



# BHS Information Sharing FAQs

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Note: While every effort has been made to ensure the accuracy of responses contained herein, these FAQs are not a legal document. The official program requirements are contained in the relevant laws and regulations. Please refer to the 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program for the final rule.



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## Purpose and Benefits

### 1. What are the benefits of sharing notes with clients (“open notes”)?

There are several benefits for sharing notes with clients. Some of those benefits include:

- Demonstrating respect and reducing stigma.
- Empowering patients
- Organizing care and tracking progress.
- Providing a tool for behavior change.
- Enhancing trust and the therapeutic relationship.
- Making care safer.
- Enhance client’s active participation in treatment

## Timeline

### 2. Will notes written prior to April 5, 2021 be shared with clients through MyChart?

The Partnership Plan has been shared with clients through MyChart since 11/2/2020. Beginning 4/5/2021, all BHS notes will be shared through MyChart, but historical notes prior to 4/5/2021 will not be shared unless they are requested.

## My Chart Access and Features

### 3. What does My Chart look like to clients?

See *Client View in MyChart* document

### 4. How does MyChart access vary by age? What features are available?

#### **My Chart Access by Age:**

- Under 12 years: The child has no access. Parents have full access to view their child’s record, message their provider, make well child appointments, request refills, view and print immunizations, view copies of AVS, see medication and problem lists, etc.
- 12-17 years: The teen may activate their own MyChart account which provides them all features as any other MyChart access. Parents interested in a proxy to the teen’s MyChart, will get a very limited access where they can ONLY make well child appointments and message the teen’s PCP. Parent proxy of a teen does not share notes, results, medications, immunizations, AVS, etc.
- 18 years and older: Standard adult MyChart access for the patient with all features. Adult to adult proxy goes through a process in HIM where we require an authorization directly from the patient to grant proxy access to their MyChart account.



**Features:**

Allergies, Assessment and plan of treatment, Care team, Clinical Notes, Goals, Health Concerns and Problems, Immunizations, Labs, Medications, Demographics, Upcoming and past procedures, Upcoming and past visits, Vitals, Ability to download documents such as visit summaries, medications, etc. but not scans or documents uploaded to Media

5. Who can be granted proxy access, and what features are available to proxies?

- Biological parents of a child under age 12 can access and view all features.
- Biological parents of a teen will only have access to two (2) features - messaging PCP and Well Child appointment scheduling.
- Adult-to-Adult Proxy can only be granted access through a signed authorization from the patient.

Proxies have the same access as the patient and can view the same information and access all the features. The exception is teens between age 12 and 18. Any proxy to this group will see nothing in the record and will only have the ability to message the PCP and make Well Child appointments. Everything else is hidden.

6. Do parents, caregivers, and/or guardians have access to charts of minors?

Currently only biological parents can be granted proxy to their child's record. Foster parents, temporary guardians, care home directors are not granted proxy access to their charges. These conditions are often fluid and change rapidly and we may not be notified of a change in foster home and the result would be proxy access for individuals who no longer have connection to the child.

Parents can request proxy access to the minor's chart directly through MyChart. The chart goes to the HIM team who reviews and verifies identity before setting up access.

If an adult has proxy access to a child, it's automatically limited at age 12 and completely expires at age 18.

7. Who is allowed MyChart access for older dependent adults?

The patient should be the one to designate a proxy and we try to obtain an authorization from the patient. Even dependent adults may still have the capacity to make their own health care decisions and ability to sign an authorization designating someone to help with their appointments, refills and messaging to the provider. In rarer circumstances, at a minimum, HIM requires a proxy to present a Durable Power of Attorney for Health Care. It must be one titled "for Health Care" and not a general POA that typically assigns control of financial assets.

8. Who is allowed MyChart access for clients who are conserved?



Currently, we do not grant conservators proxy access unless the patient signs an authorization requesting the assignment.

9. Who is allowed MyChart access for foster youth?

Biological parents and the patient may have their own account if they are over the age of 12.

10. Will a biological parent have MyChart access to a 10 year old's chart who has been removed from their care?

Biological parents always may have proxy to a child under age 12 regardless of the current living situation. The only time a biological parent may not have access is if their rights have been severed by the Court. The guardian, foster or adoptive parent will have this document and would need to present it to gain proxy.

