

INTRODUCTION TO INFORMATION COLLECTION TEMPLATE FOR SCENARIOS 1 & 2

Background:

Funding: This project is funded by the Office of National Coordinator for Health Information Technology. There are 7 collaboratives, each of which is addressing a different topic regarding privacy and security of health information exchange. Your state is participating in the collaborative that is studying issues surrounding disclosure requirements for patient health information sharing.

Project Overview: The information provided by your state will be shared with 10 other states that will answer the same set of questions. This information will be systematically collated and your state will benefit from learning more about what we can or cannot do regarding interstate health information exchange and also learning about what other states can or cannot do under the same circumstances. Please be advised that the information you provide will eventually be made publicly available.

Purpose of this Excel file:

The purpose of this document is to guide the state in documenting its state laws that apply to the disclosure of protected health information in the given scenarios.

Scope:

STATE LAW: When completing this information collection template, be sure to limit your responses to your state laws, regulations or administrative rules. Do not include what the actual business practice may be. If a particular law is ambiguous or its interpretation is unclear or it conflicts with another state law, indicate that in your response (e.g., uncertain).

TREATMENT: This template for Scenario 1 & 2 is focused on treatment scenarios only. Thus, state laws related to disclosure for other purposes is out of scope, including but not limited to:

- a. Use of PHI for quality or healthcare operations (as defined in HIPAA).
- b. Use of PHI for marketing.
- c. Use of PHI in court proceedings (e.g., state doctor/patient privilege, evidence code).
- d. Use of PHI for public health purposes.
- e. Use of PHI for law enforcement purposes.

ADULT PATIENTS ONLY: For Scenarios 1 & 2, we are only including patients who are adults. Thus, do not include a review or explanation of any state laws related to what the age of majority is, who can consent on behalf of a minor, etc. Similarly, we do not want to capture state laws regarding who can consent to the disclosure on behalf of the patient.

Definitions:

When used in this document, the words below have the following meanings (whether capitalized or not):

Consent: means permission, authorization or consent to disclose PHI, without regard to the HIPAA definition.

Protected Health Information or PHI: has the same definition as in HIPAA.

State law: refers to state laws, regulations or administrative rules. It can also include Attorney General opinions and case law to the extent that they interpret state law, regulation or administrative rules, if already known. The respondent is not required to research Attorney General opinions or case law to complete this document.

Treatment: has the same definition as in HIPAA.

Assumptions:

In each scenario, the legitimacy of the hospital, clinic, and/or provider has been confirmed and authenticated.

Each scenario is for treatment of the patient. Assume it has already been established that the healthcare provider in the scenario has a treatment relationship with the patient.

Disclaimer:

YOUR ANSWERS TO THE QUESTIONS IN THIS TEMPLATE ARE NOT INTENDED TO BE A LEGAL OPINION, CONTAIN LEGAL ADVICE, REPRESENT YOUR ORGANIZATION OR STATE AGENCY'S OPINIONS OR ADVICE.

Overview of Directions for Completing this Template:

Summary of the flow and navigation of how to complete this template to collect certain information from your state:

1. Complete the "General Questions" worksheet to answer questions in general about your state law.
2. Carefully review the definitions on "Definitions for Worksheet 1A-2A"
3. Follow the instructions on Worksheet 1A - Baseline (non-emergency), which will guide you through completing all Worksheets 1A, 1B, 1C and 1D. Note that not all Worksheets 1A-1D may be necessary.
4. Now, you can proceed to Scenario 2 (emergency treatment). Follow the instructions and answer the questions on Worksheet "Questions for Scenario 2".
5. The instructions on Worksheet 2A-Baseline (emergency) will guide you through completing all Worksheets 2A, 2B, 2C and 2D. Not all Worksheets 2A-2D may be necessary.
6. The completed template Excel file (along with any other relevant documents) should be emailed to Ann Chou, Alison Banger, Viki Prescott and Diane Stone **on or before Sept. 30, 2008**. Emails are:
 Ann Chou ann-chou@ouhsc.edu
 Alison Banger abanger@rti.org
 Viki Prescott Victoria@McBroomConsulting.com
 Diane Stone dstone@mahealthdata.org
7. Direct all inquiries about this template to the attention of Alison Banger.

Definitions for Worksheets 1A and 2A [Baseline]

Use for Worksheet A in both Scenarios 1 & 2

Purpose of this Worksheet:

1. Worksheet 1A contains a chart that has labeled columns and rows. [Worksheet 2A also contains a similar chart.]
2. This sheet provides:
 - a. Definitions for the column headings in Worksheet A. These columns are meant to represent the source of the PHI (where the PHI is created and held), since some states' laws provide different PHI disclosure laws depending on where the data is created or held. There are obviously other sources of PHI, however, for the purposes of categorizing answers to the question of state law, we have limited the columns to capture the most common potential sources of PHI. Three additional "other" columns have also provided, in the event the respondent has other specific laws that have different PHI disclosure requirements by PHI source.
 - b. Definitions for the row headings in Worksheet A. These rows are meant to represent the type of PHI, because some state laws provide different PHI disclosure laws depending on what type of data is the subject of the disclosure. There are potentially other types of PHI, however, for the purposes of categorizing answers to the question of state law, we have limited the rows to the most prevalent categorizations. Three additional, "other" rows have also provided, in the event the respondent has other specific laws that have different PHI disclosure requirements by type of PHI.
 - c. A listing of what is considered out of scope for this project. Thus, the "Other" column or rows should not include anything in this list of exclusions.

Directions:

Please review this carefully prior to beginning to complete Worksheet 1A and 2A.

