Attestation: CRISP Participant Notice of Privacy Practices (NPP) & NPP Acknowledgement

Pursuant to the CRISP Policies and Procedures and COMAR 10.25.18.03(H),[1] each Participant in CRISP must adequately educate patients on CRISP, including the ability to opt-out of CRISP and the opt-out process. Each Participant must ensure that the Participant's Notice of Privacy Practices are updated to facilitate this education process. We recommend the language below.

Suggested Update to Notice of Privacy Practices

We have chosen to participate in the Chesapeake Regional Information System for our Patients ("CRISP"), a regional health information exchange ("HIEs") serving Maryland. CRISP is also affiliated with and shares data with other HIEs, including those, in Alaska, Connecticut, D.C., Maryland, and West Virginia. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program ("PDMP"), will still be available to providers.

Suggested Update to NPP Acknowledgement Page

We participate in the CRISP health information exchange ("HIE") to share your medical records with your other health care providers and for other limited reasons. You have rights to limit how your medical information is shared. We encourage you to read our Notice of Privacy Practices and find more information about CRISP medical record sharing policies at www.crisphealth.org.

FOR REVIEW

Suggested Update to NPP Acknowledgement Page for 42 CFR Part 2 Regulated Entities

If you are being treated for substance use disorder by our facility, your data will not be shared through CRISP unless you file a consent to specifically share this information. If you elect to consent, your substance use disorder information will be shared with other clinicians who treat you, for payment of services, and other operational purposes like quality improvement and care coordination. Right now, to share your information, your consent must allow for the sharing of your information for all purposes related to treatment, payment, and operations. You can ask your clinician for more information about how to consent, what that consent means, and how you can revoke your consent.

By signing the below, I attest that we have updated our Notice of Privacy Practices in accordance with the above or in a way that substantially captures the relevant information presented above.

Participant Organization: _____

Signed: _____

Printed Name: _____

Title: _____

Email Address: _____

Date: _____

[1] *This document is not a comprehensive representation of the Participant's obligations to a consumer under federal and state laws and regulations. Participants should complete their own legal review for sufficiency.*

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