

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
POLICIES AND PROCEDURES**

P&P 02: Patient Notice and Restrictions on Access

Date Approved: 07/11/2012
Effective Date: 03/01/2017
Review Date: 05/09/2017

Background:

- 1) Under the Kansas Health Information Technology and Exchange Act (“KHITA”), a covered entity may not disclose an individual’s protected health information (“PHI”) to a health information organization (“HIO”) for any purpose unless:
 - a) the covered entity obtains a HIPAA-compliant authorization from the individual prior to the disclosure; or
 - b) the disclosure is made to an approved HIO with which the covered entity has a participation agreement, and:
 - i) the disclosure is consistent with that HIO’s established procedures;
 - ii) the covered entity provides the required notice to the individual prior to the disclosure; and
 - iii) the covered entity abides by the individual’s reasonable request for restrictions on such disclosures.
- 2) KHITA requires that KDHE establish the specifications for the written notice to be provided by a covered entity to an individual or his/her personal representative prior to the covered entity’s disclosure of the individual’s PHI to an approved HIO. KHITA states such written notice, which may be incorporated into the covered entity’s Notice of Privacy Practices (“NPP”) required under the HIPAA Privacy Rule, shall include the following:
 - a) The individual’s PHI will be disclosed to the approved HIO to facilitate the provision of health care to the individual;
 - b) The approved HIO maintains appropriate safeguards to protect the privacy and security of PHI;
 - c) Only authorized individuals may access PHI from the approved HIO;
 - d) The individual (or his/her personal representative) has the right to request in writing that the covered entity (i) not disclose any of the individual’s PHI to an approved HIO, or (ii) not disclose specified categories of the individual’s PHI to an approved HIO;
 - e) Such restrictions may result in a health care provider not having access to the information necessary to provide appropriate care to the individual;
 - f) The covered entity is required to honor a written request delivered to the covered entity by an individual (or his/her personal representative) for reasonable restrictions on the disclosure of any of the individual’s PHI to an approved HIO; and
 - g) The covered entity is required to honor a written request delivered to the covered entity by an individual (or his/her personal representative) for reasonable restrictions on the disclosure of specified categories of the individual’s PHI to an approved HIO.

- 3) Following due consideration of current technological capacities, KDHE has determined the only feasible way for an individual to exercise his/her right to restrict disclosures to an approved HIO is for the individual to submit a request for restrictions to a centralized, statewide entity. (Such entity would be acting on behalf of a covered entity by receiving and taking action on such requests.) Current technology cannot adequately support restrictions at a more granular level (*e.g.*, provider, visit, or diagnosis level). Given its determination on this point, KDHE finds the following policy and procedures are consistent with KHITA's requirements.
- 4) KDHE shall revisit this issue at regular intervals to determine whether new technology has become available to adequately support granular restrictions in a reliable manner, and take appropriate action at that time based on its findings.

Policy:

A Participant shall not disclose an individual's PHI to an approved HIO unless and until the individual (or his/her personal representative) has received written notice regarding electronic health information exchange.

An individual (or his/her personal representative) may direct that none of the individual's PHI be accessible to any person or entity through an approved HIO from that point forward. Notwithstanding such direction, an approved HIO may permit access to the individual's PHI by a properly authorized individual only as necessary to report specific information to a government agency as required by law (*e.g.*, reporting of certain communicable diseases or suspected incidents of abuse).

If an individual (or his/her personal representative) does not request such restriction or subsequently revokes a restriction, PHI regarding the individual may be accessed through an approved HIO by any Participant for treatment, payment, and health care operations.

An individual who receives treatment from a Participant that is a federally funded drug and alcohol treatment program subject to 42 C.F.R. Part 2 must give written consent to that Participant prior to records of such treatment being made available through an approved HIO.

Procedures:

Participant Responsibilities

- 1) A Participant that is required under 45 C.F.R. 164.520 to maintain a Notice of Privacy Practices ("NPP") shall revise the NPP provided in the State of Kansas at least thirty (30) days prior to the Participant's "go live" date with an approved HIO to include a provision substantially similar to the notice attached hereto as **Exhibit A** (as may be revised by KDHE from time to time) ("Notice"). A Participant that has engaged in health information exchange through an HIO prior to that HIO receiving its Certificate of Authority from KDHE shall revise its NPP by a date to be established and publicly announced by KDHE.
- 2) Because inclusion of the Notice constitutes a significant revision of a Participant's NPP, a Participant that is a health plan must comply with the specific requirements of 45 C.F.R. 164.520(c)(1) and a Participant that is a health care provider must comply with the specific requirements of 45 C.F.R. 164.520(c)(2) with respect to providing the revised NPP in the State of Kansas.
- 3) A Participant shall not permit an approved HIO access to an individual's PHI through an interface with the Participant's EHR (or otherwise) unless and until the Participant has knowledge that the individual has received the Notice from the Participant or through another source.