Definitions for the Column Headings in Worksheet A:		
Column	PHI Source	Detailed Description of PHI Source
A	Hospital (non-mental health)	Hospital records, including inpatient, outpatient, emergency department, lab orders and results, EKG, radiology orders and results. This excludes records about mental health services provided by the hospital if their disclosure is covered by a separate state statute (see Column B).
B	Mental Health Facility - Inpatient	Inpatient facility for mental health.
C	Mental Health Facility - Outpatient (excluding provider licensing laws)	Outpatient facility for mental health. This column excludes provider licensing laws.
D	Substance or alcohol abuse (non-mental health) - Outpatient or Inpatient Facility	Includes inpatient and outpatient facilities. Please only capture information about your state to the extent that state law goes beyond federal law 42 CFR Part 2.
E	Other Outpatient Facility (non-mental health and non-substance or alcohol abuse)	Non-mental health, non-drug and alcohol abuse outpatient treatment facility.
F	Mental Health Provider Licensing laws - Psychiatrist	Relevant state laws that are limited to provider licensing for psychiatrists only.
G	Mental Health Provider Licensing laws - Psychologist	Relevant state laws that are limited to provider licensing for psychologists only.
H	Physicians (other than psychiatrists)	Relevant state laws related to physicians other than psychiatrists.
I	Pharmacy/Pharmacist	Pharmacies or pharmacists.
J	Managed Care Organizations	For example, Health Maintenance Organizations (HMO).
K	Commercial payer (other than managed care organizations)	For example, fee for service-based health plans.
L	Other [<i>insert description here</i>]	Columns A-K should not be changed. However, if the respondent has other PHI source that has different rules regarding disclosure, then the respondent can add as many "other" columns as desired to capture and represent these additional categories of where the data is created/held. Each new column must have a unique name and the added Other PHI Source must be defined in Worksheet 1B and/or 2B: Details. Examples of "other" PHI sources could include: radiology/imaging center, long term care facility, pharmacy benefit managers.

Definitions for the Row Headings in Worksheet A:		
Row	PHI Type	Detailed Description of PHI Type
1	Patient ID & demographic info	Name, address, date of birth, gender, SSN. Some states have laws dealing with SSN. A few states have laws regarding a Record Locator Service, which houses the patient demographic information and pointers to where PHI on that patient is located (e.g., Medical Record No. 123 at Community Hospital North). Please add any corresponding details regarding relevant state laws on patient identifiers in Worksheet 1B / 2B: Details.
2	Medication History	Medication history (excludes medications taken for HIV/AIDS, separately listed below)
3	Lab test order and results	Excludes HIV/AIDS testing and genetic testing (which are both handled separately below)
4	Clinical notes/reports	Examples include surgery notes, daily progress notes, clinic visits notes, problem lists, hospital admission and discharge summaries. Excludes psychotherapy notes as defined in HIPAA.
5	Diagnosis or procedure info	Examples include ICD-9 or CPT code or injury code. Excludes HIV/AIDS diagnosis, which is covered separately below.
6	Allergies/adverse reactions	Information regarding patient allergies or adverse reactions
7	Claims data (other than medication history)	Other than medication history covered above separately and excluding Medicaid claims
8	HIV test - id of person taking test	The fact that a person took an HIV/AIDS test as evidenced by their identity.
9	HIV test results	Results of an HIV/AIDS test.
10	Medications used for HIV	Medications typically used to treat HIV/AIDS.
11	Diagnosis for HIV/AIDS	A diagnosis of HIV/AIDS.
12	Other indication of HIV/AIDS status	Any other information that could indicate that the person has HIV/AIDS, such as the order for a CD4 test (which is a test that would not be ordered if the patient were not HIV positive).
13	Other STDs	Other sexually transmitted diseases.
14	Mental health records	Excluding psychotherapy notes as defined in HIPAA.
15	Substance abuse	ONLY if state law provides greater protections than 42 CFR Part 2 federal law. If your state law specifically incorporates 42 CFR Part 2, please note that in the Details worksheet (1B) for this row (PHI type).

Definitions for the Row Headings in Worksheet A, continued:		
16	Genetic	Any genetic test, profile or other information regarding the genetic attributes of the person. This would include both predictive genetic tests and tests used to diagnose or treat an existing condition or symptom.
17	Immunization history from provider's record	Immunizations that are recorded in the provider's record, as opposed to immunizations that are held in the state or local public health department's database (which is covered in Scenario 3).
18	Other [<i>insert description here</i>]	The first 17 rows should not change. However, if the respondent has other types of PHI that have different rules regarding disclosure, then the respondent can add as many "Other" rows as desired to capture and represent these additional categories. Each new row must have a unique name and the added Other PHI Type must be defined in Worksheet 1B and/or 2B: Details.

EXCLUSIONS:	
<p>Note that "Other" is meant to capture other categories of PHI types or sources that your state law may separate out as having special disclosure protections/requirements. However, the following is considered out of scope for this project and should <u>not</u> be considered under "Other":</p>	
1.	Reproductive health or abortion information
2.	Advance directives
3.	PHI on decedents
4.	Family history
5.	De-identified data (as defined in HIPAA)
6.	Child abuse/neglect records
7.	Child support/custody data, such as blood tests
8.	Sex offender data
9.	Data collected for criminal prosecution
10.	Dentist records
11.	Social worker records
12.	Employment or worker's compensation records
13.	Data held by correctional facilities
14.	School records
15.	Data created by or input by or ordered by the patient/consumer (e.g., direct to consumer lab tests, patient-entered personal health record)
16.	Public health labs and other data collected by public health are addressed in Scenario 3 and should be excluded from the responses to Scenarios 1 & 2
17.	Medicaid claims data--excluded because it is covered by federal law, rather than state law

GENERAL QUESTIONS FOR SCENARIOS 1 AND 2

DIRECTIONS

1. Complete the questions below with respect to your state law.
2. These questions are intended to capture general information and key drivers in your state's health information disclosure laws, regardless of treatment situation or setting. Please consider both emergency and non-emergency treatment situations when completing these questions.
3. Please keep your answers on this chart brief and at a high level. Responses are intended to give the reader an overview. The other worksheets you are required to complete will provide a chance to give a more detailed explanation of specific laws.
4. Use as much room as you need. The boxes below automatically wrap text that is entered directly into this worksheet.

Your State Name: Wisconsin

QUESTIONS AND RESPONSES

Q #	GENERAL QUESTIONS ABOUT STATE HEALTH INFORMATION DISCLOSURE LAWS
Question 1	Does your state regulate the disclosure of PHI by where the data are created? If so, please explain.

