Camden Health Information Exchange (HIE)
Policy Manual

January 2015
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Purpose:

The purpose of this Policy is to frame the applicability of the policies and procedures found within this document (Camden HIE Policy Manual) and to define the terms used within this Policy Manual.

Scope:

The policies and procedures described in this document (Camden HIE Policy Manual) apply to all Participants and Authorized Users accessing the Camden Health Information Exchange (HIE), and are intended to ensure that the Camden HIE is used in an effective, efficient, ethical, and lawful manner.

Policies:

The terms used in this Policy Manual shall have the following definitions:

1.1 "Authorized User" means an individual designated by a Participant, who has signed an Authorized User Agreement, or equivalent, and is authorized to access and use Data in accordance with such Participant’s registration as a particular Participant User type.

1.2 "Authorized User Agreement" means a legally binding agreement with an individual designated by a Participant pursuant to which such individual agrees to comply with the terms and conditions set forth in such agreement, and these Camden HIE Policies. The Authorized User Agreement shall be in substantially the same form and substance as attached to these policies unless otherwise approved in advance by the Camden HIE.

1.3 "Breach" means the acquisition, access, use, or disclosure of Data in a manner not permitted under the Privacy Rule which compromises the security or privacy of the Data, and shall be given the meaning set forth in 45 C.F.R. 164.402.

1.4 "Camden Coalition of Healthcare Providers" ("Coalition") is a New Jersey Non-Profit Corporation to improve the quality, capability and accessibility of the healthcare system for vulnerable populations in the City of Camden, New Jersey and surrounding areas.

1.5 "Camden HIE" means the technology and administrative infrastructure which facilitates the authorized and secure location, access and sharing of Data, including Patient’s health, demographic and related information, held by multiple Health Care Providers by allowing Authorized Users to authenticate and communicate securely over an entrusted network for access and exchange of such Data.
1.6 “Camden HIE Oversight Committee” means the governing and decision-making body for the Camden HIE, composed of individuals representing those health organizations and systems who act as Participants in the Camden HIE.

1.7 “Camden HIE Policies” means the policies and procedures approved by the Camden HIE Oversight Committee, as may be amended periodically, that apply to and must be complied with by each and all registered Participants and Authorized Users of the Camden HIE.

1.8 “Camden HIE Website” means the public online resource page for all information relevant to Camden HIE, maintained by the Coalition and accessible at www.camdenhealth.org/programs/health-information/exchange.

1.9 “Covered Entity” means (1) a health plan, (2) a health care clearinghouse, or (3) a health care provider who transmits any health information in electronic form in connection with a transaction covered by the HIPAA Privacy Rule.” 45 USC 160.103.

1.10 “Data” means Protected Health Information (PHI) and Individually Identifiable Health Information (IIHI), as defined under HIPAA, and any other information that identifies a Patient and is provided to or accessed through the Camden HIE.

1.11 De-identified” means that the Data has been de-identified in compliance with HIPAA Privacy Rule, 45 C.F.R. § 164.514, and is therefore not considered PHI or IIHI.

1.12 “Electronic Medical Record” or “EMR” means an electronic system used to enter, maintain and store Patient clinical information, including such information as required under applicable state law and federal regulations, and maintained by a single Health Care Provider who, for purposes of these Camden HIE Policies, is a Participant in the Camden HIE.

1.13 “Health Care Provider” means a physician, group practice, hospital or health system, or other health care organization or professional that provides treatment to Patients.


1.15 “Opt-Out” means the process by which a Patient may exercise the choice not to have his or her Data accessed or made available through the Camden HIE.

1.16 “Participant” means a party (at entity-level) that has entered into a Participation Agreement with the Camden HIE. The Camden Coalition of Healthcare Providers is also considered a Participant for the purposes of these Policies.

1.17 “Participation Agreement” means an agreement in form and in substance which sets forth the terms and conditions pursuant to which a Participant may supply, receive or share Data through the Camden HIE.
1.18 “Patient” means an individual who has received or will receive treatment or health care services from a Health Care Provider.

1.19 “Permitted Use(s)” means the use(s) for which Data received through the Camden HIE may be accessed and used, as more particularly set forth in these policies. Any use of Data that is not set forth as a Permitted Use in Policy 9 and Policy 9A, for purposes of the Camden HIE, considered a Prohibited Use.

1.20 “Pull” shall mean, with regard to the Camden HIE and/or an applicable technological application, that Data maintained in the Camden HIE is accessed, viewed, or copied either onto a viewing screen or into a Participant's EMR or other similar repository by an Authorized User.

1.21 “Push” means, with regard to the Camden HIE and/or an applicable technological application, that Data residing within a Participant is either automatically “sent to” the Camden HIE centralized repository, or a Participant elects to send Data to the Camden HIE.

1.22 “State Law” (“State”) means the laws of the State of New Jersey, unless specifically stated in otherwise in these Camden HIE Policies.

1.23 “Unsecured PHI” means PHI in any form that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in Guidance issued by the Secretary of the U.S. Department of Health and Human Services.
Purpose:

The purpose of this Policy is to define procedures ensuring that Patients understand how their information will be used through the Camden HIE and must be given the right to "Opt-Out" of having their information in the Camden HIE made available for access.

Policies:

2.1 Automatic Inclusion

2.1.1 Any Data which is available through a Participant may be made available through the Camden HIE, provided the Patient has not opted out of participation in the Camden HIE.

2.1.2 That Data is available through the Camden HIE does not automatically permit access to that data by all Participants and Authorized Users.

2.1.3 Only Participants and Authorized Users may access Data, and any such access must be a Permitted Use, not a Prohibited Use, and otherwise in accordance with law and this Policy Manual.

2.2 Patient Education and Consent

2.2.1 Health Care Providers responsible for overseeing the Opt-Out registration process must provide Patients with educational material regarding the Camden HIE and how their Data may be used and shared with Authorized Users.

2.2.2 Participants must maintain and provide a HIPAA Notice of Privacy Practices (NPP) and any consent required by law as defined in Policy No. 5 of this Camden HIE Policy Manual.

2.2.3 To facilitate Patients' understanding regarding where information about them is being generated, stored and made accessible for exchange, a list of Health Care Providers participating in the Camden HIE shall be made available through the Camden HIE’s webpage.

2.3 Opt Out

2.3.1 Patients treated by a Health Care Provider who is also an Authorized User and/or affiliated with a Participant shall be given the option and opportunity to choose to not have their Data accessed or made available through the Camden HIE.

2.3.2 Patients may exercise their right to be excluded from the Camden HIE by opting out. A Patient’s Opt-Out shall be durable and revocable, must be made in writing, and may only be revoked in writing.
2.3.3 If a Participant or a Participant’s Authorized User receives an Opt-Out from a Patient, that Participant shall ensure that the Patient’s Data is not accessible through the Camden HIE.

2.3.4 A Patient who has opted out of the Camden HIE subsequently may choose to have his or her Data made available through the Camden HIE, only if such Patient rescinds in writing his or her prior decision to opt out, or subsequently chooses to renew participation in the Camden HIE.

2.4 “All or None” Opt-Out

2.4.1 The effect of a Patient’s Opt-Out may be “all or none”, that is an Opt-Out prevents any Data from being accessible by any Authorized User or Participant through the Camden HIE for that Patient.

2.5 Participant and Authorized User Procedures

2.5.1 Each Participant shall establish reasonable and appropriate procedures in accordance with this Policy Manual to enable the exercise of a Patient’s choice to not have his or her data made available through the Camden HIE.

2.5.2 Participants and Authorized Users shall never withhold medical care from a Patient on the basis of the Patient choosing not to have Data about him or her included in the Camden HIE.
### Camden HIE Policies

**Policy No. 3: Participants and Authorized Users**

**Effective Date:** In Development

#### Purpose:

The purpose of this Policy is to define the agreements and necessary procedures required of a Health Care Provider or other organization to become a Participant in the Camden HIE. Only Health Care Providers and organizations found eligible and approved by the Coalition may be Participants in the Camden HIE. Authorized Users must be authorized by a Participant to qualify to use the Camden HIE.

