Quality Improvement (QI) Attestation Form

Version 2.0 – Last Updated 12/27/2023

Participating Organization: _____

Name of QI Activity: _____

List all CRISP-credentialed individuals for whom access is requested to complete this QI activity:

Name	Title	Email	Direct Acct?	CRISP User?
			Request	✔
			Request	
			Request	
			Request	

☐ I will provide CRISP an auditable panel of patients whose data we will access for this QI activity.

☐ The QI activity will include all eligible patients in my organization. We maintain an updated patient panel for all CRISP activities.

QI Activity Time Period: Begin Date: _____ End Date: _____

Describe the QI activity below, include the type of data you will access, what CRISP service you will use to access the data, and what you will do with the data.

Please explain the internal review process your organization used to determine that this activity adheres to the HIPAA definition of quality improvement.

By signing below, you attest that your organization has reviewed the QI activity and determined it meets the HIPAA definition of quality improvement. You also attest that QI clinicians will only access the minimum amount of data necessary for the activity and that the data will not be used for any other activity, including research.

Credentialing Point of Contact: _____

Name: _____ **Date:** _____

Title: _____ **Email:** _____

CRISP Quality Improvement Attestation Form – Instructions

CRISP is the state-designated health information exchange for Maryland. On May 31st, 2018, The CRISP Clinical Advisory Board approved a use case for CRISP mediated data to be available to participating organizations for Quality Improvement (QI) studies as defined under HIPAA.

This form is for registering the use of CRISP-mediated data for conducting quality improvement (QI) activities under HIPAA. Please see the instructions below.

Participating Organization: The entity listed must be a signatory of the CRISP participation agreement.
Name of QI Activity: Provide a name that summarizes the nature of the QI activity. **List of Users:** All listed users must have CRISP credentials to access data and must be approved by the credentialing point of contact at your organization. Contact your CRISP Credentialing Point of Contact to establish credentials for any new users. If you are not sure who your PoC is, contact CRISP at the number below. The CRISP Credentials column should be checked for all users. Provide the name, title, and email of each person working on the QI activity. Direct is a secure email service provided by CRISP to exchange personal health information or other sensitive data in a HIPAA-compliant manner. If you will be submitting a panel of patients who are being examined in this study, one of your study team members will need a Direct account. Please indicate which person that will be.
Patient Panel: If your study involves a select group of patients, you will need to submit a panel of patients via Direct. This panel will be used to audit access to patient information using our auditing tools. If your study involves examining all patients at your organization and you maintain a current list of patients with CRISP, you don't need to submit an additional patient panel.
QI Activity Time Period: This is the period where someone on your team may be accessing CRISP data. We will use this date range as part of our audit. So consider whether you may need extra time to query data. Note that QI activities cannot be for an indefinite time period. For ongoing projects, such as a disease registry, limit the time to three years.
Activity Description: Briefly describe the purpose of your study and what data you will be using.
Internal Review Description: Briefly describe the process your organization used to determine that this project adheres to the HIPAA definition of QI (IRB review or exemption, QI committee review, etc.

Once completed, please email the signed form to research@crisphealth.org.