- 4) A Participant that is a health care provider that maintains a physical service delivery site or sites in Kansas shall display a notice substantially similar to the notice attached as **Exhibit B** (as may be updated by KDHE from time to time) (“Poster”) at such delivery site or sites in a clear and prominent location where it is reasonable to expect an individual seeking goods or services from the Participant will have an opportunity to read the Poster. Such Participant shall display the Poster at least thirty (30) days prior to the Participant’s approved HIO “go live” date or, if such Participant has engaged in health information exchange through an HIO prior to that HIO receiving its Certificate of Authority from KDHE, that Participant shall display the Poster by a date to be established and publicly announced by KDHE. If the Participant is required by law to make its NPP available in one or more languages other than English, the Participant shall display the Poster in those languages as well as English.
- 5) The preceding requirements shall not be applicable to a Participant whose participation is limited to accessing information through an approved HIO (*e.g.*, a Participant that does not utilize an EHR).
- 6) A Participant shall not access through an approved HIO PHI regarding an individual that is subject to a restriction (*i.e.*, “break the glass”) except as necessary for that Participant to report specific information to government authorities or third parties as required by law. In Kansas, such mandated reporting requirements include, but are not necessarily limited to, the following:
 - a) *Vital Statistics*. Reports to the Kansas Department of Health and Environment’s (“KDHE”) Division of Vital Statistics as required by the Kansas Uniform Vital Statistics Act. K.S.A. §§ 65-2401 – 2438 and K.A.R. §§ 28-17-1 – 28-17-21.
 - b) *Infectious and Contagious Diseases*. Reports to KDHE of incidents of certain diseases. K.S.A. §§ 65-118 – 65-119, 65-6015 – 65-6017 and K.A.R. §§ 28-1-2, 28-1-4, 28-1-18. (The current list of reportable diseases and the reporting form can be found on the KDHE’s website, <http://www.kdheks.gov>)
 - c) *HIV and AIDS*. Reports to KDHE concerning HIV testing, HIV status, and AIDS. K.S.A. § 65-6002
 - d) *Blood Tests For Pregnant Women*. Reports to KDHE, and to the submitting physician or person attending a pregnant woman, of all positive or reactive blood tests for the detection of syphilis and hepatitis b. K.S.A. § 65-153f.
 - e) *Genetic Diseases*. Reports to KDHE of genetic diseases detected as a result of mandatory newborn infant screening tests. K.S.A. § 65-183.
 - f) *Child Abuse*. Reports to the Kansas Department of Children and Families (or local law enforcement, if the report must be made at a time during which the Department is not open for business) relating to a child that an individual has reason to believe has been injured as a result of physical, mental, or emotional abuse or neglect or sexual abuse. K.S.A. § 38-2223.
 - g) *Medical Care For Disabled Infant*. Reports to the local social and rehabilitation services office concerning a disabled infant with a life threatening condition for whom an individual reasonably believes medically indicated treatment is being withheld. K.A.R. §§ 30-45-11 and 30-45-12.
 - h) *Abuse of Adults Residing in Certain Facilities*. Reports to the Kansas Department of Children and Families or KDHE relating to a resident of a medical care facility, adult care home, state psychiatric hospital, or state institution for the mentally retarded who a member of Participant’s workforce has reason to believe is being or has been abused, neglected, or exploited, or is in a

condition which is the result of such abuse, neglect, or exploitation or is in need of protective services. K.S.A. §§ 39-1401 and 39-1402.

