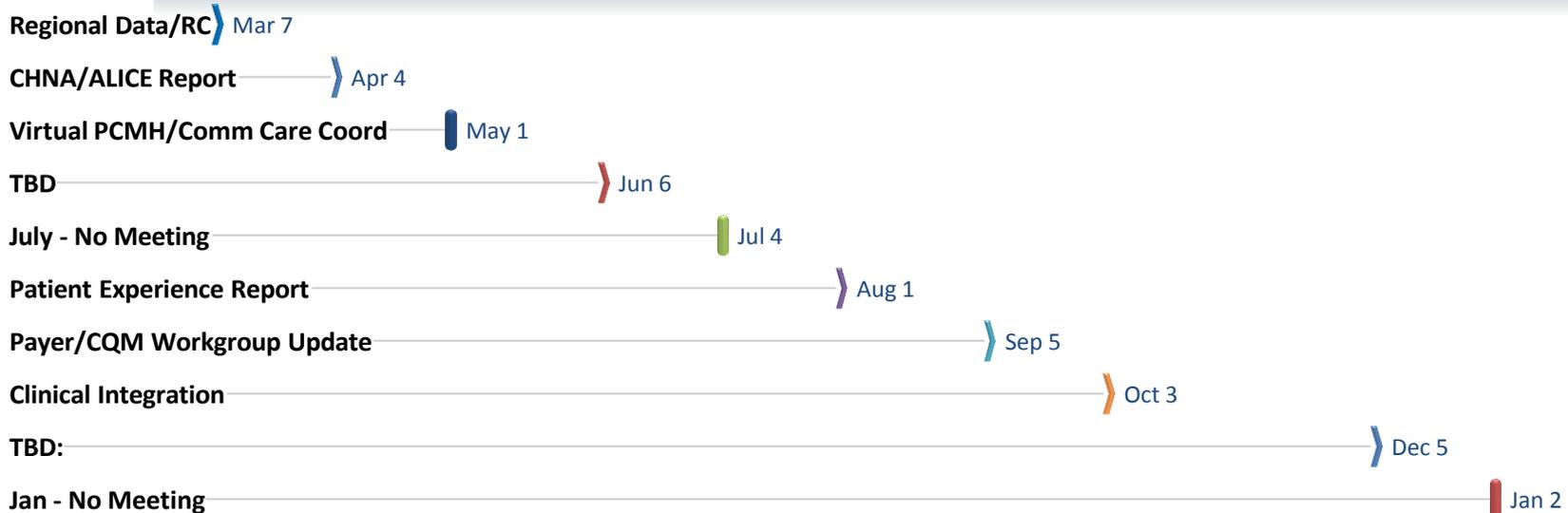
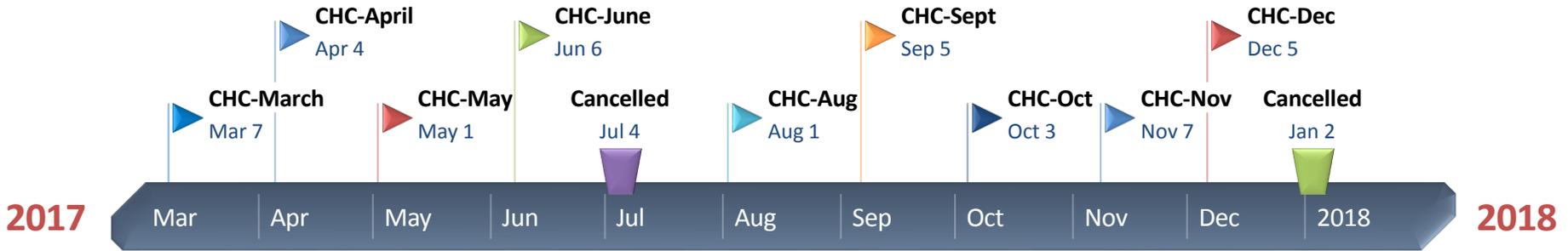


CHC Timeline 2017



Cohort 1
(2/1/2016-1/31/2017)

Sonshine Family Health
Desert Sage Health Center Glenns
Ferry Health Center
FMRI - Raymond
FMRI - Emerald
FMRI - Meridian
PHMG - Overland
PHMG - Pediatrics
PHMG - West Boise
SAMG - Overland
SAMG - McMillan
SAMG - Eagle Health Plaza
Terry Reilly - 23rd St
St. Luke's Internal Medicine
St. Luke's Payette Lakes - McCall

Cohort 2
(2/1/2017-1/31/2018)

All Seasons Mental Health
Cascade Family Practice
Genesis Community Clinic
FMRI - Fort Street
FMRI - Kuna
FMRI - Meridian Schools Clinic
PHMG - Crossroads
PHMG - Eagle
PHMG - Meridian
SAMG - Bown Crossing
SAMG - Emerald
SAMG - Meridian Health Plaza
Terry Reilly - Boise Latah
Treasure Valley Family Medicine

January 12, 2017



Letter of Support

To the Idaho Immunization Coalition,

We, the Central Health Collaborative (CHC), wish to express our support for legislation that would ensure postsecondary educational institutions provide information about the health risks of vaccine-preventable diseases to their students.