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	GENERAL QUESTIONS ABOUT STATE HEALTH INFORMATION DISCLOSURE LAWS
Response to Q1	<p><i>Yes. Wisconsin law has four different statutes that regulate the disclosure of PHI. Prior to disclosing PHI, the holder of the record must make a determination as to what state statute(s) apply. This is a threshold issue that must be determined prior to disclosing PHI. The regulation of PHI under two of the statutes depends on where the data are created. They are as follows:</i></p> <p><i>For purposes of this scenario, Wisc. Stat. Chapter 51, regulates "treatment records" created while providing treatment for mental health, developmental disabilities, or alcohol and drug abuse in a "treatment facility." Wisc. Stat. 51.30(1)(b) defines "treatment record" as "the registration and all other records that are created in the course of providing services to individuals for mental illness, developmental disabilities, alcoholism, or drug dependence and that are maintained by the department, by county departments under s. 51.42 or 51.437 and their staffs, and by treatment facilities." Wisc. Stat. 51.01(19) defines "treatment facility" as "any publicly or privately operated facility or unit thereof providing treatment of alcoholic, drug dependent, mentally ill or developmentally disabled persons, including but not</i></p> <p><i>Wisc. Stat. 610.70 regulates disclosure of "personal medical information" created and held by insurance companies. Under Wisc. Stat. 610.7</i></p> <p><i>a. Relates to the individual's physical or mental health, medical history or medical treatment.</i></p> <p><i>b. Is obtained from a health care provider, a medical care institution, the individual or the individual's spouse, parent or legal guardian.</i></p> <p><i>"Personal medical information" does not include information that is obtained from the public records of a governmental authority and that</i></p> <p><i>Wisc. Stat. 252.15(5) regulates the disclosure of HIV test results. This statute applies regardless of where this PHI was created.</i></p> <p><i>Wisc. Stat. 146.81-146.84 regulates the disclosure of "patient health care records" (general health information, excluding the above). This s</i></p>
Question 2	<p>Does your state regulate the disclosure of PHI by who holds the data (e.g., healthcare providers, healthcare practitioners, health plans, healthcare facilities or other category)? If yes, please explain. Please provide any applicable statutory definitions of these terms.</p>

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	GENERAL QUESTIONS ABOUT STATE HEALTH INFORMATION DISCLOSURE LAWS
Response to Q2	<p><i>Yes. Wisconsin statute 610.70 regulates disclosures of "personal medical information" held by insurance companies. Under Wisconsin Statute 610.70, personal medical information is defined as: "Information concerning an individual that satisfies all of the following:</i></p> <ul style="list-style-type: none"> <i>a. Relates to the individual's physical or mental health, medical history or medical treatment.</i> <i>b. Is obtained from a health care provider, a medical care institution, the individual or the individual's spouse, parent or legal guardian.</i> <p><i>"Personal medical information" does not include information that is obtained from the public records of a governmental authority and that is maintained by an insurer or its representatives for the purpose of insuring title to real property located in this state.</i></p> <p><i>PHI regulated by Wisc. Stats. 252.15(5), 51.30, and 146.81-146.84 are not per se regulated by who holds that data. Rather, these statutes regulate PHI either by where it was created (Wisc. Stat. 51.30) or the type of data (Wisc. Stats. 252.15(5) and 146.81-146.84). However, under all three of these statutes, health care providers (as defined under each statutory provision--see</i></p>
Question 3	Does your state regulate the disclosure of PHI by what type of data is the subject of the disclosure (e.g., general clinical, HIV, mental health)? If yes, please explain.

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	GENERAL QUESTIONS ABOUT STATE HEALTH INFORMATION DISCLOSURE LAWS
Response to Q3	<p><i>Yes. Wisc. Stat. 51.30 regulates "treatment records." Treatment records are defined as ""the registration and all other records that are created in the course of providing services to individuals for mental illness, developmental disabilities, alcoholism, or drug dependence and that are maintained by the department, by county departments under s. 51.42 or 51.437 and their staffs, and by treatment facilities.""</i></p> <p><i>Wisc. Stat. 146.81-146.84 regulates ""patient health care records." Patient health care records are defined as: ""records related to the health of a patient prepared by or under the supervision of a health care provider, but not those records subject to s. 51.30, reports collected under s. 69.186, records administered under s. 252.15(2)(a)7. . . .""</i></p> <p><i>Wisc. Stat. 252.15(5) regulates the disclosure of HIV test results.</i></p> <p><i>Wisc. Stat. 610.70 regulates disclosure of "personal medical information" created and held by insurance companies. Under Wisconsin Statute 610.70, personal medical information is defined as: "Information concerning an individual that satisfies all of the following:</i></p> <ul style="list-style-type: none"> <i>a. Relates to the individual's physical or mental health, medical history or medical treatment.</i> <i>b. Is obtained from a health care provider, a medical care institution, the individual or the individual's spouse, parent or legal guardian.</i> <p><i>"Personal medical information" does not include information that is obtained from the public records of a governmental authority.</i></p>
Question 4	<p>In the context of your state's disclosure laws, does the type of healthcare provider to whom the PHI is disclosed matter? If yes, please explain.</p>

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	GENERAL QUESTIONS ABOUT STATE HEALTH INFORMATION DISCLOSURE LAWS
Response to Q4	<p><i>Yes. All four Wisconsin statutes regulating PHI allow the disclosure of PHI (under prescribed circumstances found in each statute) to a "health care provider." Each have definitions for health care provider. They are as follows:</i></p> <p><i>Wisc. Stat. 146.81(1) defines "health care provider," to include a the following practitioners and sites as licensed under Wisconsin law: (1) nurse; (2) chiropractor; (3) dentist; (4) physician; (5) physician assistant; (6) perfusionist; (7) respiratory care practitioner; (8) physical therapist; (9) podiatrist; (10) dietitian; (11) athletic trainer; (12) occupational therapist; (13) occupational therapy assistant; (14) optometrist; (15) pharmacist; (16) psychologist; (17) social worker, marriage and family therapist, or professional counselor; (18) speech-language pathologist or audiologist; (19) a massage therapist or body worker; (20) a partnership of any of the practitioners described in "1" through "19"; (21) a corporation or limited liability corporation of any of the practitioners described in "1" through "19"; (22) inpatient health care facility; (23) community-based residential facility; (24) a rural medical center; and (25) an operational cooperative sickness care plan organized under ss 185.981 to 185.98</i></p> <p><i>Wisc. Stat. 51.30(1)(ag) refers back to Wisc. Stat. 146.81(1) to define "health care provider."</i></p> <p><i>Wisc. Stat. 252.15(1)(ar) refers back to Wisc. Stat. 146.81(1) to define "health care provider," but then explicitly excludes "massa</i></p> <p><i>Wisc. Stat. 610.70(1)(a) defines health care provider as "any person licensed, registered, permitted, or certified by the departme</i></p>
Question 5	Does your state regulate the disclosure of PHI by any other factors not listed above? If yes, please explain.

