

## Scenarios

Provided in the attached document are 18 scenarios that address a number of different health information exchanges. There are many stakeholders involved in each of these scenarios, so all the scenarios are incorporated into one document. In order to assist in identifying the scenarios that are most relevant to your stakeholder group, a grid has been provided below. This grid identifies the stakeholder groups across the top and the scenarios in the column to the left. An “X” in the box where these intersect indicates that the scenario applies to that stakeholder group.

If you are using this in electronic format, a link has been provided from the list of scenarios on the left for your use. To use this link, click “Ctrl” and the link.

Scenarios	Clinicians	Physician groups	Federal health facilities	Hospitals	Payers	Public Health agencies	Community clinics and health centers	Laboratories	Pharmacies	Long term care facilities and nursing homes	Homecare and Hospice	Law Enforcement/ Correctional facilities	Professional associations and societies	Medical and Public health schools that undertake research	Quality improvement organizations	Consumers or consumer organizations	State government (Medicaid, public health departments)
<a href="#">1. Patient Care - Scenario A</a>	X	X	X	X		X	X					X				X	X
<a href="#">2. Patient Care - Scenario B</a>	X	X	X	X		X	X			X	X					X	X
<a href="#">3. Patient Care - Scenario C</a>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<a href="#">4. Patient Care - Scenario D</a>	X	X		X			X									X	
<a href="#">5. Payment Scenario</a>	X	X	X	X	X		X	X	X	X	X					X	X
<a href="#">6. RHIO Scenario</a>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<a href="#">7. Research Scenario</a>	X	X	X	X		X	X			X	X	X	X	X	X	X	
<a href="#">8. Law Enforcement Scenario</a>	X	X	X	X	X	X		X				X				X	X
<a href="#">9. Pharmacy Benefit Scenario A</a>	X	X			X		X		X							X	
<a href="#">10. Pharmacy Benefit Scenario B</a>		X			X		X		X							X	
<a href="#">11. Operations and Marketing Final Scenario A</a>		X	X	X	X		X	X	X	X	X					X	

Scenarios	Clinicians	Physician groups	Federal health facilities	Hospitals	Payers	Public Health agencies	Community clinics and health centers	Laboratories	Pharmacies	Long term care facilities and nursing homes	Homecare and Hospice	Law Enforcement/ Correctional facilities	Professional associations and societies	Medical and Public health schools that undertake research	Quality improvement organizations	Consumers or consumer organizations	State government health departments)
<a href="#">12. Operations and Marketing Final Scenario B</a>		X	X	X	X		X	X	X	X	X	X				X	
<a href="#">13. Bioterrorism Event</a>		X	X	X		X	X	X	X	X	X	X					X
<a href="#">14. Employment Information Final Scenario</a>			X	X		X	X									X	
<a href="#">15. Public Health Scenario A</a>		X	X			X						X				X	X
<a href="#">16. Public Health Scenario B</a>		X	X	X	X	X	X	X						X		X	X
<a href="#">17. Public Health Scenario C</a>		X		X	X	X	X									X	X
<a href="#">18. Health Oversight Scenario</a>		X	X	X	X	X		X						X	X	X	X

## **1. Patient Care Scenario A**

The emergent transfer of health information between two hospitals that represent the 2 stakeholder organizations (i.e., Hospital A and Hospital B) when the status of the patient is unsure. The actors are the staff involved in carrying out the request. The ER physician is requesting the information on behalf of the Hospital A.

### **Stakeholder organizations and exchanges:**

- Hospital emergency room in Hospital A is the organization requesting information
- Hospital B is the organization releasing the information.

Patient X presents to emergency room of General Hospital in State A. She has been in a serious car accident. The patient is an 89 year old widow who appears very confused. Law enforcement personnel in the emergency room investigating the accident indicate that the patient was driving. There are questions concerning her possible impairment due to medications. Her adult daughter informed the ER staff that her mother has recently undergone treatment at a hospital in a neighboring state and has a prescription for an antipsychotic drug. The emergency room physician determines there is a need to obtain information about Patient X's prior diagnosis and treatment during the previous inpatient stay.

### **Assumptions:**

The information requested is not mental health information.

