

# Consent Management Application (CMA) Frequently Asked Questions (FAQs)

**1. Does CRISP maintain a standardized opt-out form?**

*Response: Yes, and here is the link to the current one on our website. <https://connect.crisphealth.org/OptoutForm>*

**2. If a patient opts out at one of our facilities, is this expected to be electronic or paper?**

*Response: We recommend reaching out to MHCC for further clarification, as this falls under regulatory guidance.*

**3. If the opt out is electronic, what workflow is CRISP enabling access through?**

*Response: CRISP has developed a FHIR API to enable real-time exchange of patient opt-out status. In addition, we offer a daily file option via MFT. Please see our website ([final technical documentation and specifications](#)) for the most up-to-date documentation and specifications for both options.*

**4. Could you please confirm that in the state of Maryland 'OptOut' means the patient is opting out of sending their specified health information to the HIE (CRISP)?**

*Response: No. All the data is still sent, but CRISP will not exchange any clinical data received on that patient. We will exchange the opt-out information with other HIEs per the law and regulation.*

**5. Since the state of Maryland requires the restriction of sensitive health data does CRISP plan to address a process of how to 'Opt-In' should a patient request the sharing of their sensitive health information?**

*Response: That is beyond the scope of this regulation. All HIEs / EHNs must comply with any regulations that apply to them.*

**6. Only Opt-out patients are sent back to CRISP. If a patient has opted in with the HIE during an encounter but has not contacted CRISP to opt in, what is the expectation from the HIE?**

*Response: Patients will need to call or email CRISP to request to be opted back in. We recommend reaching out to MHCC for further clarification, as this falls under regulatory guidance regarding HIE responsibilities. CRISP is also working on processes to support sharing opt-in statuses, and additional information will be provided in the fall.*

**7. Is there a workflow for if a patient changes their mind and wants to opt in?**

*Response: Patients must contact CRISP by phone or email to request to be opted back in and must also follow the specific opt-in process established by each HIE*

**8. Are files in SFTP removed after HIE downloaded? If so, is HIE responsible to remove the file?**

*Response: Auto deleted from SFTP after 72 hours.*

**9. If the file is not picked up after 24 hours, what happens to the file?**

*Response: Auto deleted from SFTP after 72 hours. Can contact CRISP to get file dropped again.*

**10. Is there only 1 file available or multiple files?**

*Response: 1 exception file per submitted file. 1 daily output file of all new Opt outs since the prior day*

**11. There is no cardinality included in the Data Dictionary - does that mean cardinality is 0..1 or 1..1?**

*Response: All required fields represent a cardinality of 1..1  
All optional fields represent a cardinality of 0..1*

**12. CSS Opt Out Identifier: is this unique for each patient? Is this CSS Opt Out Identifier used in any way to identify the patient?**

*Response: The CSS opt out identifier is not necessarily unique to each patient, but is unique to the demographics submitted for the patient. In our system we can take in multiple CSS opt out identifiers for the same patient.*

**13. Patient identifier and source\_patient\_identifier: This seems to be 0..1 cardinality. Since there is already a field for SSN, is the MRN or Enterprise ID expected here as the patient identifier? Can this be a different identifier?**

*Response: The patient identifier field is intended to help for tracking and auditing purposes, so submitting HIEs can determine whether they would like to use MRN or Enterprise ID.*

**14. How are errors handled?**

*Response:*

*MFT: After submission, submitting HIEs will receive a CSV exception file indicating whether each opt out request succeeded or failed. If the opt out request was*

successful, the row will include the CSS Opt Out Identifier. If the opt out request failed, the row will include the failure reason. Potential failure reasons include rows missing required fields such as date of birth. CSS will send an email notification when the exception file is ready for pickup from MFT. If an HIE resubmits the same patient but with different demographics, another record will be generated in the CSS opt out database. If an HIE resubmits the same record for the same patient, it will fail to write and return as 'already opted out'.

*FHIR API: Error will be returned from API. For example, if a missing field is required, the API will return an operation outcome in the FHIR response detailing what is missing. Full details of error handling are in the API spec.*

*Get Consent (FHIR) error behavior — quick cheat sheet*

***Important:** HTTP status indicates transport/API outcome; OperationOutcome.issue indicates business/validation details.*

#### 1) Auth / access

- **401 Unauthorized**
  - Missing/invalid token
  - Expired token
  - **Action:** refresh credentials/token and retry
- **403 Forbidden**
  - Token valid but insufficient scope/role
  - **Action:** request proper API scope/access grant

#### 2) Request format / validation

- **400 Bad Request**
  - Missing required query parameters or identifiers
  - Invalid datatype/format (e.g., malformed date, unsupported parameter format)
  - Missing required headers (per header contract updates)
  - **Action:** correct request shape and resend
- **415 Unsupported Media Type** (if enforced)
  - Wrong Content-Type/Accept
  - **Action:** use required FHIR media types

#### 3) Resource/query outcomes

- **200 OK + OperationOutcome** (informational/warning use cases)
  - No matching patient/consent found
  - Multiple potential matches/ambiguous match
  - Already in target state (for some workflows)
  - **Action:** interpret issue.code + severity; do not treat all 200s as equivalent business success

- **404 Not Found** (implementation-dependent)
    - Endpoint/route invalid or resource ID not found (if ID-based retrieval model used)
    - **Action:** verify path and identifier
  - 4) Concurrency / throttling / platform errors**
    - **409 Conflict** (if supported)
      - Conflicting state/version
      - **Action:** re-query and retry with latest state
    - **429 Too Many Requests** (if rate limiting enabled)
      - **Action:** backoff and retry
    - **500 Internal Server Error**
      - Unexpected server exception
      - **Action:** retry per policy; escalate with correlation/request ID
    - **503 Service Unavailable**
      - Temporary outage/dependency unavailable
      - **Action:** retry with backoff; fail over per client strategy
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#### **Recommended OperationOutcome fields to parse (client-side)**

For analyst-friendly guidance, tell consumers to always capture:

- issue.severity (fatal | error | warning | information)
  - issue.code (e.g., invalid, required, not-found, processing, business-rule)
  - issue.diagnostics (human-readable explanation)
  - Any returned correlation/request ID in headers/body extensions
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#### **Suggested analyst rule-of-thumb**

1. Check HTTP status first.
2. If body includes OperationOutcome, evaluate issue.severity/issue.code.
3. Treat **200 + warning/information** as “request succeeded technically, but business interpretation required.”
4. Log diagnostics + correlation ID for support triage.