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	GENERAL QUESTIONS ABOUT STATE HEALTH INFORMATION DISCLOSURE LAWS
Response to Q5	<p><i>Yes. Wisconsin law contains four statutes (cited above in Q 's 1-4 above) that regulate the disclosure of certain types of PHI. All four statutes essentially state that such records or PHI are "confidential" and require the written consent of the patient or their legally authorized representative. However, all four also have numerous exceptions to the consent requirements. For purposes of these two scenarios, three of the four statutes cited here have exceptions to the consent requirement for disclosures of PHI regulated under the applicable statute if the disclosure is for treatment purposes.</i></p> <p><i>The exception is Wisc. Stat. 51.30. Wisc. Stat. 51.30 has two exceptions to the consent requirement for treatment purposes, but the exception are more limited in what is allowed to be exchanged. See Q 6 below and questions for scenario 2.</i></p>
Question 6	<p>Does your state law distinguish between disclosing the complete medical record and disclosing parts or elements of the record (such as lab results or hospital discharge summary)? If yes, please explain.</p>
Response to Q6	<p><i>Yes. In general, each of the four statutes that regulate PHI limit the disclosure of PHI to that which meets relevant definitions under state law. Thus:</i></p> <ol style="list-style-type: none"> <i>1. Wisc. Stat. 252.15(5) limits disclosure to HIV results.</i> <i>2. Wisc. Stat. 610.70(1)(f) limits disclosure to that which constitutes "personal medical information."</i> <i>3. Wisc. Stat. 146.81-84 limits disclosure to that which constitutes "patient health care records."</i> <i>4. Wisc. Stat. 51.30 limits disclosure to that which constitutes "treatment records."</i> <p><i>Additionally, one of the exceptions to the written consent requirement for disclosure of treatment records is found under Wisc. Stat. 51.30(4)(b)8g. Under that provisions the following data elements from a "treatment record" can be disclosed to a health care provider without consent: (1) Name; (2) Address; (3) Date of Birth; (4) Dates of service; (5) Diagnosis; (6) Medications; (7) Allergies; (8) Any other relevant demographic information relevant for the treatment; (9) Name of health care provider; (10) Diagnostic test results; and (11) Symptoms. If more than these elements are requested and another exception under Wisc. Stat.</i></p>
Question 7	<p>Does your state law have any limitations or requirements related to the disclosure of PHI (e.g., limited data elements, re-disclosure, required notice to patient or recipient)? If yes, please explain.</p>

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	GENERAL QUESTIONS ABOUT STATE HEALTH INFORMATION DISCLOSURE LAWS
<p>Response to Q7</p>	<p><i>In general, under all four Wisconsin Statutes that regulate PHI, disclosure of PHI is limited to what is specified under each of the respective relevant provisions, including applicable exceptions. However, in addition to this generalization, the following additional "limitations" or "requirements" are noted.</i></p> <p><i>Disclosures of PHI protected under Wisc. Stat. 51.30(4)(b)8g.bm, which describes an emergency situation, must be "limited to that part of the records necessary to meet the medical emergency."</i></p> <p><i>Wisconsin Administrative Code HFS 92.03 is the Administrative Code that relates to Wisconsin Statute 51.30. The following requirements apply to disclosure of "treatment records" protected by Wisconsin Statute 51.30 regardless of whether consent is obtained or not:</i></p> <ol style="list-style-type: none"> <i>1. The information may not be re-disclosed unless authorized by informed consent or otherwise required by law. (HFS 92.03(h)).</i> <i>2. Any disclosure except oral disclosure, must be accompanied by a written statement which states that the information is confidential and disclosure without patient consent or statutory authorization is prohibited by the law. (HFS 92.03(i)).</i> <i>3. The disclosure of the information must be limited to include only the information necessary to fulfill the request. (HFS 92.03(n)).</i> <i>4. Any request by a treatment facility for written information shall include a statement that the patient has the right of access to the information. (HFS 92.03(o)).</i> <p><i>Wisc. Stat. 146.82(5) limits re-disclosure of patient health care records (regulated by Wisc. Stat. 146.81-146.84) by health care p</i></p>
<p>Question 8</p>	<p>Does your state law have different disclosure requirements if disclosing within the state (that is, to providers within your state) versus disclosing to healthcare providers in another state (assuming the legitimacy of the provider in the other state is verified)?</p>

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	GENERAL QUESTIONS ABOUT STATE HEALTH INFORMATION DISCLOSURE LAWS
Response to Q8	<i>No.</i>
Question 9	Does your state law mandate actions following a disclosure of PHI without consent (e.g., patient notification within a certain time period)? If yes, please describe and provide the legal citation.
Response to Q9	<i>No.</i>

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS

Your State Name: Wisconsin

Purpose of this Worksheet:

To capture a categorized view of when disclosure requirements exist under state law for the targeted scenario.

Scenario #1 (Treatment – Non-Emergency):

Adult person from your state seeks non-emergency treatment from a healthcare provider in another state (e.g., doctor's office, a healthcare treatment facility such as a hospital or outpatient center). What is required by your state to allow the disclosure of any and all PHI on this patient held by the "PHI Sources" below to the healthcare provider in the other state?

Directions:

1. Please make sure you have reviewed the worksheet entitled "Definitions for Worksheet 1A-2A" prior to beginning this Worksheet 1A, because it provides a greater description of the row and column labels below and specifies what is outside the scope of this project.
2. Complete a copy of this Worksheet 1A indicating where consent or other disclosure requirement is mandated for disclosure in the Scenario above. If using this worksheet as a printed copy, **please note that this worksheet is formatted to print on LEGAL SIZE PAPER.** For each cell below, choose from the drop down box selections of:

KEY:

- "Yes" means consent or other disclosure requirement is mandated
- "No" means consent or other disclosure requirement is NOT mandated
- "Sometimes" means consent or other disclosure requirement is mandated in some cases for this type of PHI from this type of PHI Source
- "Unclear" means the state law is unclear as to whether consent or other disclosure requirement is mandated
- "n/a" means not applicable for the particular source and/or type of PHI

3. If you answer "Yes", "Sometimes", or "Unclear" in a cell below, use the Worksheet 1B-Details to specify the details for those cells. Please note that additional explanation for "Yes" answers only apply where there is an additional disclosure requirement other than or in addition to patient consent.
4. For all cells, be sure to complete the Worksheet 1C-Citation which is cross-referenced to the applicable Cell Reference Numbers in this Worksheet 1A.
5. If you answer "Yes" or "Sometimes" in a cell below, then you will need to answer questions about any consent that may be required in the Worksheet 1D-ConsentQs. Go to Worksheet 1D-ConsentQs and follow the instructions there.
6. Use the rows or columns labeled "Other" to the Worksheet 1A chart below to accommodate additional types of PHI or additional sources of PHI. If you do so, please label it: "Other - [*insert description here*]" and include the definition in Worksheet 1B: Details. If not all Other columns/rows are used, please leave them blank.
7. See a brief example of this Worksheet A on the worksheet entitled "Example of A"
8. Once you have completed Worksheet 1A, 1B, 1C & 1D to the extent necessary, then proceed to the Worksheet entitled "Questions for Scenario 2" to begin work on Scenario 2.