### **Summary of Findings:**

All relevant workgroup stakeholders would exchange the information (from the previous inpatient stay to the emergency room physician) without patient consent. They would verify the requester (verification processes vary) before processing the request (processes vary). Each would limit the information disclosed to the minimum necessary, but what is deemed necessary varies between workgroup members.

### **Review Questions:**

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

## **2. Patient Care Scenario B**

The scenario involves the non-emergent transfer of records from a specialty substance treatment provider to a primary care facility for a referral to a specialist.

### **Stakeholder organizations and exchanges:**

- Specialty substance abuse treatment facility (releasing sensitive clinical records)
- Primary care provider's organization (e.g., doctor's office, community health center, public health agency, etc) (requesting clinical records from the substance abuse facility; releasing information to specialist)

An inpatient specialty substance abuse treatment facility intends to refer client X to a primary care facility for a suspected medical problem. The two organizations do not have a previous relationship. The client has a long history of using various drugs and alcohol that is relevant for medical diagnosis. The primary care provider has requested that the substance abuse information be sent by the treatment facility. The primary care provider intends to refer the patient to a specialist and plans to send all of the patient's medical information, including the substance abuse information that was received from the substance abuse treatment facility, to the specialist.

### **Summary of Findings:**

The information requested is sensitive information. By Wisconsin state law, in order to exchange information out of network, consent is required, the requester must be verified and the consent must have all the required statutory elements to disclose sensitive information. Under HIPAA, no consent is required.

There is variability in how this would be handled. As the primary care provider, some of our workgroup members would re-disclose the information (obtained from the treatment facility) to the specialist without consent. Others would require consent to re-disclose information. There was also variability in how the information would be sent – some mail, some fax.

### **Review Questions:**

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

### 3. Patient Care - Scenario C

#### Stakeholder organizations and exchanges:

- The hospital psychiatric unit (sending) and the skilled nursing facility (receiving)
- The physician (sending) and the transcription service (receiving)
- The transcription service (sending) and the physician (receiving)
- The physician (sending) and the skilled nursing facility (receiving)

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At 5:30pm Dr. X, a psychiatrist, arrives at the skilled nursing facility to evaluate his patient, recently discharged from the hospital psychiatric unit to the skilled nursing facility. The hospital and skilled nursing facility are separate entities and do not share electronic record systems. At the time of the patient's transfer, the discharge summary and other pertinent records and forms were electronically transmitted to the skilled nursing home.

When Dr. X enters the facility, he seeks assistance locating his patient, gaining entrance to the locked psychiatric unit, and accessing the patient's electronic health record to review the discharge summary, I&O, MAR and progress notes. Dr. X was able to enter the unit by showing a picture identification badge, but was not able to access the EHR. As it is Dr. X's first visit, he has no login or password to use their system.

Dr. X completes his visit and prepares to complete his documentation for the nursing home. Unable to access the skilled nursing facility EHR, Dr. X dictates his initial assessment via telephone to his outsourced, offshore transcription service. The assessment is transcribed and posted to a secure web portal.

The next morning, from his home computer, Dr. X checks his e-mail and receives notification that the assessment is available. Dr. X logs into his office web portal, reviews the assessment, and applies his electronic signature.

Later that day, Dr X's Office Manager downloads this assessment from the web portal, saves the document in the patient's record in his office and forwards the now encrypted document to the long-term care facility via e-mail.

The skilled nursing facility notifies Dr. X's office that they are unable to open the encrypted document because they do not have the encryption key.

#### Summary of Findings:

The Variations Workgroup members presented variable solutions to sending sensitive information from an inpatient psychiatric unit, with a patient in their transfer to a skilled nursing facility, including requiring or not requiring patient consent.

All workgroup members would exchange information without patient consent between a physician and their transcription service utilizing a written business agreement which may be an employment contract or a business associate contract.

All work group members would exchange sensitive patient information from the patient's physician for services performed at the skilled nursing facility and the skilled nursing facility without patient consent.

The work group members presented variable solutions for disclosure processes for sensitive information, verification of requestor, methods for information exchange, policies for auditing/documenting disclosures and for integration of received information into the patient record.

