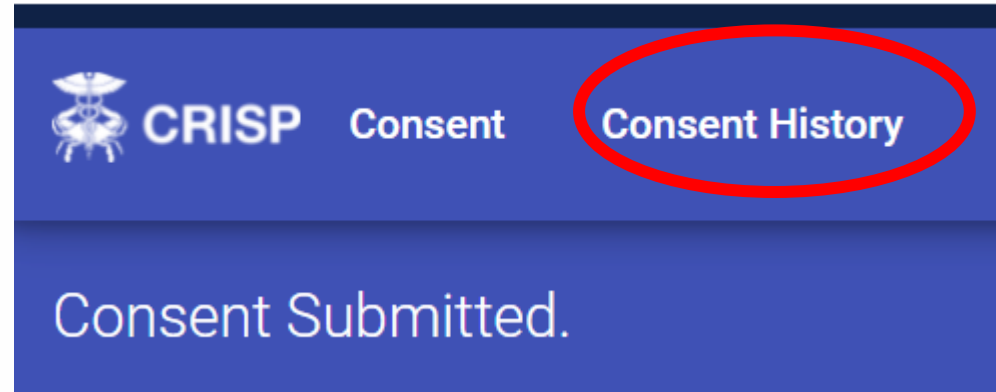
# Viewing Consent History

7160 Columbia Gateway Drive, Suite 100  
Columbia, MD 21046  
877.952.7477 | [info@crisphealth.org](mailto:info@crisphealth.org)  
[www.crisphealth.org](http://www.crisphealth.org)<sup>20</sup>



# Viewing Consent History

Click Consent History (top blue banner)



Click on the row to open the selected consent

## Consent History for *GILBERT GRAPE*

User Email	Date ↓	Type	Expiration Date	Status	
[redacted]@crisphealth.org	May 3, 2022	Patient Consent to Disclose Substance Use Disorder and Mental Health Treatment Information	May 3, 2023	Active	<a href="#">Deactivate</a>





# Printing Consent Form on File

Providers can review, print, or save the form as a file

## Attestation for Consent on File

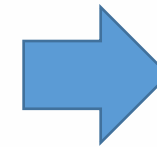
I hereby attest that I have obtained WRITTEN and SIGNED consent from this patient and  will retain in my records. I will make this consent available to CRISP Privacy and Security upon request.

Signed on 05/03/2022

Name of Person Registering Consent

NE

Print



**Print** ?  
Total: 4 sheets of paper

**Printer**  
Microsoft Print to PDF

**Copies**  
1

**Layout**  
 Portrait  
 Landscape

**Pages**  
 All  
 Odd pages only

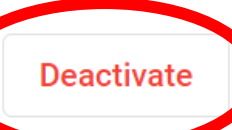
**Print** Cancel



# Deactivating a Consent

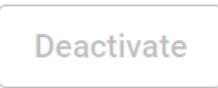
Upon patient request to revoke consent, providers can “deactivate” patient consents prior to any expiration date through the Consent History page

## Consent History for *GILBERT GRAPE*

User Email	Date ↓	Type	Expiration Date	Status	
naureen.elahi@crisphealth.org	May 3, 2022	Patient Consent to Disclose Substance Use Disorder and Mental Health Treatment Information	May 3, 2023	Active	

Deactivating a consent will change the status of the consent to “inactive”

## Consent History for *GILBERT GRAPE*

User Email	Date ↓	Type	Expiration Date	Status	
naureen.elahi@crisphealth.org	May 3, 2022	Patient Consent to Disclose Substance Use Disorder and Mental Health Treatment Information	May 3, 2023	Inactive	



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## Where to View SUD and MH Data










# SUD and MH Claims Information

SUD and MH Medicaid claims data is available through the "Data from Claims" tab if a patient has consented to sharing all their SUD and MH data

HIE InContext Uplone UnifiedLandingPage  
Female | Jan 1, 2001

MEDICATIONS    DIAGNOSES    PROCEDURES    ENCOUNTERS

### Encounters from Claims

From Date ↓	To Date	Payer	Provider	Claim Type	Reason
2023-04-01	2023-04-01	MEDICAID MEDSTAR FAMILY CHOICE	MEDSTAR MEDICAL GROUP II LLC	HCFA-1500 CLAIM	Essential (primary) hypertension
	2023-04-01	MEDICAID FFS	CHERYL HECK PA	HCFA-1500 CLAIM	Opioid dependence, uncomplicated
	2023-03-01	MEDICAID FFS	QUEST DIAGNOSTICS	HCFA-1500 CLAIM	Opioid dependence, uncomplicated
	2023-03-01	MEDICAID FFS	MANDI RHONE	HCFA-1500 CLAIM	Generalized anxiety disorder
	2023-03-01	MEDICAID FFS	MANDI RHONE	HCFA-1500 CLAIM	Generalized anxiety disorder
	2023-03-01	MEDICAID FFS	COMPASS HEALTH SERVICES LLC	HCFA-1500 CLAIM	Major depressv disorder, recurrent severe w/o psych feature
	2023-03-01	MEDICAID FFS	CHERYL HECK PA	HCFA-1500 CLAIM	Opioid dependence, uncomplicated
			CHERYL HECK PA	HCFA-1500 CLAIM	Opioid dependence, uncomplicated
			CHERYL HECK PA	HCFA-1500 CLAIM	Opioid dependence, uncomplicated
			QUEST DIAGNOSTICS	HCFA-1500 CLAIM	Opioid dependence, uncomplicated
			MANDI RHONE	HCFA-1500 CLAIM	Generalized anxiety disorder

42 CFR Part 2 prohibits unauthorized redisclosure of this information. A provider that receives 42 CFR Part 2 protected SUD information from the HIE may record information about the patient's SUD treatment in their medical record for clinical purposes, and in most cases, that would not cause the record to be subject to 42 CFR Part 2 restrictions, unless the provider is already subject to [42 CFR Part 2](#).