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI					SOURCES OF PHI					SOURCES OF PH				
		A Hospital (non-mental health)	B Mental Health Facility - Inpatient	C Mental Health Facility - Outpatient (excluding provider licensing laws)	D Substance or alcohol abuse (non-mental health) - Outpatient or Inpatient Facility	E Other Outpatient Facility (non-mental health and non-substance or alcohol abuse)	F Mental Health Provider Licensing laws - Psychiatrist	G Mental Health Provider Licensing laws - Psychologist	H Physicians (other than psychiatrists)	I Pharmacy/Pharmacist	J Managed Care organiza-tions	K Commercial payer (other than managed care org)	L "Treatment Facility"	M Other [insert description here]	N Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	Patient ID & demographic info	1	no	no	no	no	n/a	n/a	n/a	no	no	no	no			
			1A	1B	1C	1D	1E	1F	1G	1H	1I	1J	1K	N	1M	1N
	Medication history	2	no	no	no	no	no	n/a	n/a	n/a	no	no	no	no		
			2A	2B	2C	2D	2E	2F	2G	2H	2I	2J	2K	2L	2M	2N
	Lab test order and results	3	sometimes	sometimes	sometimes	no	sometimes	n/a	n/a	n/a	sometimes	no	no	sometimes		
			3A	3B	3C	3D	3E	3F	3G	3H	3I	3J	3K	3L	3M	3N
	Clinical notes/ reports	4	sometimes	yes	yes	no	sometimes	n/a	n/a	n/a	sometimes	no	no	yes		
			4A	4B	4C	4D	4E	4F	4G	4H	4I	4J	4K	4L	4M	4N
Diagnosis or procedure info	5	sometimes	sometimes	sometimes	no	sometimes	n/a	n/a	n/a	sometimes	no	no	sometimes			
		5A	5B	5C	5D	5E	5F	5G	5H	5I	5J	5K	5L	5M	5N	
Allergies/adverse reactions	6	no	no	no	no	no	n/a	n/a	n/a	no	no	no	no			
		6A	6B	6C	6D	6E	6F	6G	6H	6I	6J	6K	6L	6M	6N	
Claims data (other than med history)	7	unclear	unclear	unclear	no	unclear	n/a	n/a	n/a	unclear	no	no	unclear			
		7A	7B	7C	7D	7E	7F	7G	7H	7I	7J	7K	7L	7M	7N	
HIV test - id of person	8	no	no	no	no	no	n/a	n/a	n/a	no	no	no	no			

Tab: 4. 1A-Baseline (non-emergency)

State Name: 0

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI					SOURCES OF PHI					SOURCES OF PH				
		A Hospital (non-mental health)	B Mental Health Facility - Inpatient	C Mental Health Facility - Outpatient (excluding provider licensing laws)	D Substance or alcohol abuse (non-mental health) - Outpatient or Inpatient Facility	E Other Outpatient Facility (non-mental health and non-substance or alcohol abuse)	F Mental Health Provider Licensing laws - Psychiatrist	G Mental Health Provider Licensing laws - Psychologist	H Physicians (other than psychiatrists)	I Pharmacy/Pharmacist	J Managed Care organiza-tions	K Commercial payer (other than managed care org)	L "Treatment Facility"	M Other [insert description here]	N Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	taking test	8A	8B	8C	8D	8E	8F	8G	8H	8I	8J	8K	8L	8M	8N	
	HIV test results	9	no	no	no	no	n/a	n/a	n/a	no	no	no	no			
		9A	9B	9C	9D	9E	9F	9G	9H	9I	9J	9K	9L	9M	9N	
	Medications used for HIV	10	no	no	no	no	no	n/a	n/a	n/a	no	no	no	no		
	10A	10B	10C	10D	10E	10F	10G	10H	10I	10J	10K	10L	10M	10N		
Diagnosis for HIV/AIDS	11	no	no	no	no	no	n/a	n/a	n/a	no	no	no	no			
	11A	11B	11C	11D	11E	11F	11G	11H	11I	11J	11K	11L	11M	11N		

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI					SOURCES OF PHI					SOURCES OF PH				
		Hospital (non-mental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (non-mental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (non-mental health and non-substance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organizations	Commercial payer (other than managed care org)	"Treatment Facility"	Other [insert description here]	Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	Other indication of HIV/AIDS status	12	no	no	no	no	n/a	n/a	n/a	no	no	no	no			
			12A	12B	12C	12D	12E	12F	12G	12H	12I	12J	12K	12L	12M	12N
	Other STDs	13	no	no	no	no	n/a	n/a	n/a	no	no	no	no			
			13A	13B	13C	13D	13E	13F	13G	13H	13I	13J	13K	13L	13M	13N
	Mental health records	14	unclear	yes	yes	no	unclear	n/a	n/a	n/a	unclear	no	no	yes		
			14A	14B	14C	14D	14E	14F	14G	14H	14I	14J	14K	14L	14M	14N
	Substance abuse	15	unclear	yes	yes	no	unclear	n/a	n/a	n/a	unclear	no	no	yes		
			15A	15B	15C	15D	15E	15F	15G	15H	15I	15J	15K	15L	15M	15N
Genetic	16	no	no	no	no	no	n/a	n/a	n/a	no	no	no	no			
		16A	16B	16C	16D	16E	16F	16G	16H	16I	16J	16K	16L	16M	16N	
Immuniz'n history from provider record	17	no	yes	yes	no	no	n/a	n/a	n/a	no	no	no	yes			
		17A	17B	17C	17D	17E	17F	17G	17H	17I	17J	17K	17L	17M	17N	
Other [insert description here]	18															
		18A	18B	18C	18D	18E	18F	18G	18H	18I	18J	18K	18L	18M	18N	

State Name: 0

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI					SOURCES OF PHI					SOURCES OF PH				
		Hospital (non-mental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (non-mental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (non-mental health and non-substance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organizations	Commercial payer (other than managed care org)	"Treatment Facility"	Other [insert description here]	Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Other [insert description here]	19	19A	19B	19C	19D	19E	19F	19G	19H	19I	19J	19K	19L	19M	19N	
Other [insert description here]	20	20A	20B	20C	20D	20E	20F	20G	20H	20I	20J	20K	20L	20M	20N	

WORKSHEET 1B: FURTHER EXPLANATIONYour State Name: **Purpose of this Worksheet:**

To capture details of the state law(s) for the particular cells from Worksheet 1A.