**Review Questions:**

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

#### **4. Patient Care - Scenario D**

##### **The non-emergent transfer of health information**

##### **Stakeholder organizations and exchanges:**

- Hospital mammography department (requesting health information)
- Outpatient Clinic (receiving request)

Patient X is HIV positive and is having a complete physical and an outpatient mammogram done in the Women's Imaging Center of General Hospital in State A. She had her last physical and mammogram in an outpatient clinic in a neighboring state. Her physician in State A is requesting a copy of her complete records and the radiologist at General Hospital would like to review the digital images of the mammogram performed at the outpatient clinic in State B for comparison purposes. She also is having a test for the BrCa gene and is requesting the genetic test results of her deceased aunt who had a history of breast cancer.

##### **Summary of Findings:**

The first exchange is sensitive information (HIV test results) from clinic to physician.

Most relevant workgroup stakeholders would require consent to release, even though the law does not require it.

The second exchange is non-sensitive information (mammogram) from clinic to Radiologist.

All relevant workgroup stakeholders would release without consent.

The third exchange is from the physician to the niece.

All would require consent, signed by an authorized person to release to the niece.

##### **Review Questions:**

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

## 5. Payment Scenario

### Stakeholder Organizations and Exchanges:

- Healthcare Provider (Hospital or Clinic)
- Health Plan (Payer)
- Patients

X Health Payer (third party, disability insurance, employee assistance programs) provides health insurance coverage to many subscribers in the region the healthcare provider serves. As part of the insurance coverage, it is necessary for the health plan case managers to approve/authorize all inpatient encounters. This requires access to the patient health information (e.g., emergency department records, clinic notes, etc.).

The health care provider has recently implemented an electronic health record (EHR) system. All patient information is now maintained in the EHR and is accessible to users who have been granted access through an approval process. Access to the EHR has been restricted to the healthcare provider's workforce members and medical staff members and their office staff.

X Health Payer is requesting access to the EHR for their accredited case management staff to approve/authorize inpatient encounters.

### Summary of Findings:

By law, consent would not be necessary to release limited information related to the service that needed to be pre-authorized for payment purposes. If the payer requested full access to the EHR, consent is required.

All relevant workgroup stakeholders agreed that they would not grant access to the medical record to a payer because the technology cannot limit what the payer could see. Many use paper-based charts while others have systems that cannot limit access to specific parts of the patient record.

### Review Questions:

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

## 6. RHIO Scenario

**Note: Each stakeholder should participate in this scenario keeping in mind the type of data their organization anticipates exchanging with a RHIO.**

### **Stakeholder organizations and exchanges:**

- Multiple provider organizations (providing data)
- Multiple RHIO's (receiving data)

The RHIO in your region wants to access patient identifiable data from all participating organizations (and their patients) to monitor the incidence and management of diabetic patients. The RHIO also intends to monitor participating providers to rank them for the provision of preventive services to their diabetic patients.

The Variations Workgroup did not review this scenario because no members of the group were participating in a RHIO at this time.

### **Review Question:**

1. If you had the opportunity to participate in a RHIO at this time, would you allow unrestricted exchange of your health information for quality assurance or to rank providers?

## 7. Research Data Use Scenario

### Stakeholder organizations and exchanges:

- Health care consumer (taking part in the study)
- Health care provider (distributing meds and collecting clinical data)
- Research investigator (receiving and analyzing clinical data)
- Institutional Review Board (IRB) (receiving reports on data collection)

A research project on children younger than age 13 is being conducted in a double blind study for a new drug for ADD/ADHD. The research is being sponsored by a major drug manufacturer conducting a double blind study approved by the medical center's IRB where the research investigators are located. The data being collected is all electronic and all responses from the subjects are completed electronically on the same centralized and shared data base file.

The principle investigator was asked by one of the investigators if they could use the raw data to extend the tracking of the patients over an additional six months and/or use the raw data collected for a white paper that is not part of the research protocols final document for his post doctoral fellow program.

### Summary of Findings:

The law does not allow disclosure of research data outside the bounds of an approved research project without obtaining patient consent.

The workgroup determined that actual practices are variable in determining whether to allow exchange of information beyond the scope of an approved research project. Most would go back to the IRB for review for a 6 month extension. Some said that they would simply provide the data requested without IRB approval or additional patient consent. Others would require IRB approval and follow the IRB recommendations as to whether or not additional consent is required.