#### Policies:

3.1 Each Participant must execute a Participation Agreement approved by the Coalition.

3.2 The following categories are eligible to become Participants:

   3.2.1 Physicians and Physician Practices
   
   3.2.2 Hospitals
   
   3.2.3 Clinical Laboratories
   
   3.2.4 Licensed Health Care Facilities (e.g., Ambulatory Surgical Facilities; Ambulatory Care Facilities, Long Term Acute Care Hospitals; etc.);
   
   3.2.5 Other Licensed Health Care Providers (e.g., Home Health Agencies; Hospice Providers);
   
   3.2.6 Long Term Care Providers (e.g., SNFs; ALFs etc.);
   
   3.2.7 Affiliated HIEs
   
   3.2.8 Governmental Agencies
   
   3.2.9 Managed Care Organizations
   
   3.2.10 Other applicants reviewed and approved by the Camden HIE Oversight Committee.

3.3 The Coalition, in its sole discretion, may approve or reject Health Care Providers or other organizations who seek to become Participants.

3.4 Each Participant shall have and adhere to privacy and security policies which are consistent with Camden HIE policies and standards for use and disclosure of Data.
3.5 Each Participant shall provide a name and contact information for a designated point person who will be the primary responsible party for communicating with the Coalition regarding all matters relating to participation in the Camden HIE.

3.6 The following categories of individuals are eligible to become Authorized Users:

3.6.1 Physicians and Physician Practices, including Doctors of Osteopathy and Podiatrists.

3.6.2 Clinical staff who work directly with Patients or supervise those who with Patients. Clinical staff, such as Psychologists, RNs, NPs, APNs, PAs, MSWs, and LCSWs, as well as care coordinators and community health workers designated, directed, and supervised by a Participant as part of a clinical care team.

3.6.3 IT, data analyst, and process improvement staff.

3.6.4 Administrative staff with job responsibility that require access to the Camden HIE, such as scheduling, medical records, compliance, or auditing.

3.7 Any category of individuals other than set forth above must be approved by the Camden HIE Oversight Committee.

3.8 Each individual authorized by a Participant to be an Authorized User must execute an Authorized User Agreement, which binds that individual to the policies, procedures, and standards of the Camden HIE, as a condition of using the Camden HIE.

3.9 Each Authorized User must undertake annual training on compliance with the Camden HIE Policies and applicable law, and demonstrate a reasonable understanding of the topics in such training.

3.10 Affiliated HIEs

3.10.1 Each Affiliated HIE seeking to become a Participant in the Camden HIE must execute a DURSA-Type Participation Agreement.

3.10.2 Each Affiliated HIE must register with the Camden HIE. The Coalition shall review and either approve or reject an HIE applicant's request for Registration within a reasonable period of time after the DURSA-type Participation Agreement is executed.

3.10.3 Affiliated HIEs may voluntary terminate their registration by contacting the Coalition and submitting a written request to terminate affiliation with the Camden HIE. However, termination of affiliation with the Camden HIE shall not relieve such Affiliated HIE of its responsibilities and obligations under the agreement, or similar type of contract, until such contract has been terminated in accordance with the termination provisions set forth in such agreement.
Purpose:

The purpose of this Policy is to ensure that each Participant and Authorized User shall, at all times, comply with all this Camden HIE Policy Manual, Camden HIE standards and requirements, and applicable federal, state, and local laws and regulations, including, but not limited to, those protecting the confidentiality and security of individually identifiable health information, including Data, and establishing certain individual privacy rights.

Policies:

4.1 Compliance with Law and Policy

4.1.1 Each Participant and Authorized User shall use reasonable efforts to stay abreast of any changes or updates to and interpretations of all applicable federal, state, and local laws and regulations that may affect their use and disclosure of Data.

4.1.2 The Camden HIE Policies may be revised and updated from time to time, and reasonable notice of any such changes shall be provided to Participants.

4.1.3 Each Participant and Authorized User is responsible for ensuring it has complied with, and is complying with, the most recent version of these Camden HIE Policies, which shall be made available to all Participants of the Camden HIE through the Camden HIE Website, and upon request from the Camden HIE Administrator.

4.2 Participant Policies

4.2.1 Each Participant is responsible for ensuring that it has developed and implemented appropriate internal policies and procedures to ensure that Authorized Users comply with applicable laws and these Camden HIE Policies.

4.2.2 In instances wherein the Camden HIE connects to a Participant that has implemented standards or policies that are more stringent or more restrictive than the Camden HIE Policies, then the more restrictive or more protective standards will apply to conduct by such a Participant and its Authorized Users with regards to the Camden HIE. Participants and Authorized Users are responsible for ensuring such additional standards are in compliance with their more stringent standards.

4.3 Review and Amending Camden HIE Policies

4.3.1 The Camden HIE Oversight Committee shall review the Camden HIE Policies at least annually and make such changes as determined by the Oversight Committee as
appropriate.

4.3.2 The Camden HIE Policies shall go into effect upon approval by the Camden HIE Oversight Committee (the “Effective Date”) and shall be binding once Participant signs a Participation Agreement with the Camden HIE.
Purpose:

The purpose of this Policy is to ensure that Patients have the opportunity to review a HIPAA Notice of Privacy Practices (NPP) that adequately addresses a Participant’s specific privacy practices with respect to the exchange of Data through the Camden HIE.

Policies:

5.1 Provision of Notice of Privacy Practices

5.1.1 Each Participant that is a covered entity shall develop, distribute and maintain a HIPAA NPP that complies with federal and state laws applicable to such Participant, as well as in accordance with this Camden HIE Policy Manual.

5.1.3 To the extent that the NPP so incorporates other documents, they must be made available in the same manner as is required that the NPP be made available.

5.2 NPP Content

5.2.1 The NPP shall meet the content requirements set forth under the HIPAA Privacy Rule and comply with all applicable laws and regulations, including HITECH, as may be amended from time to time.

5.2.2 The NPP shall include a description of the Camden HIE and inform Patients regarding:

5.2.2.1 What information may be included in and made available through the Camden HIE;

5.2.2.2 Who is able to access information through the Camden HIE;

5.2.2.3 The Permitted Uses for which their PHI can be accessed through the Camden HIE; and

5.2.2.4 How the Patient can "Opt-Out" of having his or her information available for access through the Camden HIE.

5.3 Participants may revise their NPP at any time, provided that such NPP continues to comply with these Camden HIE Policies.

5.4 Each Participant who is a covered entity shall implement its own procedures governing
distribution of the NPP, with any revisions, to Patients, which shall be consistent with this policy and comply with HIPAA and HITECH.

5.5 The NPP shall be:

5.5.1 Made available to Patients upon request, whether in paper or electronic format;

5.5.2 Posted on and made available and/or for download electronically through the Participant’s website (if any);

5.5.3 Provided to a Patient at the date of first service delivery, with the exception of an emergency;

5.5.4 Made available at the Participant’s treatment location(s); and

5.5.5 Posted in a clear and prominent location where it is reasonable to expect Patients seeking treatment services to be able to read the NPP.

5.6 Each Participant shall be solely responsible for any and all costs associated with printing, distributing and otherwise making available revised NPPs to Patients.

5.7 Individual Acknowledgement

5.7.1 Each Participant of the Camden HIE that is a covered entity shall make a good faith effort to obtain a new Patient’s written acknowledgement of receipt of the NPP or to otherwise document their efforts and/or failure to do so.

5.7.2 The form of written acknowledgment or other documentation shall comply with HIPAA and HITECH and shall be maintained for a period of six (6) years from the date of the acknowledgement or other documentation.

5.7.3 Each Participant shall implement its own procedures governing obtaining written acknowledgement, which shall be consistent with the Camden HIE Policies and in compliance with applicable laws and regulations.

5.8 Participant-Specific Information or Procedures

5.8.1 Participants may choose a more proactive NPP distribution process than required under this Camden HIE Policy, and may include more detail in their NPP regarding specific privacy practices that do not otherwise conflict with or fall below the minimum requirements of HIPAA, HITECH and these Camden HIE Policies.

5.8.2 Nothing in this Policy shall be construed to preclude Participants which are not covered entities from developing privacy policies or privacy practices in the sole discretion of any such Participant.