Directions:

1. For any cells on Worksheet 1A that you entered "**Yes**", and where there is an additional disclosure requirement **other than or in addition to** patient consent, please explain here.
2. For any cells on Worksheet 1A that you entered "**Sometimes**", or "**Unclear**", please complete a further explanation below. You may also enter further explanation for other cells as well, if desired for clarity.
3. Please use excerpts from the actual statute/regulation/rule in quotation marks in your explanation.
4. To make completing this chart faster, feel free to reference multiple Cell Ref #s from Worksheet 1A in the left column below.
5. Use as much room as you need. The boxes below automatically wrap text.
6. See a brief example of this Worksheet B on the worksheet entitled "Example of B"

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION
All cells labeled "sometimes" or unclear	<p>Wisconsin law requires that a threshold question be answered before disclosing any of the PHI data types from the PHI sources listed on Worksheet 1A. The threshold question is whether the data element(s) comprise a "treatment record" as defined under Wisconsin statute 51.30(1)(b). Wisc. Stat. 51.30(1)(b) defines "treatment record" as "the registration and all other records that are created in the course of providing services to individuals for mental health, developmental disabilities, alcoholism, or drug dependence and that are maintained by . . . a treatment facility." A "treatment facility" is defined as "any publicly or privately operated facility or unit thereof providing treatment of alcoholic, drug dependent, mentally ill or developmentally disabled persons, including but not limited to inpatient and outpatient treatment programs, community support programs and rehabilitation programs."</p> <p>If the PHI requested for disclosure meets the definition of a "treatment record" under Wisconsin Statute 51.30, then consent is required for cells labeled "sometimes" or "unclear" before the PHI may be disclosed. If the PHI does not meet the definition of "treatment record," then consent is not required.</p>
3A, 3B, 3C, 3E, 3I, 3L	<p>In addition to the statement listed in the first row above, "sometimes" was entered for these cells because Wisconsin law regulates the "results" of lab and other biological tests different than "orders" for biological tests. If Wisc. Stat. 51.30 applies to a disclosure, Wisc. Stat. 51.30(4)(b)8g.bm allows the disclosure of "diagnostic test results" without consent, but not test orders. Thus, if the record requested was a "treatment record," then lab (and other biological) test orders would require consent in order to exchange the information.</p>
4A, 4E, 4I	<p>In addition to the statement listed in the first row above, "sometimes" was entered for these cells because these sites may constitute a treatment facility, which would require that Wisc. Stat. 51.30 be applied for purposes of disclosing this type of PHI. If Wisc. Stat. 51.30 applies, consent would be required because clinical notes/reports contains PHI that is beyond what the exception under Wisc. Stat. 51.30(4)(b)8g.bm allows to be disclosed without consent.</p>
5A, 5B, 5C, 5E, 5I, 5L	<p>In addition to the statement listed in the first row above, these cells are listed as "sometimes" because for records regulated under Wisc. Stat. 51.30, provisions found at 51.30(4)(b)8g.bm allow "diagnosis" to be disclosed without consent, but does not clearly indicate that procedure information may be disclosed.</p>
7A, 7B, 7C, 7E, 7I, 7L	<p>In addition to the statement listed in the first row above, these cells are listed as "unclear" because it is not clear what information comprises claims information. The data comprising claims information would have to be analyzed to see whether it came from a "patient health care record") as defined under Wisc. Stat. 146.81(4) or a "treatment record" (as defined under Wisc. Stat. 51.01(19). If the information comprising claims information is considered a treatment record, then the information disclosed would require consent unless it meets one of the two relevant exceptions to the written consent requirement as found under Wisc. Stat. 51.30(4)(a)(8) ("emergency circumstance" as described in scenario 2) and 51.30(4)(a)8g.bm(exception that allows specific types of PHI to be disclosed without patient consent).</p>

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION
4B, 4C, 4L, 14B, 14C, 14L, 15B, 15C, 15L, 17B, 17C, 17L	This analysis assumes that the PHI sources would constitute a "treatment facility" under Wisconsin Statute 51.30. Assuming 51.30 protections apply to these data types in these data sources, consent is required as there is no exception that would allow disclosure without consent.
14A, 14E, 14I, 15A, 15E, 15I	In addition to the statement listed in the first row above, these cells are listed as "unclear" because it is not clear from the spreadsheet and accompanying definitions whether mental health or substance abuse records contained in the PHI sources are created in a treatment facility or not. If the PHI data types contains mental health information (e.g. diagnosis of depression) or substance abuse information (e.g. patient was treated for alcohol addiction in 2006) that was created in a treatment facility, then Wisc. Stat. 51.30 applies. If not, then 51.30 protections and requirements do not apply.

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 1A Cell Ref #	FURTHER EXPLANATION

WORKSHEET 1C: LEGAL CITATIONS

Your State Name: **Wisconsin**

Purpose of this Worksheet:

To document the legal citations to the state law that support the answer and analysis for each cell in Worksheet 1A.

Directions:

1. **For each cell on Worksheet 1A, except those marked "no" or "n/a"**, please complete this chart to indicate what state law, regulation, etc. was referred to in order to answer the particular question on Worksheet 1A.
2. Since there may be more than one law referenced in a particular cell on Worksheet 1A, feel free to use more than one row below to reference the statutes. Thus, there could be several rows below that have the same Cell Ref # from Worksheet 1A.
3. To make completing this chart faster, feel free to reference multiple Cell Ref #s from Worksheet 1A in the left column below.
4. See a brief example of this Worksheet C on the worksheet entitled "Example of C"

KEY:

- **Cell Ref #** refers to the Cell Ref # from Worksheet 1A
- **Citation** refers to the legal citation of the statute, regulation, administrative rule, etc. (e.g., I.C. 35-6-1)
- **Link to URL** refers to the hyperlink to the webpage on which the specific law is contained (if available)
- **Derives from** refers to where it is derived from. Should be either statute, regulation, administrative rule, or state Attorney General opinion or state case law to the extent that it interprets state law/reg/rule. [Note: It is optional if you want to research Attorney General opinions or case law]. **There is a drop down list to choose from.**
- **Location** refers to what body of laws the statute is found in (e.g., pharmacist code, physician licensing code, general medical records code)

WORKSHEET 1D: CONSENT QUESTIONSYour State Name: **Wisconsin**

This consent requirement applies to the following CELL REF #s from Worksheet 1A (in the shaded space below, please list all applicable cells as described in the directions):

A3, A4, A5, A7, A14, A15, B3, B4, B5, B7,B14, B15, B17, C3, C4, C5, C7, C14, C15, C17, E3, E4, E5, E7, E14, E15, I3, I4, I5, I7, I14, I15, L3, L4, L5, L7, L14, L15, L17

Purpose of this Worksheet:

To document the specific details about the consent required under your state law in order to permit the disclosure of the patient's PHI.