- i) *Abuse of Adults Not Residing In Certain Facilities.* Reports to the Kansas Department of Children and Families concerning an adult alleged to be unable to protect his/her own interest who a member of Participant's workforce has reason to believe is being harmed or threatened with harm through action or inaction by either another individual or through their own action or inaction is being or has been abused, neglected, or exploited or is in need of protective services. K.S.A. §§ 39-1430 and 39-1431.
- j) *Kansas Advocacy and Protective Services, Inc.* Disclosures made in response to requests from the Kansas Advocacy and Protective Services, Inc., concerning persons with developmental disabilities or mental illness to whom the Participant has furnished care and treatment. K.S.A. § 74-5515.
- k) *Wounds.* Reports to the city's chief of police or the county's sheriff of (1) any bullet wound, gunshot wound, powder burn, or other injury arising from or caused by the discharge of a firearm or (2) any wound which is likely to or may result in death and is apparently inflicted by a knife, ice pick, or other sharp or pointed instrument. K.S.A. § 21-6319.
- l) *Burns.* Reports to the Kansas fire marshal of second-and third-degree burn wounds involving 20 percent or more of the victim's body and requiring hospitalization. K.A.R. § 22-5-6.
- m) *Trauma.* Reports to the Kansas trauma registry maintained by KDHE. K.S.A. § 75-5666.
- n) *Infant Eye Disorders.* Reports to the county or joint board of health of any swelling or redness in, or discharge from, the eyes of an infant less than six months old. K.S.A. § 65-153c.
- o) *Reportable Incidents Under the Kansas Risk Management Statute.* Reports made by Participant or a member of Participant's workforce directly involved in the delivery of health care services with knowledge that a health care provider has committed a "reportable incident," i.e., has engaged in an act that (1) is or may be below the applicable standard of care and has a reasonable probability of causing injury to a patient or (2) may be grounds for disciplinary action by the appropriate licensing agency. K.S.A. § 65-4923.
- p) *Reports to Kansas Board of Healing Arts.* Reports to the Kansas Board of Healing Arts of information appearing to show that a person licensed to practice the healing arts has committed an act which may be ground for disciplinary action under K.S.A. § 65-2836.
- q) *Mental Health Technicians.* Reports to the Kansas Board of Nursing of information appearing to show that a mental health technician has committed an act that may be ground for disciplinary action under K.S.A. § 65-4209. K.S.A. § 65-4216.
- r) *Overexposure to Radiation.* Reports to KDHE by radiation licensees regarding excessive exposure to radiation. K.A.R. § 28-35-230a.
- s) *Insurers Providing PIP Benefits.* Reports to a self-insurer or insurer providing personal injury protection benefits, upon request by the insurer concerning the treatment of an injured person claiming personal injury protection benefits. K.S.A. § 40-3114.

KDHE Support Center

- 7) KDHE shall operate or arrange for the operation of a centralized statewide KDHE Support Center to receive individuals' requests for restrictions on access to PHI through an approved HIO ("Restriction") and requests for revocation of such restrictions ("Revocation"). Specifically, the KDHE Support Center shall be responsible for the following:
 - a) develop and maintain functionality on the KDHE website to permit an individual to submit a request for Restriction or Revocation electronically in a secure manner (or by printing, completing, and mailing a form to KDHE) using standardized formats substantially similar to **Exhibit C** ("Restriction Form") and **Exhibit D** ("Revocation Form") (each a "Submission Form");
 - b) contact those individuals who fail to provide all requested demographic information on their Submission Forms (and/or their health care providers identified on the Submission Forms) to obtain the missing information;
 - c) develop, implement, and adhere to procedures to verify that the individual submitting a Submission Form has proper authority to request the Restriction or Revocation;
 - d) communicate each verified Restriction or Revocation to all approved HIOs as soon as possible in a secure manner;
 - e) audit approved HIOs for compliance with such Restrictions and Revocations; and
 - f) communicate on an annual basis with each individual for whom a Restriction is in place (or his/her personal representative) to verify that the individual (or his/her personal representative) wishes to continue that Restriction.
- 8) As resources permit, KDHE Support Center services shall be expanded to include (a) a regularly manned telephone help line for Participants and patients; (b) the provision of foreign language translations of the sample Notice, Poster, and Submission Forms; and (c) other services as deemed necessary and appropriate. KDHE shall approve and distribute appropriate revisions to the sample Notice, Poster, and Submission Forms to reflect any such expansion of services.
- 9) All information received and/or maintained by the KDHE Support Center relating to Restrictions and Revocations shall be maintained in a manner consistent with HIPAA Security Rule requirements. All KDHE Support Center staff shall receive appropriate training regarding all privacy and security requirements.