The CHC is one of the 7 Regional Healthcare Collaboratives of the Idaho Healthcare Coalition, which represents a diverse group of healthcare leaders from across Ada, Boise, Elmore, and Valley Counties, and are charged with advocating for our care communities and their health needs. We support efforts to increase immunization rates across populations, including young adult vaccinations such as HPV and Meningococcal Disease, as they are recommended by the CDC to help prevent significant, detrimental health effects and even death.

According to the Center for Disease Control (CDC) and the U.S. Department of Health and Human Services (HHS), many states are already educating and protecting young adults living in these higher risk situations. More specifically, 37 states currently have some vaccine requirements for students entering colleges and universities, while 33 states have education requirements for this same demographic. In Idaho, we currently do not have any requirements to inform or educate young adults about these serious health risks, many of which pose serious health risks to the population of students at the educational institutions proposed to target.

With large universities and technical trade schools in our area, this is a significant issue for Central Idaho communities given that risk of exposure to conditions such as meningococcal disease is highest in communal living areas and situations of daily close contact. In addition, many young adults in this age group are making health decisions independently for the first time in their lives. The legislative effort proposed by the Idaho Immunization Coalition would not require vaccines, but instead ensure that young adults at our local colleges and universities have the information they need to make appropriate decisions about their vaccination status. Therefore, with concern for and consideration of the health of our patients, neighbors, and families, we would like to communicate our support for the proposed legislation.

Thank you for your time and consideration.

Kevin Rich, MD
Chief Medical Officer
Family Medicine Residency
of Idaho

David Peterman, MD
President
Primary Health Medical
Group

Russell A. Duke
District Director
Central District Health
Department

Gina Pannell, MPH
SHIP Manager
Central District Health
Department

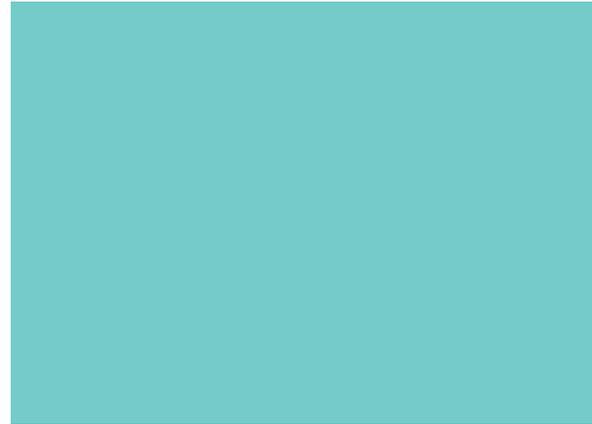
Dos and Don'ts

Do...

- Collaborate to provide good patient/client care
- Know the Privacy Rule
- Know the Minimum Necessary Rule
- Find out which other providers your patient/client is seeing

Don't...

- Assume that you cannot share information – Find out
- Use non secured methods of communication (talk to your Privacy/Security Officer for more details)
- Confuse a psychotherapy note with a progress note



THIS DOCUMENT WAS
DEVELOPED BY THE
BEHAVIORAL HEALTH
INTEGRATION WORKGROUP OF
THE SOUTHWEST HEALTH
COLLABORATIVE.



SOUTHWEST HEALTH
COLLABORATIVE
Adams, Canyon, Gem, Owyhee, Payette
and Washington Counties



