HL7 FHIR DevDays 2017

HL7® FHIR®

FHIR Patient Consent Model

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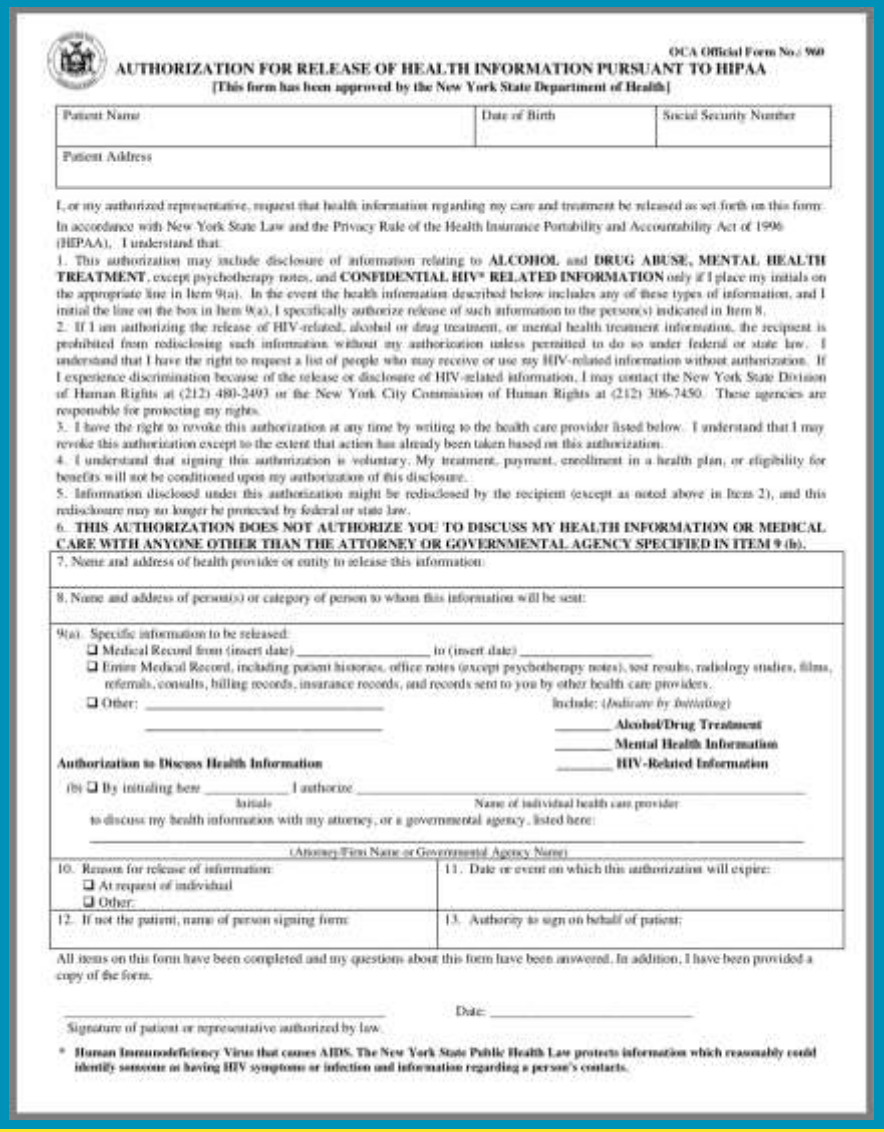
Amsterdam, 15-17 November | @fhir_furore | #fhirdevdays17 | www.fhirdevdays.com

What is Consent?

- Consent can be used to represent different types of authorizations
  - Consent to share
  - Consent to treatment
  - Consent to redisclose
  - Much more…

What is Consent?



OCA Official Form No./ 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form.

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:

- ❑ Medical Record from (insert date) _____ to (insert date) _____
- ❑ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ❑ Other: _____

Include: *(Indicate by Initialing)*

_____ **Alcohol/Drug Treatment**
_____ **Mental Health Information**
_____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) ❑ By initialing here _____ I authorize _____
Initials — Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

_____
(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: ❑ At request of individual ❑ Other:	11. Date or event on which this authorization will expire:
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_____ Date: _____
Signature of patient or representative authorized by law

* **Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.**

Instructions for the Use
of the HIPAA-compliant Authorization Form to
Release Health Information Needed for Litigation