Additional Responsibilities of Participants That Qualify as Programs Under 42 C.F.R. Part 2 ("Part 2 Programs")

- 10) Starting at least thirty (30) days prior to its approved HIO "go live" date, a Part 2 Program shall request each Part 2 Patient (or such patient's personal representative) to execute a Part 2-compliant consent form authorizing disclosure of the Part 2 Patient's PHI through the approved HIO. The Part 2 Program should advise each Part 2 Patient (or his/her personal representative) that refusal to provide such consent shall result in none of the Part 2 Patient's PHI being available through the approved HIO, including PHI unrelated to diagnosis and treatment of alcohol or drug abuse.
- 11) For each and every Part 2 Patient for whom a Part 2 Program does not obtain such written consent prior to the approved HIO gaining access to such Part 2 Patient's PHI, the Part 2 Program shall complete and submit to the KDHE Support Center a Restriction Form on behalf of that Part 2 Patient. The Part 2 Program shall submit such Restriction Form prior to or immediately following the first patient encounter that would generate an entry in the electronic health record accessible to the approved HIO.
- 12) If a Part 2 Patient who previously failed or refused to provide written consent for his/her PHI to be available through the approved HIO (or his/her personal representative) subsequently gives such

consent to the Part 2 Program, the Part 2 Program shall direct the Part 2 Patient (or his/her personal representative) to submit a Revocation Form to the KDHE Support Center. Upon receipt of a Revocation Form from a Part 2 Patient (or such person's personal representative), the KDHE Support Center shall forward to the Part 2 Patient (or personal representative) the Verification Form attached as **Exhibit E**. Upon receipt of the completed Verification Form from the Part 2 Patient (or personal representative), the KDHE Support Center shall communicate such Revocation to all approved HIOs as soon as possible in a secure manner.

Approved HIO Responsibilities

- 13) An approved HIO's Participation Agreement with a Part 2 Program shall incorporate a Part 2-compliant Qualified Service Organization Agreement ("QSOA").
- 14) An approved HIO shall have the technical capacity to (a) receive secure electronic transmission of directives from the KDHE Support Center; (b) block any person or entity from accessing through the HIO any PHI relating to an individual upon receipt of a directive from the KDHE Support Center (except for purposes of mandatory reporting requirements and as necessary for technical and administrative support); (c) provide an electronic notification to a person or entity that submits an inquiry for such individual that he/she has elected to restrict access to his/her PHI through health information exchange; and (d) maintain such restriction until such time the HIO receives a directive from the KDHE Support Center to permit access to the PHI. Notwithstanding the foregoing, an approved HIO shall continue to report (or make available) that information mandated by law to the Kansas Department of Health and Environment.
- 15) An approved HIO shall block (or restore) access to an individual's PHI as soon as possible, but no later than three business days, following receipt of a directive from the KDHE Support Center, with exceptions in periods of high volume as identified by KDHE.
- 16) An approved HIO shall perform regular audits to determine whether any person or entity can access blocked PHI through the HIO. An approved HIO shall make available results of such regular audits to KDHE promptly upon written request.
- 17) If an approved HIO determines an individual's PHI has been accessed through the HIO despite a current directive to prohibit such access, such access shall be reported in a manner consistent with the KDHE P&P No. 7, *Audits and Identification of Unauthorized Access*.

EXHIBIT A: SAMPLE NOTICE OF PRIVACY PRACTICES LANGUAGE

Version 1: Long Form

Your Rights Regarding Electronic Health Information Exchange

As explained above, health care providers and health plans may use and disclose your health information without your written authorization for purposes of treatment, payment, and health care operations. Until now, providers and health plans have exchanged this information directly by hand-delivery, mail, facsimile, or e-mail. This process is time consuming, expensive, not secure, and often unreliable.

Electronic health information exchange, or HIE, changes this process. New technology allows a provider or a health plan to submit a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other HIE participants.

An organization known as the Kansas Department of Health and Environment or KDHE, regulates HIOs operating in Kansas. Only properly authorized individuals may access information through an HIO operating in Kansas, and only for purposes of treatment, payment, or health care operations.

Under Kansas law, you have the right to decide whether providers and health plans can access your health information through an HIO. You have two choices. First, you can permit authorized individuals to access your electronic health information through an HIO for treatment, payment, or health care operations only. If you choose this option, you do not have to do anything.