5.8.3 With regard to Participants that are Affiliated HIEs, such Affiliated HIE shall ensure that
their own HIE sub-network covered entities and Participants comply with the principles set forth in this policy.
Purpose:

The purpose of this Policy is to ensure that the Coalition shall afford Patients the full scope of rights in accordance with HIPAA, HITECH, and other federal and state law.

Policies:

6.1 A Patient shall have the right to access his or her own Data in accordance with HIPAA, HITECH and other applicable "access rights" laws.

6.2 Each Participant shall

6.2.1 Afford its Patients the right to access their Data maintained by such Participant in a Designated Record Set in accordance with HIPAA, HITECH and other applicable laws;

6.2.2 Have a formal process through which Patients are able to request Data from the Participant originating the Data;

6.2.3 Provide Data to a requesting Patient in a readable form and format, including an electronic format, when appropriate;

6.2.4 Not access the Camden HIE to pull and produce copies of other Participant’s Data in response to a Patient’s request to access to his/her Data. Each Participant’s response to a Patient's access request shall be limited to Data contained in such Participant’s respective medical records maintained on the Patient.

6.3 Requests for access to Data in the Camden HIE that are received directly by the Camden HIE will generally be directed to the Participant originating such Data.

6.4 Accounting of Disclosures (AOD)

6.4.1 Patients shall have the right to request and obtain an Accounting of Disclosures in accordance with HIPAA and HITECH.

6.4.2 Each Participant shall have a formal process through which Patients are able to request an Accounting of Disclosures from the Participant originating the Data, which the Participant shall direct to the Camden HIE for fulfillment of the request.

6.5 Response to AOD Request by the Camden HIE
6.5.1 The Camden HIE shall maintain adequate records that would permit it to respond to a Participant that has received a Patient’s request for an Accounting of Disclosures with regard to Data that the Camden HIE is maintaining on behalf of a Participant.

6.5.2 The Coalition will provide an Accounting of Disclosures to a requesting Participant in a readable form and format and containing such information as needed in order to respond to a Patient’s Accounting of Disclosures request in accordance with HIPAA and HITECH.

6.5.3 The Coalition shall work toward developing a process through which Patients may be able to request an Accounting of Disclosures directly from the Camden HIE, and for the Camden HIE.

6.6 Amendment of Data

6.6.1 Each Participant shall continue to afford its Patients the right to request an Amendment to Data maintained by such Participant in a Designated Record Set in accordance with HIPAA, HITECH and other applicable laws.

6.6.2 If a Patient requests, and the Participant accepts, an Amendment to Data about the Patient (and such information was accessed and may have been relied upon or could foreseeably have been relied upon by other Participants in the Camden HIE to the detriment of the Patient), then the Participant shall make reasonable efforts to inform such other Participants of the Amendment.

6.7 Requests for Restrictions

6.7.1 Each Participant shall continue to afford its Patients the right to Request for Restrictions on the uses and disclosure of Data maintained by such Participant in a Designated Record Set in accordance with HIPAA, HITECH and other applicable laws.

6.7.2 Except for cases where a Patient has paid for services “out of pocket in full” and such restriction must be honored under HITECH, the Camden HIE is not required to give effect to a Patient’s requested for restrictions with regard to how his or her Data is used or disclosed in accordance with the law.

6.7.3 The Patient’s current choice to Request for Restrictions is to Opt-Out of the Camden HIE altogether, as provided for under this Camden HIE Policy Manual.

6.8 Authorizations, Consents and Approvals.

6.8.1 Patients will continue to be afforded the right to authorize or consent to uses and disclosure of their Data when required under HIPAA, HITECH or other applicable federal or state law.

6.8.2 When required by law, any “approval” or other acknowledgments of the Patient may be obtained through any reasonable means, unless where prior written informed consent of the Patient is expressly required, before information is disclosed to a third party, then
such standard shall apply.
Purpose:

The purpose of this Policy is to set forth standards for verifying and authenticating the identity and the authority of an Authorized User requesting Data through the Camden HIE.

Policies:

7.1 Participants and Authorized Users shall cooperate and assist the Coalition as needed to ensure adequate access controls and management thereof.

7.2 Access to the Camden HIE shall be granted only to individuals with a legitimate need to access Data based upon their role, and such access must be consistent with the Camden HIE Security Policy and Procedure.

7.3 Access Request Process

7.3.1 Access to the Camden HIE must be restricted to Authorized Users and used only for Permitted Uses.

7.3.2 All Authorized Users must sign an Authorized User Agreement, or equivalent, as a prerequisite to obtaining access to the Camden HIE.

7.3.3 Participants are required to additionally execute a HIPAA & HITECH-compliant Business Associates Agreement.

7.3.4 All individuals seeking to access the Camden HIE shall also be authenticated according to Policy 8 - Authentication.

7.3.5 If the request for access does not appear to be appropriate, discretion must be exercised before access is granted.

7.4 Access must be removed or disabled, and individuals removed (whether temporarily or permanently as reasonable and appropriate) based on:

7.4.1 Termination of participation in the Camden HIE;

7.4.2 An Authorized User's misuse or abuse of access;

7.4.3 Expiration or termination of an Authorized User's business or clinical need for access;

7.4.4 Change in an Authorized User's role or function; and

7.4.5 When directed by the Camden HIE Oversight Committee.
7.5 Participants must immediately notify the Coalition in the event an Authorized User’s access has been removed, suspended, or modified, or there have been changes (including revocation) to an Authorized User’s professional licensure or clinical privileges.

7.6 Participants shall be provided with a list of registered and active Authorized Users affiliated with their institution at least once a year, or more frequently upon request.

7.7 Passwords and Login Controls

7.7.1 All access to Data through the Camden HIE shall be through a combination of unique ID and password, and other security mechanisms as determined by the Camden HIE.

7.7.2 Authorized Users shall be informed of and trained on:

7.7.2.1 Selecting a strong password;

7.7.2.2 Not sharing or posting passwords;

7.7.2.3 Not writing down their password and placing it in an insecure location.

7.7.3 Authorized Users are not permitted to enter or access Data using another person’s password.

7.7.4 Authorized Users shall not allow another individual to log onto the Camden HIE using another’s password nor permit another person to log on with their password.

7.7.5 The Camden HIE shall require Authorized Users to reset their password every 90 days.

7.8 If passwords are shared, disciplinary actions shall be taken, in accordance with the Camden HIE Policy 15 – Enforcement & Sanctions.

7.9 Audit trails of all sign-ons will be maintained by CareEvolution, Inc. and the Camden HIE.

7.10 Any application or portal which provides access to Data through the Camden HIE shall automatically terminate a connection or otherwise log off after a reasonable period of inactivity.
Purpose:

The purpose of this Policy is to implement minimum standards for authentication of Authorized Users prior to their accessing Data through the Camden HIE.

Policies:

8.1 Required Authentication of Authorized Users

8.1.1 The identity of Authorized Users shall be authenticated, as detailed in Section 8.2 below, before access to the Camden HIE is granted.

8.1.2 Each Participant shall verify and authenticate the identity of their Authorized Users who shall have access to Data through the Camden HIE.

8.1.3 Subsequent access to the Camden HIE will prompt Authorized Users to authenticate their identity prior to each access to the Camden HIE.

8.2 Minimum Authentication Standards

8.2.1 Each Authorized User seeking to obtain access rights to the Camden HIE shall be authenticated through an authentication methodology that meets the minimum technical requirements for Authentication Assurance Level 2 ("Level 2") set forth in National Institute of Standards and Technology Special Publication 800-63 (hereinafter, “NIST SP 800-63”).

8.2.2 Accordingly, the following minimum authentication methods shall be used:

8.2.2.1 Authorized User’s identity shall be authenticated using at least a single-factor authentication, which queries Authorized Users for something they know (e.g., a password);

8.2.2.2 Password can be used alone, and need not be in combination with any other tokens, provided that the selected password protects against online guessing and replay attacks; and

8.2.2.3 Initial identity-proofing procedures (either remote or in-person) that require Authorized Users to provide identifying materials and information upon registration as an Authorized User.