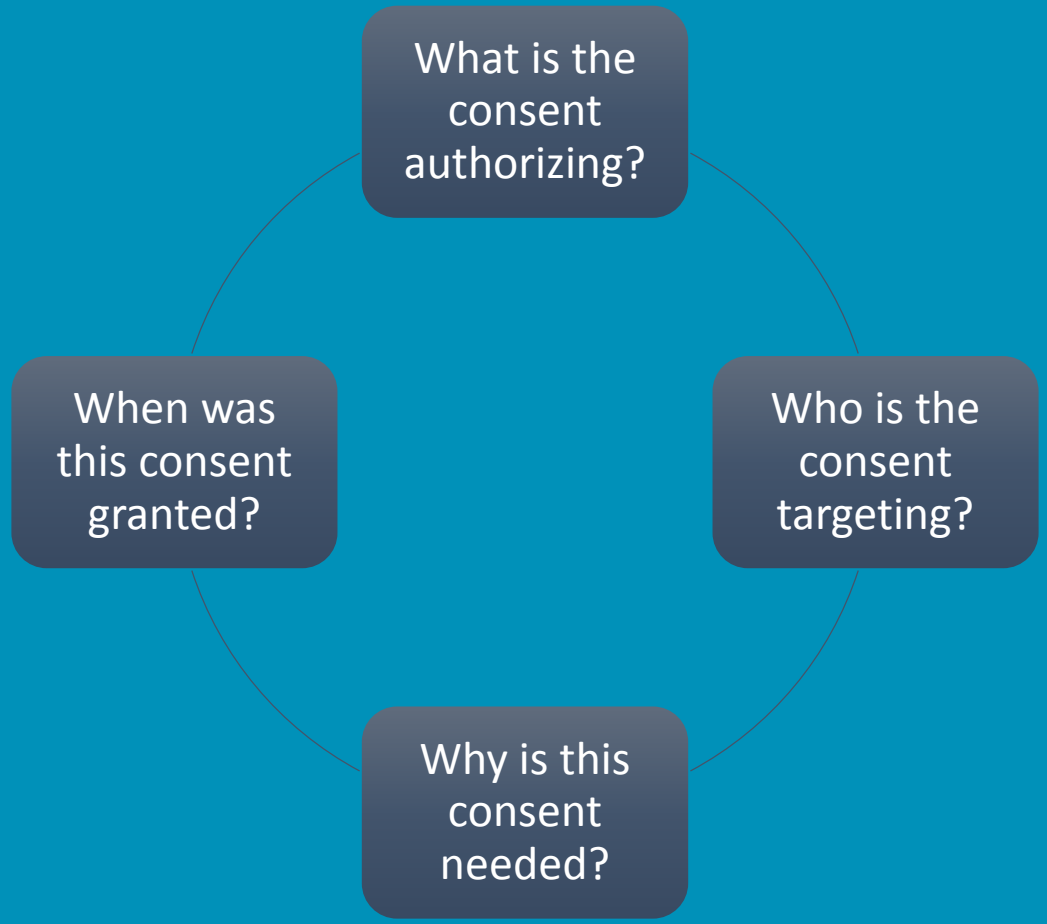
This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act ("HIPAA") and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional. This form may be filled out on line and downloaded to be signed by hand, or downloaded and filled out entirely on paper.

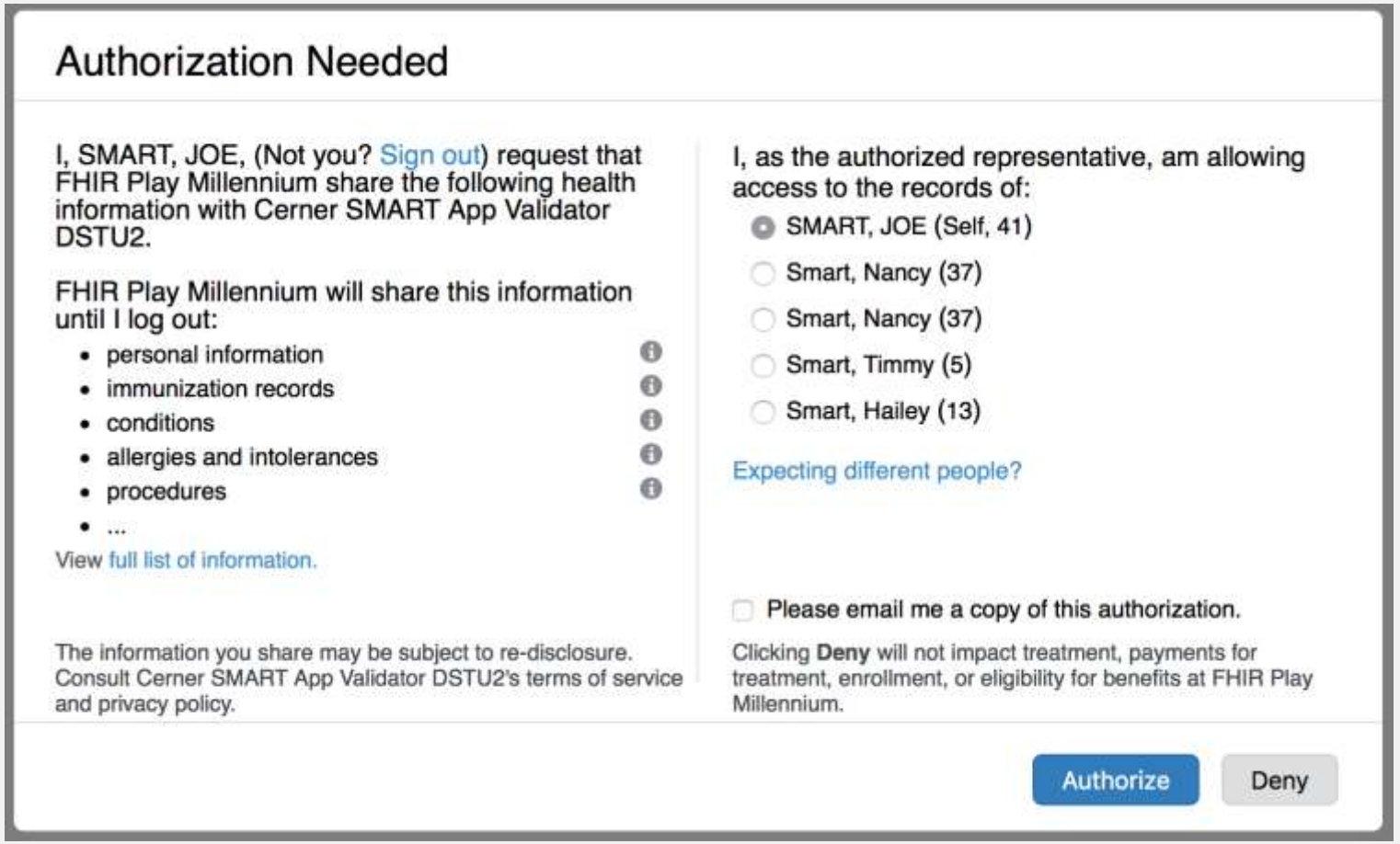
When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as "at the conclusion of my court case" or provide a specific date amount of time, such as "3 years from this date".