Second, you can restrict access to all of your electronic health information through any HIO operating in Kansas with the exception of access by properly authorized individuals as needed to report specific information as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

If you wish to restrict access, you must complete and submit the required form to KDHE. You must provide specific information needed to put your requested restrictions in place. The form is available at <http://www.khie.org>. You cannot request restrictions on access to certain information and permit access to all other information; your choice is to permit access to all of your information or restrict access to all of your information.

For your protection, each request is subject to verification procedures which may take several days to complete. Your failure to provide all information on the required form may result in additional delay.

Once your request has been processed, your electronic health information no longer will be available through HIOs operating in Kansas except for mandatory reporting requirements. You may change your mind at any time and permit access by submitting another request to KDHE.

Please understand your decision to restrict access to your electronic health information through an HIO will limit your health care providers' ability to provide the most effective care for you. By submitting a request for restrictions, you accept the risks associated with that decision.

If you have questions regarding electronic health information exchange or HIOs, please visit <http://www.khie.org> for additional information.

Your decision to restrict access to your electronic health information through an HIO does not impact other disclosures of your health information. Providers and health plans may continue to

share your information directly through other means (such as by facsimile or secure e-mail) without your specific written authorization.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information (*i.e.*, your information may be disclosed unless you take some action in that state). Please communicate directly with your out-of-state health care provider about what action, if any, you need to take to restrict access.

Version 2: Short Form

Your Rights Regarding Electronic Health Information Exchange

[Name] participates in electronic health information exchange, or HIE. New technology allows a provider or a health plan to make a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other HIE participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIE. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.

Second, you may restrict access to all of your information through an HIO (except access by properly authorized individuals as needed to report specific information as required by law). If you wish to restrict access, you must complete and submit a specific form available at <http://www.khie.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIE or HIOs, please visit <http://www.khie.org> for additional information.

Even if you restrict access through an HIO, providers and health plans may share your information directly through other means (*e.g.*, facsimile or secure e-mail) without your specific written authorization.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

EXHIBIT B: SAMPLE POSTER

YOUR RIGHTS REGARDING ELECTRONIC HEALTH INFORMATION EXCHANGE

We participate in the electronic exchange of health information with other health care providers and health plans in the State of Kansas through an approved health information organization. Unless you direct otherwise, your electronic health records will be accessible through the exchange to properly authorized users for purposes of treatment, payment, and health care operations only.

***If you want to restrict access to your records through the exchange, you must submit a request for restriction through the Kansas Department of Health and Environment
Visit www.khie.org for more information.***

Even if you restrict access, your information still will be available through the exchange by a properly authorized individual as necessary to report specific information to a government agency as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

For your protection, each request for restrictions is subject to verification procedures. Please allow sufficient time for your request to be processed. Your failure to provide all information required for verification may result in additional delay or denial of your request.

EXHIBIT C: REQUEST FOR RESTRICTIONS ON ACCESS FORM

REQUEST FOR RESTRICTIONS ON ACCESS TO HEALTH INFORMATION THROUGH ELECTRONIC HEALTH INFORMATION EXCHANGE

The following information is required to implement your request for restrictions on access to health information through electronic health information exchange. Complete this form in its entirety and mail to the Kansas Department of Health and Environment ("KDHE"), ATTN: Health Information Technology, 1000 SW Jackson Street, STE 130, Topeka, KS, 66612.

All information you provide will remain strictly confidential, and will be used solely for the purpose of carrying out your request. KDHE staff will contact you directly if additional information or clarification is required to implement your request.

You will receive confirmation from KDHE once your request has been implemented. If you do not receive confirmation, contact 785-783-8984 as soon as possible.

For your protection, all requests are subject to verification procedures. Your failure to provide all information required for verification may result in additional delay or denial of your request. Access to health information through electronic health information exchange will be restricted as soon as practical.

*KDHE will honor your request for restrictions **only if** one of the following statements is true. Check the appropriate box. KDHE **will not** process your request if no box is checked.*

- I am the person for whom the request is being made. (**Complete Box 1 only**)
- I am making the request as the parent or legal guardian of a minor and that minor does not have the legal authority to consent to his or her own medical treatment. (**Complete both boxes**)
- I have been appointed by a court of proper jurisdiction to act on behalf of the individual for whom I am making the request as his or her legal guardian. (**Complete both boxes**)
- I have been formally appointed by the individual for whom I am making the request as his or her durable power of attorney and/or durable power of attorney for health care **and** that individual has an impairment that prevents him/her from making decisions on his/her own behalf. (**Complete both boxes**)

By submitting this request, I certify that: a) all information I provide to KDHE is true and accurate to the best of my knowledge and b) I have proper authority to submit this request.