11. Do parents who have court-ordered "No Contact" or parents of children who are placed in confidential homes have access to the child's MyChart account?

This likely falls under the situation in FAQ #10 where one or both biological parents have had their rights severed by Court so they would not be granted access.

12. Will AOD issues (as documented in assessments and progress notes) be visible in MyChart?

Any clinical documentation completed by an AOD provider (42 CFR Part 2 provider) will not be in cLink or MyChart. If an AOD diagnosis or documentation regarding a client's substance use is documented by a primary care provider or BHS provider (or any other specialty provider) the information would be visible in MyChart.

## Note Sharing

13. Will all notes be shared (i.e. conversation among providers, chart review, etc.) or only direct therapy notes with certain billing codes?

Yes, all BHS notes will be shared with clients through MyChart except those that are blocked (unshared) due to the ONC-approved exceptions.

14. Will clinicians have the ability to block certain notes from being shared? If so, how and under which conditions?

Yes, providers can 'unshare' individual cLink notes so long as they meet one of the 8 ONC-approved Information Blocking exceptions, and the exception is documented explicitly. You may find more information about the Information Blocking exceptions here:

<https://www.healthit.gov/curies/sites/default/files/curies/2020-03/InformationBlockingExceptions.pdf>



A ccLink tip sheet will be distributed with the steps to 'unshare' a note and document the exception.

15. Are clients able to see if I have suppressed a note?

No, clients will not be able to see you've suppressed a note; they will not see the note at all.

16. Will notes be translated into Spanish or other languages?

Clients have the option to read the MyChart screens to Spanish; however, documentation such as instructions or notes would need to be translated into Spanish (or another language) in ccLink first in order for them to appear in Spanish (or another language) in MyChart.

## Training

17. Will there be training for providers on the new approach to documentation and legal aspects of the change?

Education will be included in ongoing clinical documentation training and new hire documentation training.

See also *BHS Info Sharing Guidelines and Examples*.

ccLink training materials will be distributed prior to the 4/5/2021 deadline.

18. How will we document Provider-to-Provider conversations? These typically have info we would not share with clients.

Provider-to-Provider conversations are typically documented under case management/plan development/linkage. Providers can describe the goal of the conversation, how the providers will collaborate with the client, and include the action steps in alignment with the client's treatment goals.

19. How should we document sensitive issues ie: CFS placement, family secrets, mandated reporting, abusive dynamics, enuresis/encopresis, SOGI-related, etc.?

Please document information that meets one of the ONC-approved exceptions in a separate note, 'unshare' the note, and state the rationale for the exception.

20. How should we document AOD issues (in assessments)? Shouldn't they be "vaulted"?

Mental health and other non-42 CFR Part 2 providers should continue to document AOD issues as usual. Anything that is included in the assessment that does not meet one of the ONC-approved exceptions should be shared.



21. Is there a legal disclaimer we need to provide to clients at the start of treatment, informing them of access to MyChart , or even our use of an EHR and how their information is available to other providers?

How we use the information we have on patients is detailed in our Notice of Privacy Practices that is provided to every patient at registration. This is the only requirement by law we have for notification on how information is shared, used and disclosed.

22. The 21st Century Cures Act Final Rule says psychotherapy notes are excluded from being shared. Aren't my progress notes psychotherapy notes?

HIPAA Rule *45 CFR 164.501* defines psychotherapy notes as follows.

*“Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.”*

## References

23. Who can I contact if I have more questions?

Email [BHSInfoblocking@cchealth.org](mailto:BHSInfoblocking@cchealth.org)

24. Where can I learn more about Info Blocking?

- ONC's Cures Act Final Rule website: <https://www.healthit.gov/curesrule/>
- 21st Century Cures Act Final Rule: <https://www.federalregister.gov/documents/2020/05/01/2020-07419/21st-century-cures-act-interoperability-information-blocking-and-the-onc-health-it-certification>
- Information Blocking FAQs: <https://www.healthit.gov/curesrule/resources/information-blocking-faqs>