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.

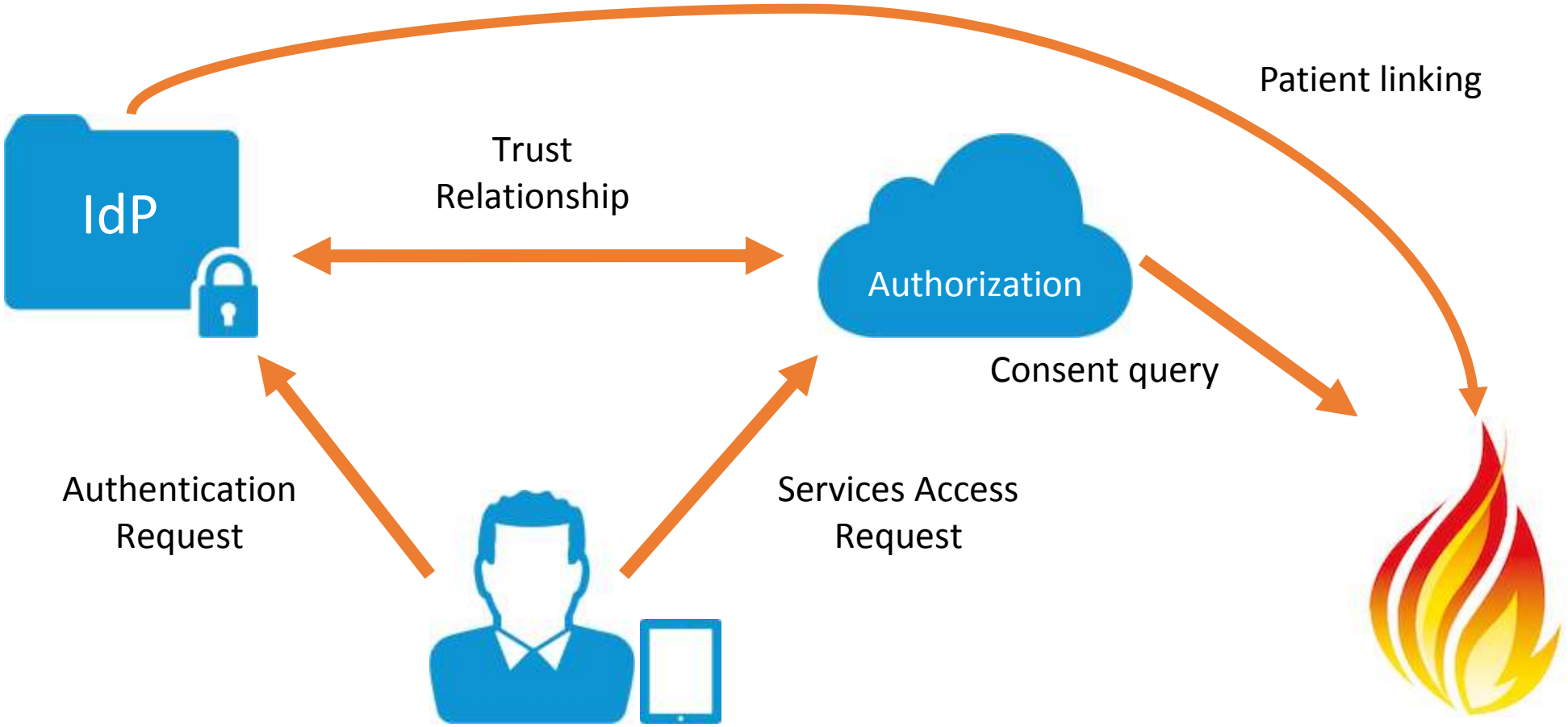
Attributes of consent

