

MEDICAL CENTER PEDIATRICS INFORMATION SHARING POLICY

The goal of Medical Center Pediatrics is to make every effort to share information with patients and authorized representatives in compliance with HIPAA, the state of Michigan regulations regarding privacy and confidentiality, and the 21st Century Cures Act.

Medical Center Pediatrics makes every effort to honor requests in a timely manner and in a format that is consistent with the request.

- Requests

Requests from patients can be made to the practice via the following methods:

1. Website: please go to www.mcphealthykids.com > patient forms> records request
2. Email
3. In writing
4. Portal message

- Format

We provide the information in the following formats:

1. Via patient portal
2. Paper records (for mail or pick up)
3. Via practice email with encryption

- Processing requests

All requests for information will be documented in the medical record within 5 business days of receipt and include the following:

1. Name and role of requestor (if not the patient)
2. Date of request
3. Verification of the legal authority of the requestor to have access to the information where uncertain/unclear
4. Written confirmation of request where feasible to document authority (may be a signed information request form, portal message which required authentication to initiate, faxed, or emailed documentation)
5. Format in which requester is asking for the information to be provided
6. Content to be included in the release of information per the request

- Timely processing of requests

Every effort will be made to process request within 15-30 business days in order to provide patients with timely access to their information. If the practice is unable to meet the 15-30 day goal, a staff member will communicate an anticipated delay with the requestor and make alternative arrangements to provide information (either content or format) as mutually agreed upon. The practice will monitor their performance to ensure they are meeting this goal at least 90% of the time and institute improvement processes as deemed appropriate.

- Cooperation and collaboration

If MCP is unable to provide the requested information in the manner and format requested, alternate arrangements will be sought to satisfy the requester.

Documentation will be made in the medical record related to communication to offer alternatives and document resolutions. Any information that cannot be shared will be documented as to the content, the reason it could not be shared as requested, and will reference the appropriate exceptions according to the 21st Century Cures Act.

- Passive Sharing of Information:

MCP makes every effort to provide access to patient information via a patient portal hosted by Intelichart.

1. Encouraging portal adoption
MCP encourages use of the patient portal for all patients to have clinical health information at all times.
 2. Proactive sharing information through the portal
MCP shares appropriate information freely through our EHR and Patient Portal wherever, safe, appropriate and feasible.
- Electronic Personal Health Information (EHI) currently available for patients or their authorized representatives in electronic format includes the following:
 1. Demographics
 2. Problem List
 3. Allergies
 4. Medications
 5. Vital Signs
 6. Visit Notes
 7. Procedures
 8. Immunizations
 9. Diagnostic Test Results
 10. Smoking Status
 11. Care Team Members
 12. Implantable devices

The above EHI is available through both discrete elements of our patient portal and through self-generated CDAs which patients (or their representatives) can access freely through the portal and download or send via secure (direct message) or non-secure email directly from patient portal.

- API access
Currently patients/patient representatives may request API access to their information through our technology vendor for our patient portal (Intelichart).

- Ability to receive EHI

MCP is unable to electronically receive EHI at this time.

MCP receives ADT information (admit, discharge, transfer) from all our regional hospitals through Oakland Southfield Physicians group. We scan all reports into our EHR, connect them to the patient medical record and share to the patient's portal. In addition, we receive urgent care and specialists reports from external healthcare partners and process them the same way.

- Gaps in Practice information Sharing

- MCP makes every effort to share information in accordance with HIPAA, state and jurisdictional laws wherever possible. The following are identified gaps in information sharing and our practice plan to address these gaps. The practice is committed to empowering patients with their health information and will work to continually identify and address gaps as they become known to us.

1. Information stored in non-electronic format

The practice has information stored as images and/or PDF's in our EHR as part of patient charts (including some prior records and specialty reports from external sources). Since this information is not stored in an electronic format, it cannot be shared or transmitted in an electronic format. Patient requests for information which exist in these formats will be shared with patients in a mutually agreeable format as requested. Any patient information prior to October 2013 are in paper format and therefore can only be shared in a paper or PDF format.

2. Sensitive data

- A. Pediatric charts can include sensitive information that is not directly patient data, such as health data specific to the maternal health history. In an effort to protect maternal privacy in accordance with HIPAA, this information will not routinely be shared with others who may also have access to the information through a child's medical records. As it is currently infeasible to redact the maternal history from the child's medical records, some records may be protected. If this information is requested, the practice will document the request, attempt to reach a mutually agreeable solution with the requester, and document the exception for sharing of information in accordance with the Information Blocking Provisions of the 21st Century Cures Act.
- B. Other sensitive information regarding the health and well being of the children and adolescents that is shared in confidence (including, but not limited to, suspected child abuse, gender identity, substance use/abuse) may be restricted from passive sharing due to provider concerns about harm to the patient or the infeasibility of being able to redact sensitive information as required by jurisdiction or HIPAA. If this specific information is requested, the practice will document the request, attempt to reach a mutually agreeable solution with the requester, and document the exception for sharing of information in accordance with the Information Blocking Provisions of the 21st Century Cures Act.

3. USCDiv1

There are current sections of the USCDiv1 that have not been identified as data from our EHR which are sent electronically to the patient portal and its CDA functionality. We will remain educated and work with our vendors to close those gaps as additional certification and information is available to the practice.

4. Direct Messaging

Currently, MCP providers do not have the ability to direct message with our referring hospitals and consulting doctors. Our goal is to implement Direct Messaging by the first quarter of 2022 where it is available.

5. Non-discriminatory Decisions to Withhold Information

MCP does not make decisions to withhold information lightly. All decisions to withhold information will be done in accordance with the 21st Century Cures Act exceptions and in a non-discriminatory manner. The practice policy gaps in information sharing are outlined as above. In all instances, withholding of information will conform to this organizational policy or will be documented by a provider on a case-by-case basis.

Every effort will be made by the practice to review and update this policy annually.

Policy Approved Date: 4/3/2021