8.2.2.4 Each request for Patient Data shall include a non-repudiable assertion as to the identity and role of the Authorized User who requested and who will receive the Data.
CAMDEN HEALTH INFORMATION EXCHANGE

Camden HIE Policies

<table>
<thead>
<tr>
<th>Policy No. 9:</th>
<th>Permitted Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date:</td>
<td>In Development</td>
</tr>
</tbody>
</table>

Purpose:

The purpose of this Policy is to ensure that Data is used and accessed only as permitted under federal and state law and these Camden HIE Policies, and that Participants and Authorized Users have proper measures and safeguards in place to assure that Data is used only for Permitted Uses. Use Cases, defining broad examples of Permitted Uses, are outlined in Policy 9A.

Policies:

9.1 Compliance with Law

9.1.1 All disclosures of Data through the Camden HIE and the use of information obtained from the Camden HIE shall be consistent with all applicable federal, state, and local laws and regulations, and shall not be used for any unlawful or unauthorized purpose.

9.1.2 If applicable law requires that certain documentation exist or that other conditions be met prior to using or disclosing Data for a particular purpose, the requesting Participant or Authorized User, as the case may be, shall ensure that it has obtained the required documentation or met the requisite conditions, and shall provide evidence of the same at the request of the disclosing Participant and Authorized User, or the Camden HIE.

9.2 Permitted Uses

9.2.1 Each Participant and Authorized User shall provide or request Data through the Camden HIE only to the extent necessary and only for those purposes that are permitted by applicable federal, State, and local laws and regulations, the controlling terms of an executed Participation Agreement, the Authorized User Agreement, and these Camden HIE Policies.

9.2.2 The agreed upon Use Cases for Permitted Uses can be found in Appendix 9A. Such Use Cases have been created and may be modified at the discretion of the Camden HIE Oversight Committee.

9.2.3 Authorized Users shall send any Data through any properly encrypted means (e.g. encrypted e-mail).
HIE Permitted Use Case #1

Treatment

Statutory and regulatory basis
Treatment - 45 C.F.R. 164.501-506

Description of use
HIE Data may be used by Health Care Providers in the providing of Treatment to Patients. Treatment is defined as “the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a Patient, or the referral of a Patient from one health care provider to another.” 45 C.F.R. 164.501.

Examples of permitted use by Authorized User
1. Outpatient clinical provider accesses Data in connection with Patient’s follow-up office visit.
2. Coalition’s citywide care coordination team reviews Data on behalf of those Participants contributing such Data to determine whether hospitalized Patient is a candidate for care coordination intervention.
3. Clinical provider at county jail reviews records contained in HIE for incarcerated Patient who presents at jail’s health clinic.
4. Authorized Users and Participants view Medicaid Prescription data.
5. Emergency room physician reviews Data when Patient presents at ED.
6. Managed care organization’s care coordinator, in collaboration with members’ physicians and/or other care coordinators, accesses HIE Data in connection with developing care coordination plan for MCO member. (Managed Care personnel performing administrative functions for the payor such as cost evaluation, will have access to the minimum necessary PHI in order to perform those functions).
7. Coalition’s citywide care coordination team records medication reconciliation and care coordination activities in HIE that is viewable by other treating clinicians.
HIE Permitted Use Case #2
Population Health and ACO – Notice to Primary Care Practice

Statutory and regulatory basis
Health Care Operations and Treatment - 45 C.F.R. 164.501-506

Description of use
The Coalition is developing an Accountable Care Registry (ACR) that tracks Patients by primary care practice and payer. The ACR enables the creation of various reports of data contained in the HIE to corresponding practices and payers. The ACR is created and maintained for each participating practice based on multiple Data sources, including practices’ Patient records, Patient capitation lists from MCOs, and hospital records of Patient self-identification. The ACR is updated monthly.

The first application of the ACR is the development of daily reports by the Coalition, as a Business Associate of and on behalf of HIE Participants, of attributed Patients who have been seen in the Emergency Department (ED) or admitted to the hospital. Patients at Virtua’s ED who indicate that they do not want their hospital records shared with their PCP are excluded from the daily report.

The Use Case may expand with additional Data to provide the practice or organization with reports to help manage targeted quality metrics such as routine mammograms and cervical cancer screenings, etc.

The ACR falls within Health Care Operations as a “population based activity relating to improving health or reducing health care costs” and an integral part of “case management and care coordination.” The daily reports promote targeted care coordination for Patients who are at-risk of readmission and require prompt post-discharge follow-up care.

Examples of permitted use by Authorized User
1. Primary care practice receives daily report of ED and inpatient admission and uses it to contact Patient and hospital’s clinical staff to coordinate care while in the hospital.
2. Care coordination team from the Coalition working with a practice uses daily report to identify Patients to outreach and schedule follow-up appointments
HIE Permitted Use Case #3
Health Care Operations – Planning and Practice Improvement Activities

Statutory and regulatory basis
Health Care Operations - 45 C.F.R. 164.501-506

Description of use
The Medicaid ACO uses HIE Data to better understand current health care utilization patterns, the frequency of various health conditions, and other important aspects of the local health care landscape for the purpose of improving health care operations at the practice and system level. This information can be used for a wide range of planning activities, including segmenting Patient populations to better understand utilization patterns, identifying areas of high need to target new or existing interventions and resources, and performing exploratory analysis to look for opportunities for practice improvement.

As a Business Associate of Participants, the Coalition may aggregate data for the purpose of program evaluation and performance improvement activities. The HIE measures hospital utilization and readmission, which is metric for evaluating the overall effectiveness of a particular intervention or for identifying those who respond well (or do not respond well) to an intervention in order to better understand its impact and improve its effectiveness. Additional clinical Data in the HIE will enable more robust evaluation of outcomes and performance analysis.

Planning and practice improvement falls within first category of Health Care Operations (45 C.F.R. 164.501): “conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and Patients with information about treatment alternatives; and related functions that do not include treatment.”

Examples of permitted use by Authorized User
1. Coalition analyst staff use HIE Data to analyze and segment a practice’s Patient population based on frequency of ED and inpatient hospital utilization to understand need for differing levels of care coordination and follow-up appointments.
2. Evaluate the impact of a clinical intervention (e.g. care coordination or Patient education) on hospital utilization.
3. Report to funders the impact of program on hospital utilization.

Note: Medicaid Prescription Data can not be used for QI purposes.
HIE Permitted Use Case #4  
Population Health – Camden Health Explorer

Statutory and regulatory basis
The De-identification Standard, 45 C.F.R. 164  
HIPAA Expert Determination Method, 45 C.F.R. 164.514(b)(1)

Description of use

De-identified HIE Data may be used by the Coalition to support its efforts to build the Camden Health Explorer, a publicly available interactive website that will allow individuals to see real-time hospital-utilization and other population health trends for the City of Camden. Users will be able to log on and see a "weather map" for hospital utilization, displaying key metrics like hospital readmissions and rates of un-insurance across the city. HIE Data will be transferred to the Coalition’s secure server and will be cleaned, analyzed, and de-identified before becoming a part of the Health Explorer.

The use falls within the de-identification standards laid out under Section 164.514 of the HIPAA privacy rule. Under these standards, “[h]ealth information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.”

HIE Data is de-identified in compliance with Section 164.514(b) of the HIPAA Privacy Rule. Under the expert determination method, a covered entity may determine that health information is not individually identifiable health information only if:

(1) A person with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable:
   (i) Applying such principles and methods, determines that the risk is very small that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information; and
   (ii) Documents the methods and results of the analysis that justify such determination

To meet the expert determination standard, the de-identification process for the Camden Health Explorer will be certified by an independent expert in de-identification to ensure that it is HIPAA-compliant.

Examples of permitted use by Authorized User

1. Coalition analysts transfer HIE Data to the Coalition's secure server, which then will be cleaned, analyzed, and de-identified by Coalition staff and its business associate, BlueLabs, before becoming a part of Health Explorer.

2. The public may access deidentified Data in the Health Explorer, a website that allows users to observe trends in anonymized Data on Camden’s hospital utilization.

HIE Permitted Use Case #5
Health Care Research

Statutory and regulatory basis
45 C.F.R. 512(i)

Description of use
Subject to the oversight and permission of an Institutional Review Board (IRB), researchers may use HIE Data to perform health care research in accordance with 45 C.F.R. 512(i).