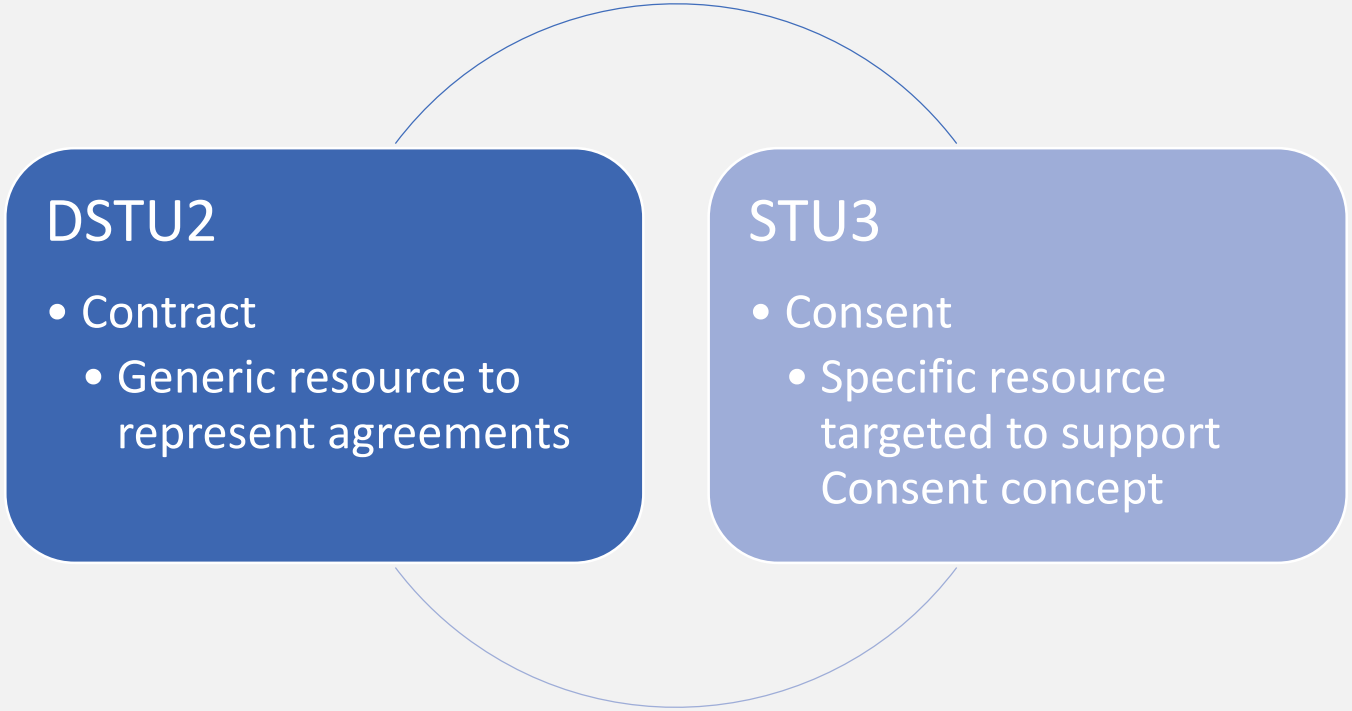


How are we using consent…



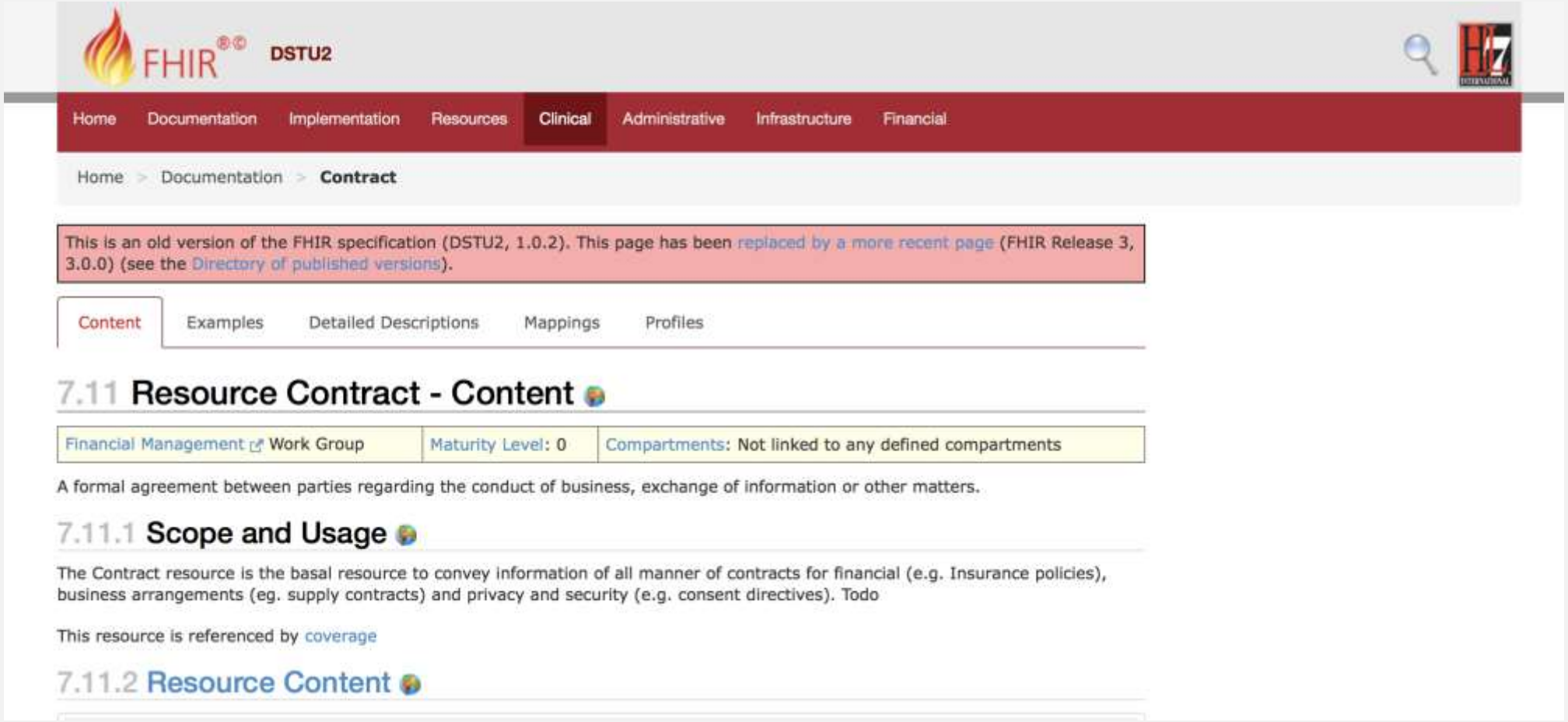
IdP -> Oauth -> FHIR…. Consent?



