



# CONSENT GUIDANCE

**Effective Date: March 15, 2024**

Consent is at the very core of protecting data. CommuniCare Steering Committee members have created an Opt-in consent model with a legal framework, standard processes and policies that hold users to the highest standard of consent and authorization of use. The consent and privacy policies work in tandem to protect client data and privacy.

## Authorization to Use and Share

- Verbal and/or written consent to share data
- Client can still receive services if they decline
- Covers personal and health information
- WY211 is a Business Associate to all CIE Health and Medical Partners
- May include sensitive information
- Only authorized if the client chooses
- Participating agency must have signed a QSOA in order to share
- Client can always decline to share information and has the option to opt out of information sharing with certain organizations

## Privacy Policy

- Description of how Communicare may collect, use, and share client information
- Applies only to Communicare
- Participant Agreements will require participant to:
  - Obtain consent from clients to make referrals (prior consent, HIPAA compliant, or Part 2 compliant)
  - Only Authorized Users may access Communicare

### Opt-In v. Opt-Out Consent Models

Data privacy is protected by state and federal laws and regulations. CommuniCare holds itself to the highest level of privacy and has committed to a “Opt-in” consent framework, which means, the client must give explicit consent to have their data included in the CIE and shared with its partners. It is the client’s choice to be included. The client has control of their own information. The client can remove consent from individual organizations or from all organizations at any time.

In contrast, an “Opt-out” model, explicit consent is not requested by the partners and a client’s silence is a passive agreement to have information shared. Opt-out assumes that you are sharing your information until you tell the organization that you don’t want to share it any longer. CommuniCare *is not* an “Opt-Out” model of consent, it is an “opt-in” model.

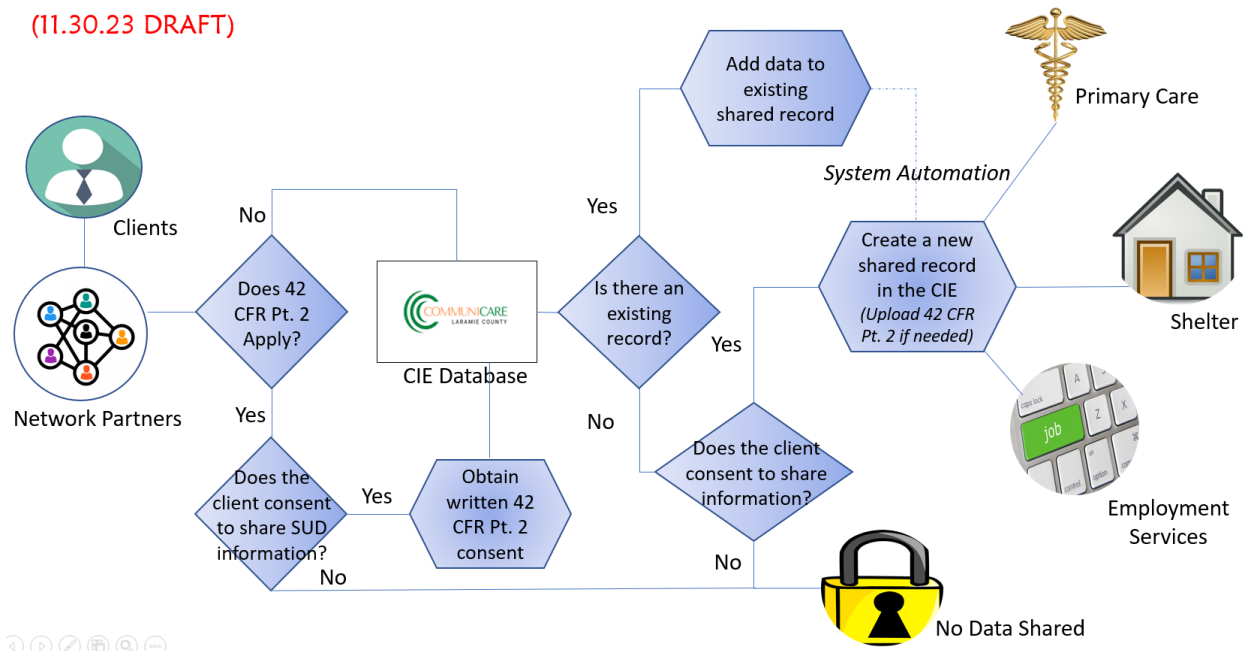
## Consent to Use and Share Client Information

The consent model begins with the client informed what information will be collected, how that information will be utilized, who it will be shared with and how the client can withdraw their consent from either the CIE or from any specific partner at any time. They are explicitly asked for their consent to include their data in the CIE. (i.e., Opt-in consent model)

### Process for Consent and Authorization

## CommuniCare Consent Model

(11.30.23 DRAFT)



CommuniCare has established an opt-in consent model, whereby individuals must give explicit permission either verbally or in writing, depending on the circumstances, to share their data within the CIE. This consent is obtained prior to entering the client information into the CIE system by the CIE participant who is making referrals or creating a Client Record. In most instances, this consent will be obtained verbally. The staff member of the service provider will read the following consent language aloud.