Coalition research staff may also use HIE Data to develop research protocols and for similar purposes that are “preparatory to research” in accordance with 45 C.F.R. 512(i)(1)(ii).

The first example of the Health Care Research use involves conducting a Randomized Controlled Trial (RCT) to evaluate the effectiveness of the Coalition’s Care Management Initiative (CMI). Researchers from MIT J-PAL will use the HIE’s Patient encounter Data to measure the impact of the CMI intervention on hospital-based services (ED and inpatient admission) for individuals consented into an IRB approved research study (Cooper and Lourdes). Coalition staff will provide researchers with a limited Data set containing HIE Data subject to a Data Use Agreement.

Examples of permitted use by Authorized User
1. The Coalition may construct a limited data set of Emergency Department and inpatient encounters for treatment and control groups in the RCT to be shared with researchers at MIT J-PAL
Purpose:
The purpose of this Policy is to establish the Coalition's policy and procedure regarding reporting to Camden HIE Participants Breaches of Protected Health Information (PHI) relating to the Camden HIE, when such reporting is required under HITECH and the Coalition’s Participation Agreements with Participants.

Policies:

10.1 Breach Notification Requirements

10.1.1 The Coalition is required to report any breach of PHI to the relevant HIE Participants under its agreements with HIE Participants and CareEvolution within the time frames identified in this Policy. Under the Downstream HIPAA Business Associate Agreement (Exhibit B to the Marketing and Services Agreement) between the Coalition and CareEvolution, CareEvolution is required to report any breaches to the Coalition within the same time frames. Pursuant to these agreements, the Coalition will report to relevant HIE Participants any breach of PHI relating to the HIE, whether such breach was reported to the Coalition by CareEvolution or were discovered by the Coalition.

10.1.2 Each Participant shall strive to detect any circumstances that could lead to or result in a potential or actual Breach.

10.1.3 Any Participant or Authorized User that has reason to believe that a Breach has or may have occurred shall promptly report such information to the Coalition.

10.2 Breach Notification

10.2.1 “Discovery” of a potential Breach occurs when either:

10.2.1.1 The Coalition is told by a Participant, Authorized User, Patient, vendor (including CareEvolution), or other applicable entity about a potential breach; or

10.2.1.2 When the Coalition discovers a potential Breach.

10.2.2 Upon discovery of a potential Breach as defined above, the Coalition and relevant Participant(s) will conduct an initial assessment to determine what type of further investigation is necessary.

10.2.3 The Coalition will notify the relevant Participants within forty-eight (48) hours of discovery of a potential Breach and/or being notified of a potential Breach. Initial
notification will be in the form of email and telephone without any identifying information. For each potential Breach, all Participants will be notified, as well as any affected practices.

10.3 Breach Investigation Committee

10.3.1 Simultaneous with the initial report notification, the Coalition will activate the Breach Investigation Committee, a subcommittee overseen by the Camden HIE Oversight Committee. The Breach Investigation Committee will conduct the investigation, including a review of the facts and circumstances surrounding the breach.

10.3.2 The Breach Investigation Committee shall comprise of Coalition members and representatives from each Health Care Provider that contributes Data to the Camden HIE. Each Health Care Provider shall identify its representatives, including backup representatives, during contract negotiations with the Camden HIE.

10.4 Risk of Harm Assessment

10.4.1 The Breach Investigation Committee will conduct a full risk assessment within ten (10) days of notification of a potential breach. If the relevant Camden HIE Participant representative is not available and a replacement has not been designated, the Coalition will assume that role for purposes of the risk assessment.

10.4.2 The risk assessment shall assess the probability that the protected health information has been compromised based on at least the following factors:

10.4.2.1 The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;

10.4.2.2 The unauthorized person who used the protected health information or to whom the disclosure was made;

10.4.2.3 Whether the protected health information was actually acquired or viewed; and

10.4.2.4 The extent to which the risk to the protected health information has been mitigated

The Breach Investigation Committee shall presume that a potential Breach is a Breach unless it determines that there is a low probability that PHI was or will be compromised.

10.5 Mitigation

10.5.1 Based on the classification of the breach and other relevant information, the Coalition may take any one or more of the following temporary actions to mitigate the potential risk of harm to individuals during the breach investigation process:

10.5.1.1 Preventing an otherwise Authorized User from accessing the Camden HIE;
10.5.1.2 Preventing a specific Participant from accessing the Camden HIE;

10.5.1.3 Preventing all Participants from accessing the Camden HIE.

10.5.2 Based on the outcome of the breach investigation, the Camden HIE Oversight Committee shall determine whether any temporary mitigation measures will be made permanent and whether any additional mitigation/corrective actions are necessary.

10.6 Breach Investigation Report

10.6.1 The Coalition will submit a final written report to Participants within fifteen (15) days of discovery of the breach.

10.6.1.1 Breach notifications to Participants whose Patients’ PHI was breached will include, to the extent possible, the identification of each Patient whose unsecured PHI has been, or is reasonably believed by the Coalition to have been, accessed, acquired, used, or disclosed during the breach. The Coalition also will provide Participants with the following other information in order for the relevant Participants to comply with the breach notification requirements:

10.6.1.1.1 A brief description of what happened, including the date of the breach and the date of the discovery;

10.6.1.1.2 The type(s) of unsecured PHI involved in the breach (e.g., social security numbers, names, addresses, diagnosis codes);

10.6.1.1.3 A brief description of what the Coalition and CareEvolution (if applicable) is doing to investigate the breach and mitigate any harmful effect of the unauthorized use; and

10.6.1.1.4 A brief description of any corrective action the Coalition has taken or will take to prevent future similar unauthorized uses or disclosures.

10.6.2 The Coalition will provide Participants with the information described above within the timeframe noted above or promptly thereafter as information becomes available. Accordingly, more than one notification may be distributed to Participants: the first notice would provide whatever information is available within the required timeframe; and the second notification sent if/when additional information becomes available.

10.6.3 A full report with Patient identification will be sent to the relevant Participant(s), the Camden HIE Oversight Committee, and legal counsel if requested. The Coalition will provide a de-identified report to Participants whose Patients were not affected by the breach. The de-identified report will be distributed within a reasonable timeframe after conclusion of the investigation.

10.6.4 Recipients of the full report may submit comments within twenty-four (24) hours of receiving the report. The Coalition will review such comments and issue a revised final
report, if necessary. The Coalition has full discretion to accept or reject any comments regarding a final report.

10.7 Coordination of Breach Reporting by Participants

10.7.1 Participants are responsible under HITECH to report certain breaches of unsecured PHI to Patients and to the Secretary. To the extent requested by Participants, the Coalition will assist in coordinating such breach reporting to Patients and the Secretary, recognizing that each Camden HIE Participant may conduct its own risk assessment before sending breach notifications to Patients.

10.8 Documentation

10.8.1 The Coalition will retain all documentation regarding breaches, including copies of breach notifications sent in accordance with this Policy.

10.9 Press language

10.9.1 To the extent that the Coalition is contacted by a member of the press regarding an alleged breach, the Coalition will use the statement attached as Exhibit A as its public statement regarding any alleged breach.
Statement to the Press when the Coalition is asked about a potential breach:

The Camden Coalition of Health Care Providers is committed to protecting the privacy and security of all Protected Health Information relating to the Camden Health Information Exchange (HIE). The Coalition has implemented robust privacy and security policies and procedures in accordance with applicable law (including HIPAA), and requires Camden HIE vendors to maintain the same. The Coalition's policies and procedures include a policy for reporting breaches to the healthcare providers who participate in the Camden HIE, and the Coalition currently is following this policy. Each health care provider participating in the Camden HIE is responsible for notifying its Patients affected by a breach in accordance with applicable law.

We regret that the alleged incident has occurred. The Coalition and each affected provider participating in the Camden HIE will investigate the incident and respond promptly in accordance with applicable law.

<table>
<thead>
<tr>
<th>Camden HIE Policies</th>
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<tbody>
<tr>
<td><strong>Policy No. 10A: Exhibit A: Press Statement</strong></td>
</tr>
<tr>
<td><strong>Effective Date:</strong> In Development</td>
</tr>
</tbody>
</table>
Purpose:

The purpose of this Policy is to ensure that certain Data subject to “Special Protection” is not accessed or disclosed except in strict accordance with State and federal law. The Camden HIE shall ensure such Data is afforded specific procedural, technological and/or other safeguards as may be necessary and appropriate.