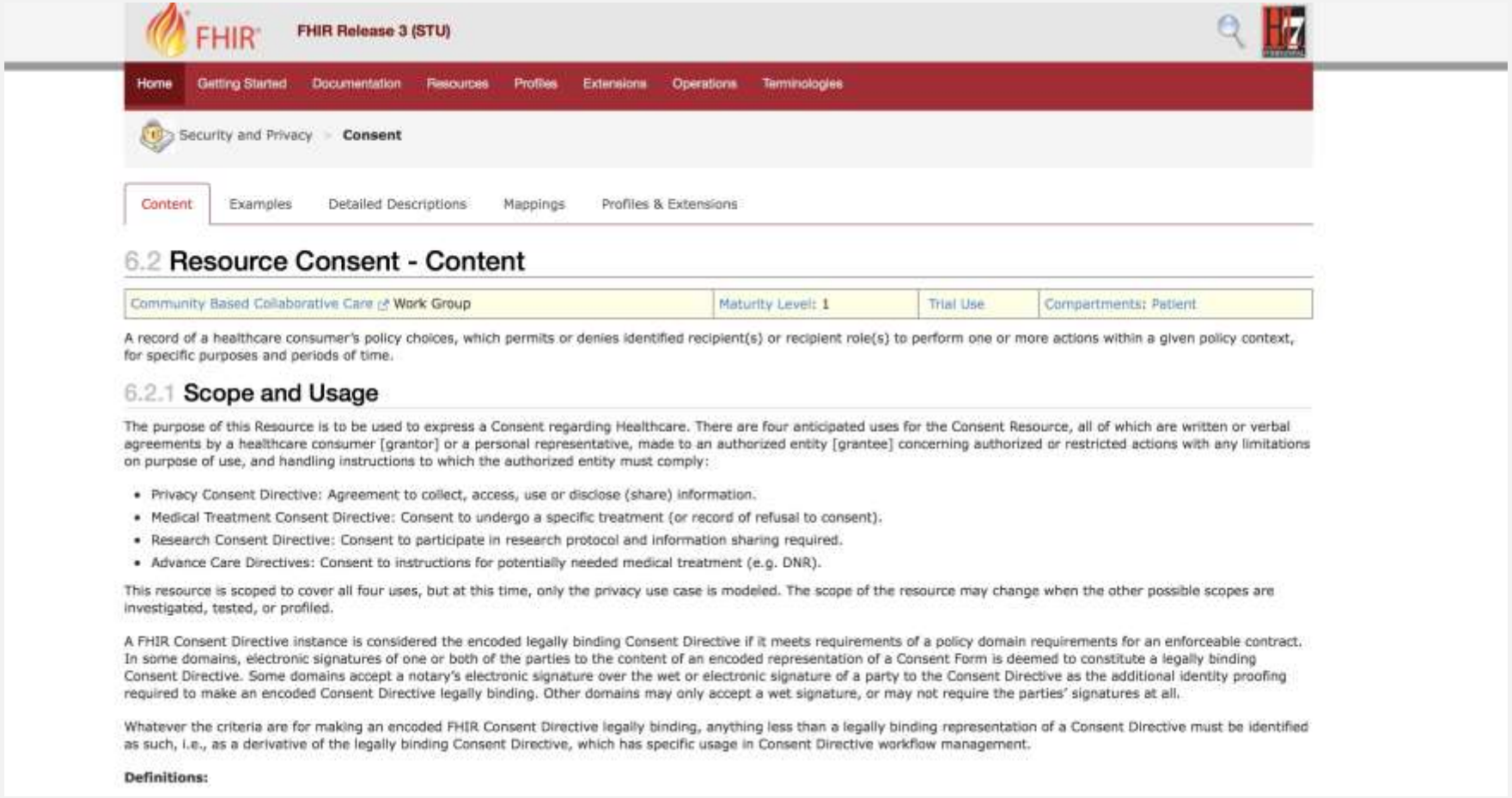


DSTU2 vs. STU3… They changed!

DSTU2 vs. STU3… They changed!



DSTU2 vs. STU3… They changed!



FHIR FHIR Release 3 (STU)

Home | Getting Started | Documentation | Resources | Profiles | Extensions | Operations | Terminologies

Security and Privacy > **Consent**

Content | Examples | Detailed Descriptions | Mappings | Profiles & Extensions

6.2 Resource Consent - Content

Community Based Collaborative Care Work Group	Maturity Level: 1	Trial Use	Compartments: Patient

A record of a healthcare consumer's policy choices, which permits or denies identified recipient(s) or recipient role(s) to perform one or more actions within a given policy context, for specific purposes and periods of time.