The screenshot shows the 'CIE Consent' form. It includes a title 'CIE Consent' and a paragraph explaining that by giving consent, the user allows CommuniCare to place personal demographic information in the CIE database and share the minimum necessary amount of information to help directly connect them to other partner organizations and services. Below this, there are radio buttons for 'Yes' (selected) and 'No'. Underneath, there is a section for 'CommuniCare CIE Service Providers' with a list of providers: Wyoming 211, Meals on Wheels, Recover Wyoming, HealthWorks, CRMC, UW Wyoming Family Medicine Clinic, Community Action of Laramie County (CALC), VOA, and Safehouse Services. At the bottom, there is a red button labeled 'Send CIE Consent Email'.

This consent allows for information to be shared with all CommuniCare partners. A full list of partners appears under the drop-down window entitled “CommuniCare CIE Service Providers” as seen above. Once consent is obtained, a “Consent Email” will be sent to the client. At any time a client can access the consent screen above and remove any and all service providers if they chose to no longer share their data. This can be done by selecting the small “x” next to the organization’s name.

Although obtaining verbal consent will suffice in almost all situations, a participating organization has the option to obtain a written consent, either their own or a CommuniCare consent form found in Attachment A. If they chose to do so, they can then upload the signed form as an attachment in the CIE.

### Personal Health Information

In the case of Personal Health Information (PHI), Wyoming 211 will sign a Business Associates Agreement (BAA) with all health and medical partners who participate in the CIE. The BAA will be signed as part of the legal agreements prior to accessing the CIE. Because CommuniCare is a Business Associate and functions under the BAA, a signed consent is not required by law to provide referrals; however, CommuniCare staff will implement the opt-in model and obtain a verbal or written consent from all clients.

All CIE users will receive training from either their own internal staff development department or from the CIE to ensure all users understand and are adept at protecting personal health information. Access to personal health information will be given based on user security roles and permissions.

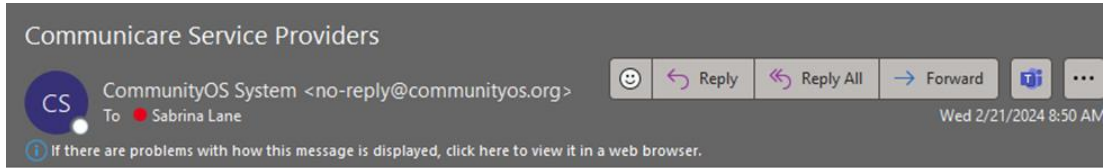
### Substance Use Disorder Patient Records

For those programs who hold themselves out as “Part 2” organizations, these partners will sign a Qualified Services Organization Agreement (QSOA) with Wyoming 211. They are required to always obtain written consent from their clients before creating a Client Record in the CIE. If the client is participating in a Part 2 program, the client must sign a written consent form to authorize disclosure of information to multiple recipients and for multiple purposes.

Access to Substance Use Disorder information will be given based on user security roles and permissions. This information will be shared only on a need-to-know basis and with proper written consent. This universal consent form must specify the kind and amount of information to be disclosed to each recipient and must be uploaded to the CIE and accessible in the client record. Part 2 organizations will use their own template for this written consent form. The Part 2 Participant will maintain the record of client consent and provides the records to WY211 upon request. An electronic copy will be uploaded to the CIE and viewable in the client record.

## Confirmation After Consent is Obtained

Once the verbal or written consent has been obtained, the client will receive a confirmation email as seen below. The hyperlink within the email will take the client to the consent form within the CIE. The hyperlink in the email remains active for one year from receipt.



**CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Dear CommuniCare Client -

Thank you for your time today. We are happy to connect you to program partners who can assist you. Please use the link below to gain access to the list of agencies for your review and confirmation.

[https://wy211.communityos.org/cie-consent-form/render/id/20426/client\\_interaction\\_entryset\\_id/29491/Client\\_Token/fuyinvaomnsgbmwfzynifmzcam](https://wy211.communityos.org/cie-consent-form/render/id/20426/client_interaction_entryset_id/29491/Client_Token/fuyinvaomnsgbmwfzynifmzcam)

Thank you,

Wyoming 211

If a client does not have an email, the field can be bypassed and the client will be informed that they can be provided with a printed version of the list of providers at any time.