I direct that no health information relating to the person identified below be accessible to any person or entity for any purpose through an approved health information organization ("HIO") except access by a properly authorized individual only as necessary to report specific information to a government agency as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

I understand and accept the risks associated with denying health care providers access to health information through electronic health information exchange. I understand I can revoke this restriction at any time by submitting a completed form to KDHE requesting such revocation (provided I have the authority to do so at that time).

BOX 1: Complete the following for the person whose health information will be restricted

Title (Mr./Mrs./Miss/Ms./Dr.): _____ *First Name: _____

Middle Name: _____ *Last Name: _____

Suffix (Jr., Sr., III, etc.): _____ Maiden Name: _____

Other Names, Aliases, or Nicknames: _____

*Birth Date: ___/___/___ *Gender: ___ Social Security Number: _____

*Address: _____

*City: _____ *State: ___ *Zip: _____

E-mail Address: _____

(Confirmation of this request will be sent to the e-mail address listed here)

*Primary Phone#: _____ Alternate Phone#: _____

*Preferred method of contact – check only one:
(In case KDHE staff requires additional information to implement your request.)

Mail Email Primary Phone# Alt Phone#

List the most frequently visited physicians (name and city):

(In case KDHE staff requires additional information to implement your request.)

**** Your request cannot be implemented without this information.***

***BOX 2: Complete the following regarding yourself
only if you are submitting this request on behalf of another individual:***

Title (Mr./Mrs./Miss/Ms./Dr.): _____ *First Name: _____

Middle Name: _____ *Last Name: _____

Suffix (Jr., Sr., III, etc.): _____

*Address: _____

*City: _____ *State: ____ *Zip: _____

E-mail Address: _____

(Confirmation of this request will be sent to the e-mail address listed here)

*Primary Phone#: _____ Alternate Phone#: _____

*Preferred method of contact – check only one:
(In case KDHE staff requires additional information to implement your request.)

Mail Email Primary Phone# Alt Phone#

Check here if you are a 42 C.F.R. Part 2 Program submitting Request for Restriction on behalf of a patient.

**** Your request cannot be implemented without this information.***

EXHIBIT D: REQUEST TO REVOKE RESTRICTIONS ON ACCESS FORM

REQUEST TO REVOKE RESTRICTIONS ON ACCESS TO HEALTH INFORMATION THROUGH ELECTRONIC HEALTH INFORMATION EXCHANGE

The following information is required to implement your request to revoke restrictions on access to health information through electronic health information exchange. Complete this form in its entirety and mail to the Kansas Department of Health and Environment ("KDHE"), ATTN: Health Information Technology, 1000 SW Jackson Street, STE 130, Topeka, KS, 66612.

All information you provide will remain strictly confidential, and will be used solely for the purpose of carrying out your request. KDHE staff will contact you directly if additional information or clarification is required to implement your request.

You will receive confirmation from KDHE once your request has been implemented. If you do not receive confirmation, contact 785-783-8984 as soon as possible.

For your protection, all requests are subject to verification procedures. Your failure to provide all information required for verification may result in additional delay or denial of your request. Access to health information through electronic health information exchange will be restored as soon as practical.

*KDHE will honor your request **only if** one of the following statements is true. Check the appropriate box. KDHE **will not** process your request if no box is checked.*

- I am the person for whom the request is being made. (**Complete Box 1 only**)
- I am making the request as the parent or legal guardian of a minor and that minor does not have the legal authority to consent to his or her own medical treatment. (**Complete both boxes**)
- I have been appointed by a court of proper jurisdiction to act on behalf of the individual for whom I am making the request as his or her legal guardian. (**Complete both boxes**)
- I have been formally appointed by the individual for whom I am making the request as his or her durable power of attorney and/or durable power of attorney for health care **and** that individual has an impairment that prevents him/her from making decisions on his/her own behalf. (**Complete both boxes**)

By submitting this request, I certify that a) all information I provide to KDHE is true and accurate to the best of my knowledge and b) I have proper authority to submit this request.

Previously, KDHE restricted access to health information relating to the person identified below through an approved health information organization ("HIO"). I now revoke this restriction and direct that such information be accessible through an approved HIO to authorized Participants for purposes of treatment, payment, and health care operations. I understand I can once again restrict access at any time by submitting a completed form to KDHE requesting such restriction (provided I have the authority to do so at that time).