6.2.1 Scope and Usage

The purpose of this Resource is to be used to express a Consent regarding Healthcare. There are four anticipated uses for the Consent Resource, all of which are written or verbal agreements by a healthcare consumer [grantor] or a personal representative, made to an authorized entity [grantee] concerning authorized or restricted actions with any limitations on purpose of use, and handling instructions to which the authorized entity must comply:

- Privacy Consent Directive: Agreement to collect, access, use or disclose (share) information.
- Medical Treatment Consent Directive: Consent to undergo a specific treatment (or record of refusal to consent).
- Research Consent Directive: Consent to participate in research protocol and information sharing required.
- Advance Care Directives: Consent to instructions for potentially needed medical treatment (e.g. DNR).

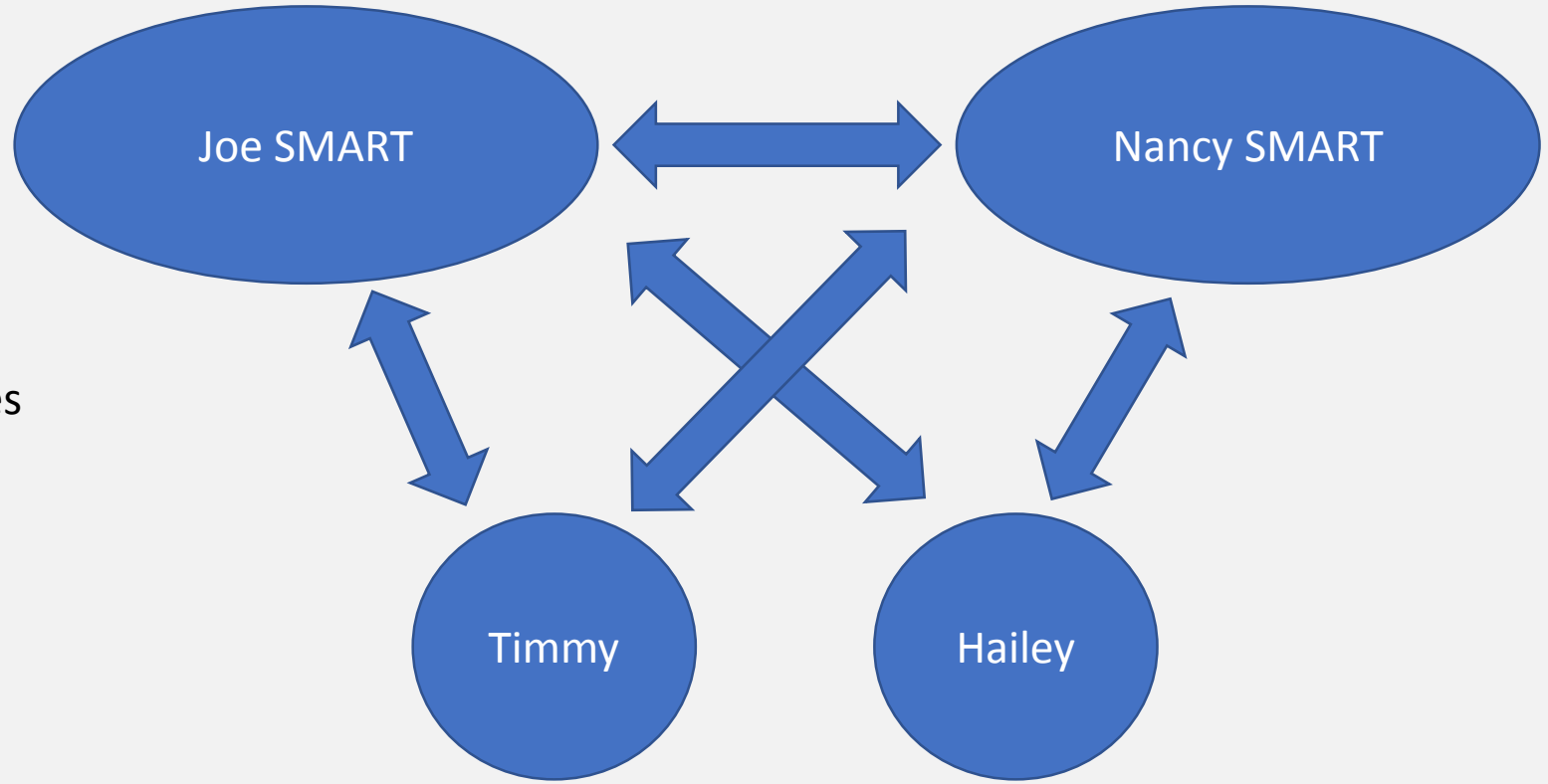
This resource is scoped to cover all four uses, but at this time, only the privacy use case is modeled. The scope of the resource may change when the other possible scopes are investigated, tested, or profiled.

A FHIR Consent Directive instance is considered the encoded legally binding Consent Directive if it meets requirements of a policy domain requirements for an enforceable contract. In some domains, electronic signatures of one or both of the parties to the content of an encoded representation of a Consent Form is deemed to constitute a legally binding Consent Directive. Some domains accept a notary's electronic signature over the wet or electronic signature of a party to the Consent Directive as the additional identity proofing required to make an encoded Consent Directive legally binding. Other domains may only accept a wet signature, or may not require the parties' signatures at all.