## Revoking Client Consent from Individual Participants

The client is provided with the opportunity to revoke their consent to individual or all service providers accessing their information at any time. The process for revoking consent can be initiated in one of two ways. The first option can be initiated by the client themselves. The client can access their consent confirmation email hyperlink (shown above) for one year after receipt. The hyperlink opens the "CIE Consent Form" and appears as such:

The image shows a web browser window displaying the "CIE Consent Form". At the top right, there is a red "Submit" button. The main heading is "CIE Consent Form". Below the heading is a "Consent Form" section with a grey header. The text reads: "During your call with your assigned case manager (person who sent email), you verbally consented to adding your personal information to the CommuniCare system and allowing us to share this information to CommuniCare Service Providers. In the multi-select dropdown please review the following list and click on the Organization's name to add them to the list if you agree to allow them access to your personally identifiable information. You may also unselect organizations at any time if you do not want them to have access to your information." Below this is a section titled "CommuniCare CIE Service Providers" with a note: "This is a multi-select field. You can select more than one item. After your first selection, feel free to select more options." A multi-select dropdown menu is shown with the following items: Wyoming 211 X, Meals on Wheels X, Recover Wyoming X, HealthWorks X, CRMC X, UW Wyoming Family Medicine Clinic X, Community Action of Laramie County (CALC) X, VOA X, Safehouse Services X, and United Way of Laramie County X. Below the dropdown is a checkbox with the text: "Please click this box to confirm that you have reviewed the list and made your selections. \*". The checkbox is currently unchecked. Below the checkbox is a "Disclaimer:" section with the text: "We take the protection of your information very seriously and abide by the Health Insurance Portability and Accountability Act (HIPAA) which provides safeguards to protect your privacy. There are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with referrals and/or care coordination. HIPAA provides certain rights and protections to you as the client. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services www.hhs.gov."

The client then has the option to remove consent from individual providers simply by clicking on the “x” next to that individual provider’s name. The client will have access to this list for 365 days from the receipt of their initial consent email.

A second option for revoking consent is to contact Wyoming211 or any participating CommuniCare partner organization and verbally asking for an individual provider consent to be removed. The staff of the participating agency can do this at the request of a client.

#### Revoking Client Consent from ALL Participants or Opting out of the entire CIE

If a client would like to revoke consent from the entire CIE and all of its participant organizations, they can do so by clicking on the “x” next to each individual provider’s name. As this list is ever growing and expanding, this can be a time-consuming process.

The client can also contact a CommuniCare representative to revoke the consent on behalf of the client.

#### After Revocation

Once a client has revoked their consent (either from an individual organization or the entire CIE), their record will be inaccessible and participants will no longer be able to see the client record in the system. The revocation **will not be effective** for information that was used or disclosed to a referral partner **prior to** the revocation. After revocation, client information will continue to be stored and used internally for CommuniCare purposes including auditing, evaluations, training and quality improvement.

A client can revoke a revocation and opt back into CommuniCare at any time.

ATTACHMENT A



## CONSENT FOR THE USE AND DISCLOSURE OF PERSONAL INFORMATION

CommuniCare is a community partnership of health, social, and community-based organizations that help Wyomingites receive services, work to identify your needs, and connect you to resources that can help you and your family meet those needs. Your consent allows sharing of your protected health, personal and financial information through the electronic platform used by CommuniCare participants.

Granting consent allows staff and providers to communicate better between participating organizations. By signing below or providing your verbal consent, you allow your information to be stored and shared with participating participants. A current list of Participants, which changes over time, can be provided by CommuniCare. Send an email to [admin@wyoming211.org](mailto:admin@wyoming211.org) to request the most recent listing of providers.

Your written or verbal consent covers without restriction, all information released and re-released to the CIE by you, your family, participant organizations or care teams. Information made known under your one time written or verbal consent maybe re-disclosed and no longer protected under applicable privacy laws. There is no adverse effect to withholding your consent or opting out from the CIE. You always have a choice to opt in at a later date. You are still eligible to receive referrals and services from any of the participating agencies.

*I understand the collection and use of all my personal information is protected by strict standard of confidentiality as outlined in writing in the CommuniCare Policies and Procedures. I also understand that my personal information will only be released in accordance with applicable State of Wyoming and U.S. Federal privacy laws.*

Client's Full Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Date Signed: \_\_\_/\_\_\_/\_\_\_ Agency Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

If this consent is signed by a person other than the client, please indicate the relationship.

Relationship to Client: \_\_\_\_\_

Representative's Name: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_