Policies:

11.1 Compliance with Law and Camden HIE Policies

11.1.1 Each Participant and Authorized User will comply with the standards and requirements set forth in this and all other applicable Camden HIE Policies as well as any applicable State and/or federal laws before releasing, requesting or accessing any category of information subject to Special Protection (hereinafter, "Sensitive Information").

11.1.2 The following categories of Sensitive Information are examples of Data that may be accessible in the Camden HIE:

- HIV/AIDS
- Venereal Diseases
- Drug or Alcohol Addiction Treatment Records
- Mental Health Facility Records, Behavioral Health Information
- "Psychotherapy Notes" (as defined under HIPAA and HITECH)
- Genetic Information
- Minor's Emancipated Treatment
- Data related to services paid for “out-of-pocket” in full by a Patient or representative on behalf of a Patient

The foregoing list is not all-inclusive and under no circumstances releases Participants and Authorized Users from their obligation to notify the Camden HIE of any specific Data they maintain or receive that may be subject to Special Protection by other State and/or federal laws.

11.2 Participants and Authorized Users will obtain Patients’ written consent that includes explicit reference to access of Sensitive Information prior to accessing records through the Camden HIE. Such consent must be obtained for each episode of treatment, an episode cannot last more than six months.

11.3 Accessing Sensitive Data Safeguard
11.3.1 Where written, informed consent from the Patient is required by law, Participants and Authorized Users are required to attest that they have obtained written, informed consent from the Patient or Patient's authorized representative, as prompted by the Camden HIE platform.

11.3.2 Copies of written informed consent and other proof of authorizations obtained from Patients shall be maintained by Participants in accordance with timeframes required under applicable State and/or federal law, and will be produced to Camden HIE upon its reasonable request for auditing purposes, until such time as the Camden HIE may adopt an automated consent process.

11.3.3 The Camden HIE shall assess and evaluate technological programs for automating the Patient consent process, including, but not limited to the possibility of an “electronic” consent form that would be “e-signed” by the Patient and uploaded to the Camden HIE system. If such an automated consent process is adopted by Camden HIE, Participants and Authorized Users will be required to obtain Patient informed consent, where required by law, through such procedures as may be adopted by Camden HIE.

11.4 Prohibition on Re-Disclosure

11.4.1 Participants and Authorized Users shall not subsequently re-disclose Sensitive Information that is subject to Special Protection, except in accordance with applicable State and federal law.

11.5 Auditing for Compliance.

11.5.1 The Camden HIE shall develop processes and procedures for auditing Participant and Authorized User compliance with this Camden HIE Policy and the identified categories of Sensitive Information subject to State and/or federal law.

11.5.2 Participants and Authorized Users shall submit to and cooperate with such auditing as may be performed by Camden HIE, including providing documentation of Patient consent and other authorizations where required.

11.6 Sanctions

11.6.1 Sanctions for non-compliance with this Camden Policy and applicable State and/or federal law will be imposed in accordance with the Camden HIE "Enforcement and Penalties" Policy.
**Purpose:**

The purpose of this Policy is to promote the privacy principles of collection limitation, use limitation, data integrity and quality and security safeguards and controls. Participants and Authorized Users will only access the Minimum amount of data necessary to treat Patient's condition.

**Policies:**

12.1  Uses

12.1.1 Each Participant and Authorized User shall use only the minimum amount of Data obtained through the Camden HIE as is necessary for a Permitted Use, as defined in Policy 9 and Policy 9A.

12.1.2 Each Participant and Authorized User shall limit the access to and sharing of Data obtained through the Camden HIE to only those Authorized User workforce members, agents, and contractors who need the information in connection with their job function or duties, including treating the Patient.

12.2  Access

12.2.1 Each Participant and Authorized User shall access and request through the Camden HIE only the minimum amount of Data as is necessary for the purpose of the access or request.

12.2.2 As allowed under HIPAA, access to Data through the Camden HIE by a Health Care Provider for Treatment purposes is **NOT** subject to the minimum necessary requirements.

12.3  Entire Medical Record

12.3.1 A Participant and Authorized User shall not use, disclose, or request an individual’s entire medical record except where specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure, or request.

12.3.2 This limit does not apply to disclosures to or requests by a Health Care Provider for Treatment purposes or disclosures required By Law.
CAMDEN HEALTH INFORMATION EXCHANGE

Camden HIE Policies

Policy No. 13: Auditing and Education

Effective Date: In Development

Purpose:

The purpose of this Policy is to ensure proper access, use and confidentiality of PHI accessed through the Camden HIE by Authorized Users, to verify compliance with access controls and administrative and other safeguards, and to provide appropriate education, mitigation, monitoring, and reporting of inappropriate access, use or disclosure.

Policies:

13.1 Periodic and Ad Hoc Audits

13.1.1 Periodic audits of Participants and Authorized Users shall be conducted by representative(s) of the Coalition.

13.1.2 The Coalition and its affiliated Authorized Users shall be subject to the same audit requirements as defined in this Policy. Audits of the Coalition shall be conducted by an external party, as agreed upon by the HIE Oversight Committee.

13.1.3 Specific audit elements are outlined in Policy 13A and updated regularly. In general, Coalition representatives shall audit the following:

13.1.3.1 Required documentation of consent forms for Patients whose PHI is accessed via the Camden HIE by Participants and Authorized Users;

13.1.3.2 Required process and documentation for opting Patients out of the Camden HIE in a timely fashion;

13.1.3.3 Appropriate access and use of PHI for permitted purposes via the Camden HIE by Participants and Authorized Users; and

13.1.3.4 Adequate technical and physical safeguards to protect against inappropriate or impermissible access of PHI via the Camden HIE.

13.1.4 Coalition representatives will perform mandatory ad hoc audits in response to a written or verbal complaint, or by an audit report suggesting inappropriate or impermissible access or use of PHI via the Camden HIE.

13.2 Audit Reports

13.2.1 Reports of all audits will be maintained by the Coalition, and such documentation will be retained for a period of six (6) years from the date on which information was accessed.
13.2.2 The Coalition will provide all Camden HIE Participants with aggregate reports generated from any periodic or ad hoc audit. Reports will be generated at the Authorized User and Participant levels and will contain only de-identified information.

13.3 Periodic and Ad Hoc User Education

13.3.1 The Coalition will host mandatory and optional educational sessions for all Authorized Users. Specific education sessions are outlined in Policy 13B. Education requirements will include at a minimum:

13.3.1.1 Annual HIPAA, system security, and HIE policy training; and

13.3.1.2 Ad hoc training on new features, updates and information available in the Camden HIE.

13.3.2 Authorized Users shall cooperate with and participate in all mandatory education sessions, and attend all optional education sessions to the best of their ability. Participation requirements are specified in Policy 13B.

13.4 Cooperation with Audit Process

13.4.1 Authorized Users shall cooperate with and participate in periodic and ad hoc audit procedures as set forth in this Policy. This includes hosting site visits and providing complete and accurate documentation requested by Coalition representatives to support audit activities within ten (10) calendar days of notification by the Coalition.

13.4.2 Failure to cooperate with Coalition representatives related to audit requests may result in penalties as outlined in the Enforcement and Penalties Policy.

13.5 Audit Governance

13.5.1 The HIE Oversight Committee will review audit reports generated by Coalition representatives, request additional audit activities when appropriate, and report any findings or issues to the Executive Board on a regular basis.