Whatever the criteria are for making an encoded FHIR Consent Directive legally binding, anything less than a legally binding representation of a Consent Directive must be identified as such, i.e., as a derivative of the legally binding Consent Directive, which has specific usage in Consent Directive workflow management.

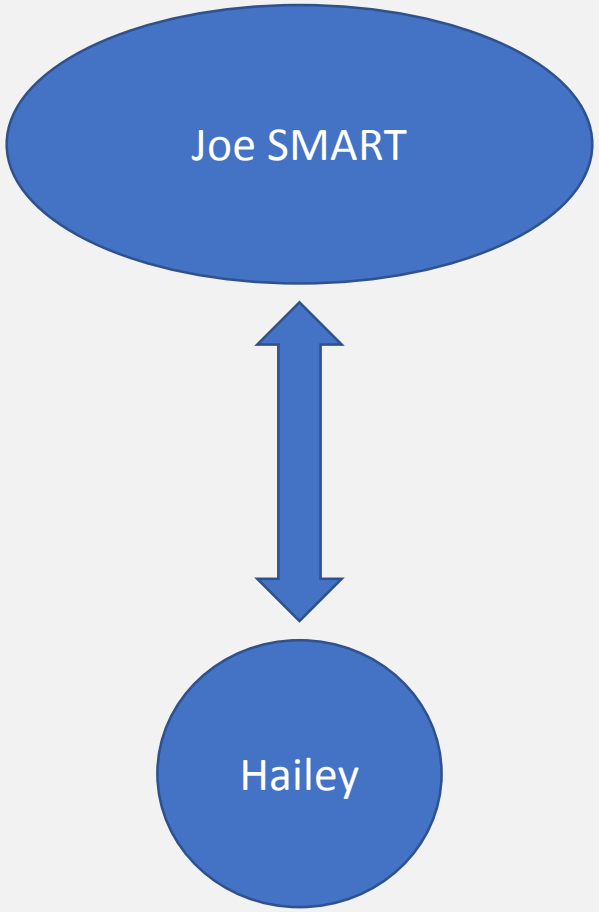
Definitions:

Meet the SMART Family…



6 Contract resources
10 RelatedPersons

What does the consent look like?




```
{
  "fullUrl":"https://fhir-open.sandboxcerner.com/dstu2/0b8a0111-e8e6-4c26-a91c-5069cbc6b1ca/Contract/7602216",
  "resource":{"resourceType":"Contract","id":"7602216","meta":{ },"text":{ },
    "applies":{"start":"2017-06-09T13:38:11.000Z"},
    "subject":[{"reference":"Patient/4342011","display":"Smart, Hailey"}],
    "type":{
      "coding":["system":"https://snomed.ct/sct","code":"371537001","display":"Consent report (record artifact),
      "text":"Consent report (record artifact)"
    },
    "subtype":[
      { "coding":[{"system":"https://snomed.ct/sct","code":"309370004", "display":"Consent status (finding)"}],
        "text":"Consent status (finding)"}],
    "action":[
      {"coding":["system":"https://snomed.ct/sct","code":"441898007","display":"Consented (qualifier value)"}],
        "text":"Consented (qualifier value)"}],
    "actionReason":[
      {
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            "display":"Consent given for electronic record sharing (finding)"}],
        "text":"Consent given for electronic record sharing (finding)"}],
    "actor":[{"entity":{ "reference":"RelatedPerson/7602216",
          "display":"SMART, JOE"
        },"role":[{"text":"Authorized Representative"}]}]}
```

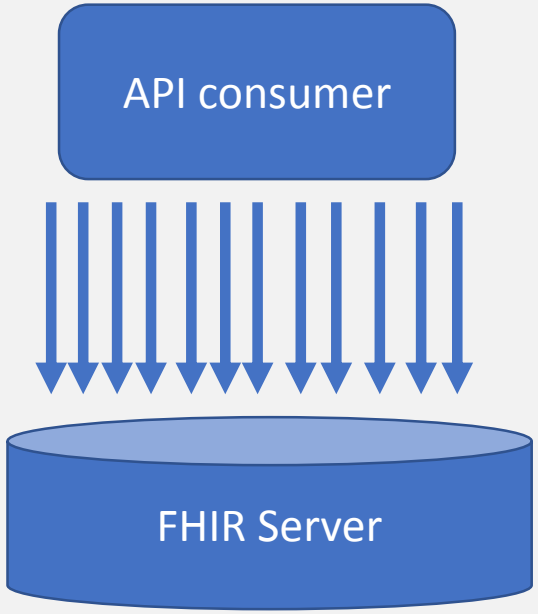
How to query for consent?

https://fhir-open.sandboxcerner.com/dstu2/0b8a0111-e8e6-4c26-a91c-5069cbc6b1ca/Contract?actor.identifier=urn:oid:2.16.840.1.113883.3.13.6%7Curn:cerner:identity-federation:realm:687f29dd-69dd-4de5-acb1-fd8a2241ef3a:principal:UY4572B79XK&_include=Contract:patient&_include=Contract:actor

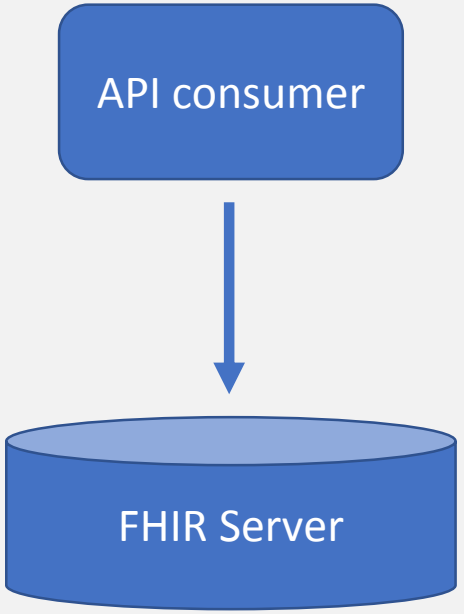
Query Parameter	Notes
actor.identifier	Queries for all contracts where
&_include=Contract:patient	Includes the subject of the consent
&_include=Contract:actor	Includes the actor that has been granted consent

What does _include do?