### Review Questions:

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

## **8. Scenario for access by law enforcement**

### **Stakeholder organizations and exchanges:**

- Healthcare provider (providing health information)
- Law enforcement
- Patient
- Patient's family

An injured nineteen (19) year old college student is brought to the ER following an automobile accident. It is standard to run blood alcohol and drug screens. The police officer investigating the accident arrives in the ER claiming that the patient may have caused the accident. The patient's parents arrive shortly afterward. The police officer requests a copy of the blood alcohol test results and the parents want to review the ER record and lab results to see if their child tested positive for drugs. These requests to print directly from the electronic health record are made to the ER staff.

The patient is covered under their parent's health and auto insurance policy.

### **Summary of Findings:**

The workgroup assumed that the blood draw in this scenario was performed for treatment purposes. If the blood draw is done for treatment purposes, consent is required for disclosure to law enforcement or to the parents. If it is done for law enforcement purposes, consent is not required for disclosure to law enforcement but is for disclosure to parents.

All relevant workgroup stakeholders would require consent for disclosure to law enforcement or parents. The method of verifying the law enforcement request was variable (some required a written request, others verbal) as was the method of disclosure.

### **Review Questions:**

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

## 9. Pharmacy Benefit Scenario A

### Stakeholder organizations and exchanges: :

- Pharmacy Benefit Manager (requesting information)
- Outpatient Clinic (receiving request)
- Patient X

The Pharmacy Benefit Manager (PBM) has a mail order pharmacy for a hospital which is self-insured and also has a closed formulary. The PBM receives a prescription from Patient X, an employee of the hospital, for the antipsychotic medication Geodon. The PBM's preferred alternatives for antipsychotics are Risperidone (Risperdal), Quetiapine (Seroquel), and Aripiprazole (Abilify). Since Geodon is not on the preferred alternatives list, the PBM sends a request to the prescribing physician to complete a prior authorization in order to fill and pay for the Geodon prescription. The PBM is in a different state than the provider's Outpatient Clinic.

### Summary of Findings:

The disclosure of the patient to the PBM is not protected, however, the disclosure from the physician to the PBM is. By law, the provider is required to have consent to disclose information about Geodon to the PBM because Geodon is an antipsychotic drug.

In practice, the relevant workgroup stakeholders agreed they would release the information to the PBM without a patient consent.

### Review Questions:

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

## **10. Pharmacy Benefit Scenario B**

### **Stakeholder organizations and exchanges:**

- Pharmacy Benefit Manager (requesting information)
- Company A (providing claims information)
- Employees

A Pharmacy Benefit Manager 1 (PBM1) has an agreement with Company A to review the companies' employees' prescription drug use and the associated costs of the drugs prescribed. The objective would be to see if the PBM1 could save the company money on their prescription drug benefit. Company A is self insured and as part of their current benefits package, they have the prescription drug claims submitted through their current PBM (PBM2). PBM1 has requested that Company A send their electronic claims to them to complete the review.

### **Summary of Findings:**

The workgroup agreed that a business agreement would be required to disclose information from one PBM to another. The information shared would be limited to the minimum necessary to accomplish the business purpose of the disclosure.

### **Review Questions:**

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

## 11. Healthcare Operations and Marketing - Scenario A

**Note: This scenario could be modified to apply to any healthcare provider (physician group, home health care agency, etc.) wishing to market services to a targeted subset of patients.**

### Stakeholder organizations and exchanges:

- Tertiary hospital (requesting study data)
- Critical access hospital (being asked to provide health information)

ABC Health Care is an integrated health delivery system comprised of ten critical access hospitals and one large tertiary hospital, DEF Medical Center, which has served as the system's primary referral center. Recently, DEF Medical Center has expanded its rehab services and created a state-of-the-art, stand-alone rehab center. Six months into operation, ABC Health Care does not feel that the rehab center is being fully utilized and is questioning the lack of rehab referrals from the critical access hospitals.

ABC Health Care has requested that its critical access hospitals submit monthly reports containing patient identifiable data to the system six-sigma team to analyze patient encounters and trends for the following rehab diagnoses/ procedures:

- Cerebrovascular Accident (CVA)
- Hip Fracture
- Total Joint Replacement

Additionally, ABC Health Care is requesting that this same information, along with individual patient demographic information, be provided to the system Marketing Department. The Marketing Department plans to distribute to these individuals a brochure highlighting the new rehab center and the enhanced services available.