13.5.2 In its reports to the HIE Oversight Committee, the Coalition may reference specific Participants, but shall not disclose the names of individuals who are suspected of violating any Camden HIE Policy.
### Camden HIE Policies

**Policy No. 13A: HIE Audit Elements**

**Effective Date:** In Development

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<thead>
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<th>Type</th>
<th>Level</th>
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<td>TrackVia</td>
<td>Quarterly</td>
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<td>User</td>
<td># of logins</td>
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<td></td>
<td>User</td>
<td># of Patient records accessed</td>
<td>CareEvolution</td>
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<td>Clinic</td>
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<td># of orphan entries</td>
<td>CareEvolution</td>
<td>Semi-annually</td>
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<td></td>
<td>Enterprise</td>
<td># of MPI duplicates</td>
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<td></td>
<td>Enterprise</td>
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<td>Coalition-CE</td>
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## Camden HIE Policies

### Policy No. 13B: Education Schedule

**Effective Date:** In Development

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<th>Level</th>
<th>Description</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>All Users</td>
<td>HIPAA* and security protocols</td>
<td>Annually</td>
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<tr>
<td>Registration**</td>
<td>Patient consenting</td>
<td>Annually</td>
</tr>
<tr>
<td>All Users</td>
<td>Updates to HIE Policy Manual</td>
<td>Ad hoc</td>
</tr>
<tr>
<td>All Users</td>
<td>Updates to HIE system and/or new functionality</td>
<td>Ad hoc</td>
</tr>
</tbody>
</table>

*HIPAA education shall be waived if Participant provides proof of annual training for all Authorized Users

**For hospital-based Participants, registration staff are required to attend; for small practice or other non-hospital Participants, organizations may dedicate specific staff or mandate education for all Authorized Users
Purpose:

The purpose of this Policy is to ensure that Patient Data accessed through the HIE is complete, accurate, and available to Participants and Authorized Users, and has not been altered or destroyed in an unauthorized manner so as to protect the quality of care that a Patient receives, the medical decisions that may be made, and health outcomes through complete and accurate Data moving through the Camden HIE.

Policies:

14.1 Participants and Authorized Users must take reasonable steps to ensure that Data shared through the Camden HIE is accurate, complete, and up-to-date (to the extent necessary for the Participant's or Authorized User's intended purposes), and has not been altered or destroyed in an unauthorized manner.

14.2 Participants and Authorized Users shall implement technical security measures to protect against unauthorized access to Data that is being transmitted over an electronic communications network, in accordance with relevant provisions under the HIPAA Security Rule.

14.3 Participants and Authorized Users shall work collaboratively to ensure Data integrity and respond in a timely fashion to requests for review or revision. To this end, each Participant's EMR must have the technical capability to push updates and corrections to the Camden HIE or, at a minimum, allow the Participant to push updates and corrections of Data to the Camden HIE.

14.4 Incorrectly matched records, duplicate charts, and incorrectly merged charts will be resolved by the Camden HIE, the Coalition, and CareEvolution staff through discussion with Participants.

14.5 Periodic Data Quality and Integrity Audits

14.5.1 Periodic audits of Camden HIE Data shall be conducted by appointed representative(s) of the Coalition. At a minimum, a Coalition representatives shall audit the following:

14.5.1.1 Accuracy of the data available to Authorized Users via the Camden HIE;

14.5.1.2 Completeness of the data available to Authorized Users via the Camden HIE; and

14.5.1.3 Timeliness of the data available to Authorized Users via the Camden HIE.
14.5.2 At the discretion of the Coalition, Camden HIE staff may also perform ad hoc audits based upon a written or verbal complaint, or by an audit report indicating data matching issues in the Camden HIE.

14.5.3 Ongoing and ad hoc audit reports will be maintained by the Coalition, and such documentation will be retained for a period of six (6) years from the date on which information was accessed.

14.6 Cooperation with Integrity and Quality Process

14.6.1 Authorized Users shall cooperate with and participate in periodic and ad hoc data quality and integrity audits and procedures as set forth in this Policy.


**Camden HIE Policies**

**Policy No. 15: Enforcement and Penalties**

**Effective Date:** In Development

**Purpose:**

The purpose of this Policy is to provide a response process for when a Camden HIE Participant or its Authorized Users, employees, agents, or contractors is suspected of or determined to be violating any Camden HIE Policy, or any federal or state law governing the use and disclosure of Patient Data.

**Policies:**

15.1  Enforcement of Camden HIE Policies

15.1.1  The Participants and the Coalition share responsibility for enforcement of the Camden HIE Policies as described below.

15.1.1  Enforcement by Participant

15.1.1.1  Each Participant shall require that its Authorized Users, employees, agents and contractors comply with the Camden HIE Policies, and shall make this requirement known to those appropriate individuals. All Camden HIE Policies shall be made available on the Coalition’s website.

15.1.1.2  Each Participant shall require its Authorized Users, employees, agents, and contractors to report suspected violations to the Participant, and shall adopt appropriate disciplinary action for failure to do so in accordance with the Participant’s internal policies.

15.1.1.3  Each Participant shall, in accordance with its internal policies, take disciplinary action against its Authorized Users, employees, agents, and contractors who violate any Camden HIE Policy, or any federal or state law governing the use and disclosure of Patient Data while using the Camden HIE.

15.1.1.4  If a Participant learns of or suspects a violation of any Camden HIE Policy, the Participant shall report such known or suspected violation to the Camden HIE-affiliated Coalition staff Director. This reporting does not relieve the Participant from its duty to take appropriate disciplinary action against its Authorized Users, employees, agents, or contractors in accordance with Participant’s internal policies.
15.1.2 Enforcement by the Camden Coalition of Healthcare Providers

15.1.2.1 If the Coalition or HIE Oversight Committee has reason to suspect a violation of any Camden HIE Policy due to the auditing process, independent reporting, or other source, the Coalition will conduct an inquiry.

15.1.2.2 During an inquiry, the name of any individual suspected of a violation shall be known to Camden HIE staff and the relevant Participant, and shall be kept otherwise confidential. To ensure confidentiality, the Camden HIE staff shall assign a reference number to any individual who is the subject of an inquiry.

15.1.2.3 The inquiry shall include, but is not limited to, the following actions:

15.1.2.3.1 The Coalition may request, at its discretion, an in-person meeting with any Participant’s chosen representative or its Authorized Users, employees, agents, or contractors who are suspected of violating a Camden HIE Policy.

15.1.2.3.2 During an inquiry, a Participant’s or Authorized User’s access to the Camden HIE may be suspended at the discretion of the Coalition.

15.1.2.4 Following the inquiry, the Coalition will present to the Oversight Committee its findings on the issues of whether a violation occurred and what sanctions are recommended.

15.1.2.5 The HIE Oversight Committee may approve these findings, modify the findings prior to approval, or request that the Coalition conduct specific, additional inquiry. Such action shall be completed by vote during a regular session of the HIE Oversight Committee, or at a special session called for this purpose.

15.1.2.6 Any member of the Oversight Committee who represents a Participant that is itself, or whose Authorized User is, potentially subject to sanctions may participate in discussions regarding the Coalition’s findings, but must abstain from voting.

15.1.2.7 Once the HIE Oversight Committee has reached a final decision regarding sanctions, the name of any individual subject to sanctions shall be revealed to the Oversight Committee and shall be otherwise kept confidential. The minutes of the Oversight Committee meeting shall refer to any individual only by the corresponding reference number.

15.1.2.8 The Oversight Committee’s decision shall be recorded in a Determination Letter that specifies the following:

15.1.2.8.1 The nature of the suspected or substantiated violation;
15.1.2.8.2 Whether a sanction has been imposed and, if so, the terms and duration of the sanction;

15.1.2.8.3 The HIE Oversight Committee’s rationale for its decision; and

15.1.2.8.4 Any rights the affected Participant(s) and/or Authorized User(s) may have to submit a request for Appeal.

15.1.2.9 The HIE Oversight Committee shall transmit its Determination Letter to the affected Participant(s) and/or Authorized User(s) via email and U.S. Certified Mail. The Determination Letter shall be transmitted within 48 hours of the Oversight Committee’s final vote.

15.1.2.10 If a sanction is imposed on a Participant and/or Authorized User(s), the decision of the HIE Oversight Committee will be disclosed to the Coalition’s Board of Directors at their next regularly scheduled meeting, unless disclosure would impede any ongoing inquiry. The name of any individual subject to sanctions will not be disclosed to the Coalition Board of Directors.

15.1.2.11 The Oversight Committee shall follow all federal and state laws, as well as HIE Policies, regarding reporting of legal violations to appropriate authorities, and shall cooperate with any investigation that such authorities may initiate.