Directions:

1. You will only use this Worksheet if you answered "Yes" or "Sometimes" or "Unclear" to one or more cells on Worksheet 1A and patient consent is required to enable the disclosure.
2. If you have more than one type of consent under your state law, then you will need to make a copy of this Worksheet 1D. Rename each new Worksheet 1D to something like 1D-Consent1, 1D-Consent2, 1D-Consent3. [Thus, if you would answer any of the questions below differently for a different cell in Worksheet 1A, you will need more than one Worksheet 1D.]
3. List all Cell Ref #s from Worksheet 1A that your answers on this worksheet apply to in the box indicated above.
4. See a brief example of this Worksheet 1D on the worksheet entitled "Example of D".

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 1	Who must give consent to the disclosure (e.g., patient, doctor)? It is not necessary to go into detail about who can give consent on behalf of the patient. This question is only meant to capture whether someone other than the patient or his/her representative has to give consent to disclose the PHI.
Response to Q1	<i>Wisc. Stat. 51.30(2) ("treatment records" for mental illness, developmental disabilities, alcoholism, or drug dependence provided in a treatment facility) requires the consent to be signed by the patient or their legally authorized representative.</i>
Question 2	What form must the consent take (e.g., in writing, electronic, oral, implied)? Please be specific.
Response to Q2	<i>Wisc. Stat. 51.30(2) mandates written consent.</i>
Question 3	Are there any specific signature requirements? (Note that e-consent and electronic signature is outside the scope of this project).
Response to Q3	<i>Yes. Wisc. Stat. 51.30(2) requires consent to be signed by the patient or their legally authorized representative.</i>
Question 4	If there are consent formats or content requirements, please list them.
Response to Q4	<p><i>Yes. Wisc. Stat. 51.30(2) requires the following consent content elements:</i></p> <ol style="list-style-type: none"> <i>1. The name of the individual, agency, or organization to which the disclosure is to be made;</i> <i>2. The name of the subject individual whose treatment record is being disclosed;</i> <i>3. The purpose or need for the disclosure;</i> <i>4. The specific type of information to be disclosed;</i> <i>5. The time period during which the consent is effective;</i> <i>6. The date on which consent is signed; and</i> <i>7. The signature of the individual or person legally authorized to give consent for the individual.</i>
Question 5	Would the HIPAA authorization form satisfy the requirements or are there additional elements required outside of HIPAA's required elements?
Response to Q5	<i>Technically no. Interestingly, HIPAA does not require that the name of name of the individual whose information is to be disclosed be on the authorization form, but Wisc. Stat. 51.30(2) does. In all other respects a HIPAA authorization would be sufficient. However, as a practical matter, any form used to disclose PHI would have the patients name on it.</i>
Question 6	Is there a limited duration for the consent? <u>If no</u>, skip to Question 7.
Response to Q6	<i>Yes. Wisc. stat. 51.30(2) refers to a "time period during which the consent is effective."</i>
Question 6.1	Is it time limited? If so, please describe.

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Response to Q6.1	<i>Yes. The time is limited to what the patient agrees to as described in question 6.</i>
Question 6.2	Is it a specific event? If so, please describe.
Response to Q6.2	<i>Wisc. Stat. 51.30(2) refers to a time period during which the consent is effective, but does not reference tying the consent period to a specific event.</i>
Question 6.3	Is it for a one-time disclosure or can it be ongoing?
Response to Q6.3	<i>Wisc. Stat. 51.30(2) permits disclosure of PHI for the duration of time the consent is effective, as defined by the patient.</i>
Question 7	Does a separate consent have to be obtained for each time PHI is collected?
Response to Q7	<i>No. See above.</i>
Question 8	Does the consent allow the patient to limit the disclosure to certain types of people (e.g., type of provider, such as mental health provider)? If so, please describe.
Response to Q8	<i>Yes. Wisc. Stat. 51.30(4)(a) permits the individual or his or her legally authorized representative to authorize the disclosure of their PHI to anyone they chose.</i>
Question 8.1	Does the consent require the identification of a specific named recipient of the information (Dr. Jones)?
	<i>Yes. Wisc. Stat. 51.30(2) requires that the consent form specify the "name of the individual, agency, or organization to which the disclosure is to be made."</i>
Question 9	Does the consent allow the patient to limit the disclosure to certain purposes? If so, please describe.
Response to Q9	<i>Yes. Wisc. Stat. 51.30(2) requires that the consent form specify "the purpose or need for the disclosure."</i>
Question 10	Is the consent limited to "minimum necessary" or some other scope of disclosure? If so, please describe.
Response to Q10	<i>Maybe. Wisconsin Administrative Code 92.03 (n) limits disclosures of written PHI protected by Wisconsin Statute 51.30 to "include only the information necessary to fulfill the request." However, this may or may not be viewed as a true limitation to a request for PHI under this scenario.</i>
Question 11	Does the consent allow the patient to specify (or limit) what types of PHI can or cannot be disclosed (e.g., all PHI except records from mental health providers)? If so, please describe.