### Summary of Findings:

The law requires patient consent when specific patient treatment information is used in the selection of the patient group.

All relevant workgroup stakeholders stated that they would allow internal disclosure for quality assurance or service utilization purposes without patient consent. They would also allow internal disclosures of PHI to market patient services relevant to patient services without patient consent. However, some would require consent to disclose information to market educational services as some felt educational services were beyond treatment. The method of disclosure to an internal department was variable (paper report, electronic file), but all would provide the minimum necessary.

**Review Questions:**

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

## 12. Healthcare Operations and Marketing - Scenario B

### Stakeholder organizations and exchanges:

- Healthcare provider (Hospital obstetrics department sending data)
- Hospital marketing department (receiving data)
- Local company (purchasing data from marketing department)
- Patients/Consumers

ABC hospital has approximately 3,600 births/year. The hospital Marketing Department is requesting identifiable data on all deliveries including mother's demographic information and birth outcome (to ensure that contact is made only with those deliveries resulting in healthy live births).

The Marketing Department has explained that they will use the patient information for the following purposes:

1. To provide information on the hospital's new pediatric wing/services.
2. To solicit registration for the hospital's parenting classes.
3. To request donations for construction of the proposed neonatal intensive care unit
4. They will sell the data to a local diaper company to use in marketing diaper services directly to parents.

### Summary of Findings:

All relevant workgroup stakeholders would disclose the patient information to marketing to provide information on a new pediatric wing. Some would disclose for marketing of educational classes. None would disclose for fundraising purposes or to sell the list to a diaper company. All varied in their mode of exchange (paper lists, files) and all would provide the minimum necessary – demographic information only.

### Review Questions:

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

### **13. Bioterrorism event**

#### **Stakeholder organizations and exchanges:**

- Laboratory (collecting data)
- Healthcare provider (transmitting data to public health)
- Public health department (receiving data from provider, providing data to government agencies)
- Law enforcement (receiving data)
- Government agencies (receiving data)
- Patients

A provider sees a person who has anthrax, as determined through lab tests. The lab submits a report on this case to the local public health department and notifies their organizational patient safety officer. The public health department in the adjacent county has been contacted and has confirmed that it is also seeing anthrax cases, and therefore this could be a possible bioterrorism event. Further investigation confirms that this is a bioterrorism event, and the State declares an emergency. This then shifts responsibility to a designated state authority to oversee and coordinate a response, and involves alerting law enforcement, hospitals, hazmat teams, and other partners, as well informing the regional media to alert the public to symptoms and seek treatment if feel affected. The State also notifies the Federal Government of the event, and some federal agencies may have direct involvement in the event. All parties may need to be notified of specific identifiable demographic and medical details of each case as they arise to identify the source of the anthrax, locate and prosecute the parties responsible for distributing the anthrax, and protect the public from further infection.

#### **Summary of Findings:**

The Governor has the power to issue a state of emergency to allow all of these exchanges under state law without consent.

#### **Review Questions:**

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

#### **14. Employee Health Information Scenario**

##### **Stakeholder organizations and exchanges:**

- Hospital emergency room (releasing health information)
- Employer human resources department (requesting health information)
- Employee

An employee (of any company) presents in the local emergency department for treatment of a chronic condition that has exacerbated which is not work-related. The employee's condition necessitates a four-day leave from work for illness. The employer requires a "return to work" document for any illness requiring more than 2 days leave. The hospital Emergency Department has an EHR and their practice is to cut and paste patient information directly from the EHR and transmit the information via email to the Human Resources department of the patient's employer.

##### **Summary of Findings**

Wisconsin state law requires a patient consent to disclose the information to the employer. HIPAA minimally necessary would apply.

Some of our workgroup members would require consent to disclose the information while others would not. None of the workgroup members would disclose the information electronically – it would all be done via paper form, either mailed or faxed. All would disclose the minimal information necessary to complete the request.

##### **Review Questions:**

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

### **15. Public Health - Scenario A - Active carrier, communicable disease notification**

#### **Stakeholder organizations and exchanges:**

- Healthcare provider (primary care physician)
- Public health department
- Law enforcement
- Patient

A patient with active TB, still under treatment, has decided to move to a desert community that focuses on spiritual healing, without informing his physician. The TB is classified MDR (multi-drug resistant). The patient purchases a bus ticket - the bus ride will take a total of nine hours with two rest stops across several states. State A is made aware of the patient's intent two hours after the bus with the patient leaves. State A now needs to contact the bus company and other states with the relevant information.