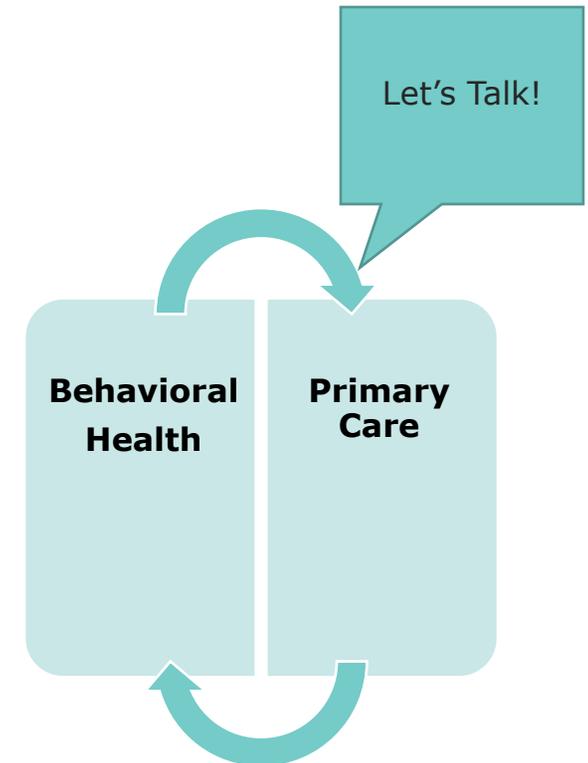
CENTRAL
HEALTH Collaborative
Ada, Boise, Elmore & Valley Counties

Let's Talk

Dos and Don'ts: Information Sharing Between Agencies

Co-Management in Behavioral Health and
Primary Care

Let's Talk!



Frequently Asked Questions:

What information can be disclosed between treatment providers without a patient/legal guardian's written authorization under HIPAA?

Any pertinent clinical care information, including mental health treatment information, can be disclosed and discussed between a patient's current treatment providers without written disclosure authorization except for the following two types of information: A) the content of written psychotherapy notes (see below), and B) substance abuse treatment records that are maintained by a licensed substance abuse program (42 USC § 290dd-2; 42 CFR 2.11). Substance abuse information obtained in other treatment settings may be communicated among a patient's treating providers without written consent.

What constitutes psychotherapy note information that cannot be disclosed under HIPAA without a patient's explicit consent?

The HIPAA definition of a "psychotherapy note" is quite restrictive. A psychotherapy note per HIPAA can only consist of a mental health professional's written analysis of a conversation that occurred during a private counseling session that is maintained separately from the medical record. These written analyses serve as working process notes about sessions to assist the therapist, and are not put into the medical record billing document. Anything which appears in the patient's medical record cannot be categorized as a psychotherapy note under the HIPAA rule. Specific content that has been listed as not falling under the "psychotherapy note" protections include medication management information, counseling session start and stop times, the type and frequency of treatment delivered, the results of clinical tests, diagnosis summaries, functional status, treatment plan, symptoms, prognosis, and progress to date. 45 CFR 164.501.

Can treatment providers who work in separate care systems communicate with each other about a shared patient?

Yes. Treatment providers do not have to share the same employer or share the same electronic health record in order to disclose pertinent protected health information about a mutual patient without consent from the patient or parent. The key component for this HIPAA allowance is that both providers have a treatment or consultative role with that patient. (See also <http://www.hhs.gov/ocr/hipaa>).

Whenever PHI is transmitted electronically (eg, telephone voice response, text messaging, faxback, or email, etc) it is covered by the [Security Rule](#) and must be made secure by measures such as encryption, secure platforms, or closed systems. Voice mail messages, telephone conversations, and paper-to-paper faxes are not subject to the Security Rule. All PHI (eg, in oral, electronic and written forms) fall under the [Privacy Rule](#).

Does HIPAA allow for sharing treatment information via an electronic health record without written consent?

Yes, but there are additional regulations around the security standards needed for protecting electronic health records. Essentially, rules and procedures are required in the maintenance of an electronic health record to prevent their unauthorized access, alteration, deletion, and transmission. These security regulations for electronic records are outlined in the HIPAA security rule of 2005, and the HITECH act of 2009.

Are there any other regulations that conflict with HIPAA communication allowances?

Yes. Providers need to be aware that any state regulations that are more restrictive than the HIPAA rules will take precedence in those states, and so providers need to be aware of their own state's information regulations. If you are unfamiliar with your state's regulations, it will be important to specifically seek out your state department of health's privacy rules. To obtain information on current state laws, you may also contact the AAP Division of State Government Affairs at stgov@aap.org.

Also, clinical information obtained at a certified substance abuse treatment center is subject to additional federal privacy rules, which at this time do not allow provider to provider communication without formal consent.

Steps to Collaboration

1. Identify key partners:
 - Who do you refer to most often?*
 - Where can your patients consistently access good quality care?*
2. Gather data.
 - How many patients do you send to this office?*
 - How often is there a communication breakdown?*
3. Reach out.
 - Contact the office manager and leadership to schedule a time to discuss co-management of patients.*
 - Come prepared to discuss what can be improved and the value add for staff and clients.*
4. Establish shared expectations for communication.
 - Create MOUs or consistent workflows (who to contact, what information to share*

HIPAA References:

www.ama-assn.org

www.aap.org

www.hhs.gov