Redislosure Notice: An orange icon is displayed next to all SUD/MH encounters. Hover over the icon view redisclosure notice.



# Claims Information in Snapshot

HOME

Reports & Applications

- Snapshot
- Consent Tool
- Referral Portal
- Referral Portal CBO
- Referral Portal MCO
- EDAS - Emergency Department Advisory...

**Patient Snapshot**  
Patient Name: Ulpone UnifiedLandingPage Gender: F

**Patient Demographics**

Search

Name	Gender	Date	Phone	Address	Medicaid ID
Ulpone UnifiedLandingPage	F	01/01/2001		1 Ulpone Street, COLUMBIA, MD 21045	

Claims data are also available under 4 widgets in Snapshot: **Diagnoses, Encounters, Procedures, and Medications.** All SUD/MH data will be flagged with a blue icon and redisclosure notice

**Encounters From Claims**

▲ Emergency ■ Inpatient ● Outpatient ◆ Ambulance

From	To	Provider	Payer	Type	Reason
05/01/2023	05/01/2023	MPP AT SILVER SPRING	MEDICAID MEDSTAR FAMILY CHOICE	HCFA-1500 CLAIM	Abnormal electrocardiogram [ECG] [EKG]

**Procedures From Claims**

Search

From	To	Source	Description
07/01/2014	07/01/2014	HERMAN B SEGAL	Office O/P Est Mod 30-39 Min
09/01/2014	09/01/2014	JONATHAN L WHITE	Urinalysis, Auto, W/O Scope
09/01/2014	09/01/2014	CHARLES ALBERT BOWLES	Routine Venipuncture
09/01/2014	09/01/2014	JOHN LADAS	Eye Exam, New Patient
09/01/2014	09/01/2014	ALKA SINGH	Dxa Bone Density, Axial
09/01/2014	09/01/2014	MATTHEW HAROLD KATZ	Destruct B9 Lesion, 1-14
09/01/2014	09/01/2014	MUKUL DAS	Computer Dx Mammogram Add-On
09/01/2014	09/01/2014	CHARLES ALBERT BOWLES	Assay Of Total Testosterone

**Medications From Claims**

Search

Date	Medication	Quantity	Supply	Prescriber
01/01/2015	metoprolol	90	90 day	HERMAN B SEGAL
02/01/2015	testosterone	180	60 day	JONATHAN L WHITE
02/01/2015	simvastatin	30	30 day	IRNEST STEPHEN OSER
02/01/2015	levothyroxine	90	90 day	IRNEST STEPHEN OSER
03/01/2015	simvastatin	90	90 day	IRNEST STEPHEN OSER
03/01/2015	silodosin	90	90 day	JONATHAN L WHITE



# Care Team Information

If a patient has selected to share all or only their SUD/MH provider's contact information, this data will be found under "Care Team" in InContext "Clinical Information" and "Snapshot." These providers will have an icon with a redisclosure notice next to their organization name.

**HIE InContext** **Solar Demo3** Male | May 13, 1954

Source	Care Program	Provider	Role	Start Date	Last Updated
CRISP ULP Panel Based Access	—	Dr. Test	Primary Care Physician	2023-02-08	—
CRISP ULP Panel Based Access	—	Peter Pan	Care Manager	2023-02-08	—
WVHIN DEMO	—	Dr. Test	Primary Care Physician	2022-08-23	—
WVHIN DEMO	—	Peter Pan	Care Manager	2022-08-23	—
CRISPCDC DEMO	—	Dr. Test	Primary Care Physician	2021-07-14	—
CRISPCDC DEMO	—	Peter Pan	Care Manager	2021-07-14	—
Test Alias	—	Peter Pan	Care Manager	2021-07-14	—
Test Alias	—	Dr. Test	Primary Care Physician	2021-07-14	—
CRISP_Solarwinds	—	Dr. Test	Primary Care Physician	2021-07-14	—
CRISP_Solarwinds	—	Peter Pan	Care Manager	2021-07-14	—

Powered by CRISP

**Care Team**

Organization	Organization Phone	Care Manager	Phone	Pcp	Program
Alias		Pan			
Test Alias				Dr. Test	
CRISP_Solarwinds				Dr. Test	
CRISP_Solarwinds		Peter Pan			
WVHIN DEMO				Dr. Test	

42 CFR Part 2 prohibits unauthorized redisclosure of this information. A provider that receives 42 CFR Part 2 protected SUD information from the HIE may record information about the patient's SUD treatment in their medical record for clinical purposes, and in most cases, that would not cause the record to be subject to 42 CFR Part 2 restrictions, unless the provider is already subject to [42 CFR Part 2](#).



# Structured Documents

SUD/MH data may also be found under the “Structured Documents” tab if a patient has consented to share ALL SUD/MH data. This data is in the form of Continuity of Care Documents and can include medications, dosing information, etc.

**HIE InContext** TAMMY DEMO9  
Female | May 20, 1961

HEALTH RECORDS ENCOUNTERS **STRUCTURED DOCUMENTS** IMMUNIZATION >

### Structured Documents

Date ↓	Source	Title	Type	Size (KB)
2021-10-22	Orthopedics Sharon	Continuity of Care Document	Summarization of Episode Note	—

Rows per page: 25 1-1 of 1