#### **Summary of Findings:**

Under Wisconsin state law, State A would disclose PHI to State B in this scenario. The state would contact the local public health department who would provide further disclosure. If the bus is still in Wisconsin, or law enforcement contact was needed in Wisconsin, the state has authority to make the contact without patient consent.

#### **Review Questions:**

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

## **16. Public Health - Scenario B -Newborn screening**

### **Stakeholder organizations and exchanges:**

- Healthcare provider (sending initial data to public health and lab, receiving data on follow up/eligibility)
- State laboratory (receiving data)
- State public health department (receiving data, sending data for program eligibility)

A newborn's screening test comes up positive for a state-mandated screening test and the state lab test results are made available to the child's physicians and specialty care centers specializing in the disorder via an Interactive Voice Response (IVR) system. The state lab also enters the information in its registry, and tracks the child over time through the child's physicians. The state public health department provides services for this disorder and notifies the physician that the child is eligible for those programs.

### **Summary of Findings:**

The state has the authority to do the testing and contact the physician. In Wisconsin, they only contact the provider or the patient's family – they do not contact the specialist. The state lab maintains a registry, which is mandated by Wisconsin state law, however the registry does not track patients for a prolonged period of time. The state can also disclose to public health departments without patient consent.

### **Review Questions:**

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

## **17. Public Health Scenario C- Homeless shelters**

### **Stakeholder organizations and exchanges:**

- Primary care provider (sending) and hospital-affiliated drug treatment center (receiving)
- The hospital-affiliated drug treatment clinic (releasing) and the county program (requesting for purposes of reimbursement)
- The hospital-affiliated drug treatment clinic (releasing) and the shelter (requesting to verify the treatment)
- The family member (requesting) and the shelter

### **Stakeholder entities:**

- Health care consumer/patient
- Primary care provider
- Hospital-affiliated drug treatment center
- Homeless shelter
- Patient relative/family member

A homeless man arrives at a county shelter and is found to be a drug addict and in need of medical care. The person does have a primary care provider, and he is sent there for medical care. Primary care provider refers patient to a hospital-affiliated drug treatment clinic for his addiction under a county program. The addiction center must report treatment information back to the county for program reimbursement, and back to the shelter to verify that the person is in treatment. Someone claiming to be a relation of the homeless man requests information from the homeless shelter on all the health services the man has received. The staff at the homeless shelter is working to connect the homeless man with his relative.

### **Summary of Findings:**

Information can be exchanged between the primary care provider and the drug addiction center for treatment purposes and minimum necessary would apply. Some of our workgroup stakeholders would require consent for this exchange while others would not. All would only disclose the minimum necessary.

The addiction center could report treatment information back to the county for payment purposes without consent because the shelter is part of the county community services under chapter 51.

The disclosure to the relative requires a patient consent by law. However, some workgroup members felt that the information would be disclosed without consent if the shelter was not a covered entity.

### **Review Questions:**

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?

**18. Health Oversight: Legal compliance/government accountability**

**Stakeholder organizations and exchanges:**

- State university faculty (requesting health information)
- State public health agencies (asked to provide health information)

The Governor's office has expressed concern about compliance with immunization and lead screening requirements among low income children who do not receive consistent health care. The state agencies responsible for public health, child welfare and protective services, Medicaid services, and education are asked to share identifiable patient level health care data on an ongoing basis to determine if the children are getting the healthcare they need. This is not part of a legislative mandate. The Governor in this state and those in the surrounding states have discussed sharing this information to determine if patients migrate between states for these services. Because of the complexity of the task, the Governor has asked each agency to provide these data to faculty at the state university medical campus who will design a system for integrating and analyzing the data. There is not existing contract with the state university for services of this nature.

**Summary of Findings:**

Information would not be disclosed to faculty at a state university without a business agreement. The state agency can share this information between agencies, but cannot send the information to a state university faculty without a business agreement.

**Review Questions:**

1. Would your organization do anything differently regarding the exchange of information?
2. If so, in what ways would your organizational practices differ?