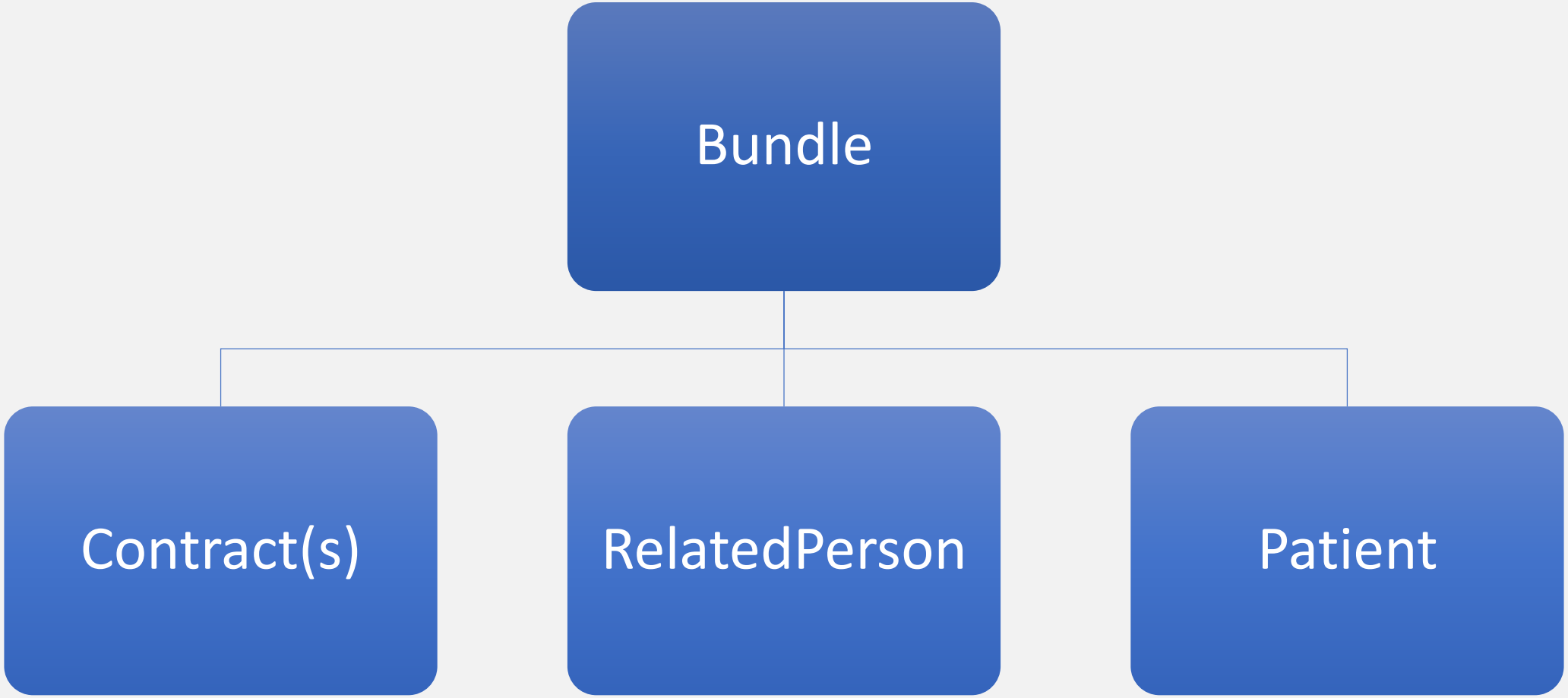
- Without _include:
  1. Query for contract
  2. Retrieve subject per contract
  3. Retrieve actor per contract



- With _include:
  1. Retrieve contract/actor/subject



Response



Helpful Links

- Cerner google group:
  - https://groups.google.com/forum/#!forum/cerner-fhir-developers
- Test patient data:
  - https://groups.google.com/group/cerner-fhir-developers/attach/4d76498f8002e/SMART%20on%20FHIR%20test%20patients.docx?part=0.1&authuser=0
- Cerner documentation
  - http://fhir.cerner.com
- Sandbox URLs
  - Patient access (OAuth needed)
  - https://fhir-myrecord.sandboxcerner.com/dstu2/0b8a0111-e8e6-4c26-a91c-5069cbc6b1ca
  - Provider access (OAuth needed)
  - https://fhir-ehr.sandboxcerner.com/dstu2/0b8a0111-e8e6-4c26-a91c-5069cbc6b1ca
  - Open (No OAuth needed)
  - https://fhir-open.sandboxcerner.com/dstu2/0b8a0111-e8e6-4c26-a91c-5069cbc6b1ca

Questions?