BOX 1: Complete the following for the person whose health information restrictions will be revoked

Title (Mr./Mrs./Miss/Ms./Dr.): _____ *First Name: _____

Middle Name: _____ *Last Name: _____

Suffix (Jr., Sr., III, etc.): _____ Maiden Name: _____

Other Names, Aliases, or Nicknames: _____

*Birth Date: ___/___/___ *Gender: ___ Social Security Number: _____

*Address: _____

*City: _____ *State: ___ *Zip: _____

E-mail Address: _____

(Confirmation of this request will be sent to the e-mail address listed here)

*Primary Phone#: _____ Alternate Phone#: _____

*Preferred method of contact – check only one:
(In case KDHE staff requires additional information to implement your request.)

Mail Email Primary Phone# Alt Phone#

List the most frequently visited physicians (name and city):

(In case KDHE staff requires additional information to implement your request.)

**** Your request cannot be implemented without this information.***

***BOX 2: Complete the following regarding yourself
only if you are submitting this request on behalf of another individual:***

Title (Mr./Mrs./Miss/Ms./Dr.): _____ *First Name: _____

Middle Name: _____ *Last Name: _____

Suffix (Jr., Sr., III, etc.): _____

*Address: _____

*City: _____ *State: ____ *Zip: _____

E-mail Address: _____

(Confirmation of this request will be sent to the e-mail address listed here)

*Primary Phone#: _____ Alternate Phone#: _____

*Preferred method of contact – check only one:
(In case KDHE staff requires additional information to implement your request.)

Mail Email Primary Phone# Alt Phone#

Check here if you are a 42 C.F.R. Part 2 Program submitting Request for Restriction on behalf of a patient.

****Your request cannot be implemented without this information.***

**EXHIBIT E: VERIFICATION OF REQUEST TO REVOKE
RESTRICTIONS ON ACCESS FORM**

**PATIENT VERIFICATION OF REQUEST TO REVOKE RESTRICTIONS ON ACCESS
TO PROTECTED HEALTH INFORMATION
THROUGH ELECTRONIC HEALTH INFORMATION EXCHANGE**

Patient Name: _____

Kansas Department of Health and Environment (KDHE) has received a request to permit access to your electronic health information through an approved health information organization (HIO). Prior to implementing this request, KDHE must verify the authority of the person submitting this request. Please have your signature on this document notarized and return the completed document to KDHE at the following address: Kansas Department of Health and Environment ("KDHE"), ATTN: Health Information Technology, 1000 SW Jackson Street, STE 130, Topeka, KS, 66612.

Currently, none of my electronic health information is accessible to any person or entity for any purpose through an approved health information organization ("HIO").

I now have requested that such information (including records relating to diagnosis and treatment of substance abuse) be accessible through an approved HIO to authorized Participants for purposes of treatment, payment, and health care operations.

Patient Signature

Date

Notary Public

Date

**EXHIBIT E: VERIFICATION OF REQUEST TO REVOKE
RESTRICTIONS ON ACCESS FORM**

**PERSONAL REPRESENTATIVE VERIFICATION OF REQUEST TO REVOKE
RESTRICTIONS ON ACCESS TO PROTECTED HEALTH INFORMATION
THROUGH ELECTRONIC HEALTH INFORMATION EXCHANGE**

Patient Name: _____

Personal Representative Name: _____

Relationship to Patient: _____

Kansas Department of Health and Environment (KDHE) has received a request to revoke previously imposed restrictions on access to this individual's electronic health information through an approved health information organization (HIO). Prior to implementing this request for revocation, KDHE must verify the authority of the person submitting the request. Please have your signature on this document notarized and return the completed document to KDHE at Kansas Department of Health and Environment (KDHE), ATTN: Health Information Technology, 1000 SW Jackson Street, STE 130, Topeka, KS, 66612.

Electronic health information relating to this patient currently is not accessible to any person or entity for any purpose through an approved health information organization (HIO).

I now have requested revocation of this restriction to allow this information (including records relating to diagnosis and treatment of substance abuse) to be accessible through an approved HIO to authorized Participants for purposes of treatment, payment, and health care operations. I hereby represent that I have the proper legal authority to act on behalf of the patient for this purpose and assume all legal responsibility associated with this request for revocation of restrictions.

Personal Representative's Signature

Date

Notary Public

Date