15.2 Penalties for Violation of Camden HIE Policies

15.2.1 Based on its interpretation of the findings and the severity of the violation, the Oversight Committee may issue a sanction against a Participant or Authorized User. Examples of the types of sanctions that may be imposed include:

15.2.1.1 An extended period of suspension from the Camden HIE;

15.2.1.2 Establishment of a probationary period for restricted use of the Camden HIE. During this probationary period, the Coalition shall conduct frequent audits to ensure the sanctioned Authorized User’s and/or Participant’s full compliance with the Camden HIE policies and applicable law; and

15.2.1.3 Termination of use of the Camden HIE based on a finding of an egregious violation or a confirmed violation of HIPAA or other federal or state law.
15.2.2 In its discretion, the Oversight Committee may issue a sanction against a Participant and its entire staff of Authorized Users, or an individual Authorized User.

15.2.3 Any sanctions imposed by the HIE Oversight Committee against an Authorized User or a Participant will affect only rights with regard to accessing the Camden HIE.

15.3 Appeals

15.3.1 Any Authorized User or Participant shall have the opportunity to appeal a Determination that imposes sanctions.

15.3.2 A request for appeal must be submitted in writing, via email and U.S. Certified Mail, to the Coalition and the Camden HIE within ten (10) business days after the Determination Letter is issued. The appeal letter must state the specific reasons and information supporting why the sanctions should be reconsidered.

15.3.3 The Appeal Period begins the day the Coalition receives the appeal letter and shall be completed in no more than 45 business days. The sanctions imposed by the HIE Oversight Committee shall continue in full force and effect during the Appeal Period.

15.3.4 The appeal shall be reviewed by an ad hoc Appeal Committee composed of three (3) members of the Coalition's Executive Committee who are not representatives of any Participant affected by the sanctions and do not participate on the Oversight Committee. The Coalition shall provide the Appeal Committee with information about the original inquiry and shall provide additional information as requested.

15.3.5 During the Appeal Period, the appealing party may request an in-person meeting with the Appeal Committee. The Appeal Committee may request additional information from the appealing party and any other parties involved in the matter. All requests must be made in writing by email and U.S. Certified Mail and shall be received no later than 30 days into the appeal process.

15.3.6 By the end of the Appeal Period, the Appeal Committee shall issue a Final Determination in writing to uphold or overturn the imposed sanction. The Final Determination shall include the rational for the decision. The Final Determination cannot be appealed.

15.3.7 The Final Determination must be transmitted to the appealing party by U.S. Certified Mail within 48 hours of the decision being reached by the Appeal Committee.
Purpose:
The purpose of this Policy is to ensure that there is a process by which Patients may complain and/or make suggestions or other comments about practices or activities related to the Camden HIE, and/or its Participants and Authorized Users.

Policies:

16.1 Complaints

16.1.1 The Camden HIE and all Participants shall accept complaints from Patients about the practices or issues relating to the Camden HIE.

16.1.2 The Camden HIE will also accept complaints from Patients, Participants, and Authorized Users regarding a particular Authorized User or Participant of the Camden HIE.

16.1.3 The procedures for the complaint process will be made known through education materials and online resources.

16.1.4 Any general complaint regarding the Camden HIE that is received by a Participant shall be promptly forwarded to the Coalition for handling.

16.1.5 Complaints may be submitted in writing or by any other reasonable method.

16.1.6 Neither the Camden HIE nor any Participant or Authorized User may retaliate, discriminate against, intimidate, coerce, or otherwise reprise a Patient if he or she files a Complaint pursuant to this Policy.

16.1.7 The foregoing Complaint process does NOT limit or change any rights that a Patient may have to file a HIPAA complaint regarding any particular Health Care Provider’s privacy practices, in accordance with HIPAA and such Health Care Providers Notice of Privacy Practices.

16.2 Anonymity and Confidentiality

16.2.1 Complaints may be submitted anonymously. In such case, it is the responsibility of the submitting complainant to ensure that no identifying information is included or submitted with such Complaint that could reveal their identity or compromise their anonymity.
16.2.2 Any Patient PHI included in the Complaint shall be used and disclosed only as permitted under HIPAA, HITECH and State law.

16.3 Complaint Log

16.3.1 Copies of Complaints submitted to the Camden HIE shall be maintained by the Coalition in a Complaint Log.

16.3.2 Outcomes or resolutions to written complaints will be documented, but may not be communicated to the submitting complainant unless specifically requested.

16.4 Nature of Complaints

16.4.1 Complaints submitted to the Camden HIE are not considered a part of a Patient’s Designated Record Set, or a part of an individual’s employment records.

16.4.2 Complaints submitted to the Camden HIE that include concerns or issues regarding the actions of an employee, agent or Business Associate of a Participant are subject to the following:

16.4.2.1 If the Complaint includes information that may suggest violations of these Camden HIE Policies, provisions of the Participation Agreement, or other affirmative obligations a Participant or Authorized User to the Camden HIE, then the Enforcement and Sanctions Policy will be applied.

16.4.2.2 If the Complaint includes information that may require action or response by the respective employer (e.g., a Participant), such employer shall respond and address any such employment concerns in accordance with its own internal employment practices and policies.
Purpose:
The purpose of this Policy is to establish and define the responsibilities of a decision-making and governing body for the Camden HIE.

Policies:

17.1 Formation

17.1.1 A "Camden HIE Oversight Committee" shall be established as the governing and decision-making body for the Camden HIE.

17.1.2 The Camden HIE Oversight Committee shall be formed as a subcommittee of the Board of the Coalition, and as such the actions of the Camden HIE Oversight Committee shall be subject to review and approval by the Board.

17.2 Membership

17.2.1 The Camden HIE Oversight Committee shall consist of representatives from Participants that are Health Care Providers and elect to maintain a vote on the Camden HIE Oversight Committee.

17.2.2 Participants who are Health Care Providers may elect to appoint one or more representatives to serve as voting members.

17.2.3 The Coalition may appoint representatives to serve as a voting members.

17.2.4 Voting members shall serve one year renewable terms.

17.3 Consensus and Unanimity

17.3.1 The Camden HIE Oversight Committee strives to operate through consensus.

17.3.2 Each Participant that is eligible to name representatives to the Camden HIE Oversight Committee shall have one vote in actions of the Committee requiring approval of the membership; that is, all representatives of a given Participant must consent or dissent together.

17.3.3 Unanimous consent of all voting members shall be required for the following actions:

17.3.3.1 Approval or amendment of Camden HIE Policies and Procedures; and
17.3.3.2 Approval or amendment of Camden HIE Use Cases.

17.4 Meetings

17.4.1 The Camden HIE Oversight Committee shall meet periodically but not less than four times per year. Notice of the date, time, and location of such meetings shall be provided to all members of the Camden HIE Oversight Committee at least five days in advance.

17.4.2 Meetings of the Camden HIE Oversight Committee shall be overseen by a Chair appointed by the Executive Board of the Coalition.

17.5 Authority and Responsibilities

17.5.1 The Camden HIE Oversight Committee shall be responsible for providing oversight of and strategic direction to the Camden HIE. Oversight shall include but not be limited to the following areas:

17.5.1.1 Development and approval of Camden HIE Policies, Participation Agreement, and HIE Use Cases;

17.5.1.2 Addition of new Participants and Data types;

17.5.1.3 Camden HIE Technology;

17.5.1.4 Camden HIE Services;

17.5.1.5 Involvement in NJHIN and other efforts to connect Camden HIE to other HIEs.

17.5.2 The Camden HIE Oversight Committee’s decisions and determinations relative to the Camden HIE are binding on all Participants of the Camden HIE.

17.5.3 The Camden HIE Oversight Committee has the authority to develop and impose sanctions, per the Enforcement and Sanctions Policy.

17.6 Camden HIE Committees and Task Groups

17.6.1 The Camden HIE Oversight Committee may, from time to time, establish advisory committees and/or task groups to aid it in completing its functions and responsibilities. Certain authorities may be delegated to such advisory committees or groups as the Camden HIE Oversight Committee determines to be appropriate.

17.6.2 Unless specifically stated otherwise elsewhere in these Camden HIE Policies, the Camden HIE Oversight Committee may, in its sole discretion, disband any advisory committee and/or task group based upon its determination that the purpose or charge of such committee or group has been completed, or the committee or group is no longer necessary.