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Response to Q11	<i>Yes. Wisc. Stat. 51.30(2) requires that the consent form specify "the specific type of information to be disclosed." Thus, patients can indicate (or limit) what is permitted to be disclosed.</i>
Question 12	Does the consent only allow for the use of PHI that was collected prior and up to the date consent is executed or does it apply to PHI collected after the consent as well?
Response to Q12	<i>Wisc. Stat. 51.30(2) requires that the consent form indicate "the time period during which the consent is effective." Ideally, consents should be written with sufficient clarity to avoid questions of whether PHI to be released includes only information up to the date the consent is signed, or whether the consent includes information gathered through the time period during which the consent will be effective.</i>
Question 13	Can the consent be revoked after it has been given? If so, describe how that affects continued use of the PHI.
Response to Q13	<i>Wisc. Admin. Code HFS 92.03(3)(e) has a provision that specifically allows the consent to be revoked for "treatment records" protected under Wisc. Stat. 51.30.</i>
Question 14	Is the recipient of the PHI permitted to re-disclose to others? <u>If yes, skip to Question 15.</u>
Response to Q14	<p><i>Yes. Wisc. Admin. Code HFS 92.03(1)(h) provides that for "treatment records" protected under Wisc. Stat. 51.30, the recipient of PHI is permitted to re-disclose to others, but only if authorized by informed consent of the subject individual, by Adm. Code HFS ch. 92, or "as otherwise required by law" (meaning Wisc. Stat. 51.30(4)(b) or other laws).</i></p> <p><i>Wisc. Stat. 51.30(4)(b)8g.bm has recently been amended to expand release of PHI regulated by Wis. Stat. 51.30 for treatment purposes without consent as follows:</i></p> <p><i>To a health care provider, or to any person acting under the supervision of the health care provider who is involved with the individual's care, if necessary for the current treatment of the individual. Information that may be released under this subdivision is limited to the individual's name, address, and date of birth; the name of the individual's provider of services for mental illness, developmental disability, alcoholism, or drug dependence; the date of any of those services provided; the individual's medications, allergies, diagnosis, diagnostic test results, and symptoms; and other relevant demographic information necessary for the current treatment of the individual.</i></p> <p><i>HFS 92.03(1)(l) requires "any disclosure or re-release, except oral disclosure, of (51.30) confidential information shall be accompanied by a written state</i></p>
Question 14.1	Must the original PHI source notify the recipient of the PHI of the requirement that consent be obtained before further re-disclosure? Please explain in detail.
Response to Q14.1	

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 14.2	Must the notice of re-disclosure requirements be in writing? <u>If no</u> , skip to Question 14.3.
Response to Q14.2	
Question 14.2.1	If so, does electronic notice that can be printed out satisfy this requirement?
Response to Q14.2.1	
Question 14.3	Are there content/format requirements for the notice? If so, please describe.
Response to Q14.3	
Question 14.4	Are there exceptions to the re-disclosure requirements? If so, please describe.
Response to Q14.4	
Question 15	Is some specific patient education about the consent required under the state law? If so, please describe.
Response to Q15	No.
Question 16	Are there any special requirements for disclosure in addition to consent? If so, please describe.
Response to Q16	<p>In addition to consent and re-disclosure requirements noted above, Wisc. Admin. Code HFS 92.03 has the additional following requirements for disclosures of PHI protected by Wisc. Stat. 51.30:</p> <ol style="list-style-type: none"> 1. Any disclosure except oral disclosure, must be accompanied by a written statement which states that the information is confidential and disclosure without patient consent or statutory authorization is prohibited by the law. (HFS 92.03(i)). 2. The disclosure of the information must be limited to include only the information necessary to fulfill the request. (HFS 92.03(n)). 3. Any request by a treatment facility for written information shall include a statement that the patient has the right of access to the information. (HFS 92.03(o)).
Question 17	Does your state has a consent form that has been approved by state law? If so, please submit it with this template.

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Response to Q17	<i>No.</i>

SPECIFIC QUESTIONS FOR SCENARIO 2 ONLY

Your State Name:

Wisconsin

Scenario 2 (Emergency Treatment): An adult person from your state is seen by a healthcare provider in another state seeking emergent care. What is required by your state to allow the disclosure of any and all PHI on this patient held by the "PHI Sources" on Worksheet A to the healthcare provider in the other state?

Directions:

1. Complete the questions below with respect to your state law.
2. These questions are intended to capture general information about state disclosure laws regarding treatment in an emergency situation.
3. Please keep your answers on this chart brief and at a high level. It is intended to give the reader an overview regarding emergency disclosure. The other worksheets you are required to complete will provide a chance to give a more detailed explanation of specific laws.
4. Use as much room as you need. The boxes below automatically wrap the text.
5. Once you have completed this Worksheet:
 - if you answered "yes" to Question #1 below, then proceed to Worksheet "2A-Baseline (emergency)" and follow the directions there.
 - if you answered "no" to Question #1 below, then STOP and do not complete Worksheets 2A, 2B, 2C or 2D.

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	SPECIFIC QUESTIONS ABOUT SCENARIO 2 ONLY
Question 1	<p>Are the disclosure requirements in your state for an emergency treatment situation different from those in a non-emergency treatment situation? If the answer to this question is no, you have completed Scenario 2. If your answer to this question is yes, please continue with the questions below and in filling out the corresponding worksheets that begin with a "2".</p>
Response to Q1	<p>Yes.</p>
Question 2	<p>Does your state define the term "emergency" with respect to disclosure of PHI? If yes, please include your state's definition and citation. If no, is there another circumstance or definition that triggers an "emergency exception" for disclosure?</p>
Response to Q2	<p><i>None of the four statutes regulating PHI defines "emergency." However, one of the statutes describes an "emergency circumstance" and two others reference urgent or emergent care as a basis for disclosing PHI governed under that statute without written consent.</i></p> <p><i>Wisc. Stat. 51.30(4)(b)(8) allows the disclosure of "treatment records" protected under 51.30 if "in a medical emergency, to a health care provider who is otherwise unable to obtain the individual's informed consent because of the individual's condition or the nature of the medical emergency." Disclosure of PHI under this provision must be "limited to that part of the records necessary to meet the medical emergency." Wisc. Stat. Chapter 51, regulates "treatment records" created while providing treatment for mental health, developmental disabilities, or alcohol and drug abuse in a "treatment facility." Wisc. Stat. 51.30(1)(b) defines "treatment record" as "the registration and all other records that are created in the course of providing services to individuals for mental illness, developmental disabilities, alcoholism, or drug dependence and that are maintained by the department, by county departments under s.</i></p> <p><i>Wisc. Stat. 146.82(2)(a)(2) provides an exception to the written consent requirement for disclosures of PHI regulated by Wisc. Stat. 146.8</i></p> <p><i>Wisc. Stat. 252.15(5)(a), which regulates the disclosure of HIV test results, provides an exception to the written consent requirement for</i></p>

WORKSHEET 2A: BASELINE DISCLOSURE REQUIREMENTS

Your State Name: Wisconsin

Purpose of this Worksheet:

To capture a categorized view of when disclosure requirements exist under state law for the targeted scenario.

Scenario #2 (Treatment – Emergent):

An adult person from your state is seen by a healthcare provider in another state seeking emergent care. What is required by your state to allow the disclosure of any and all PHI on this patient held by the "PHI Sources" on Worksheet A to the healthcare provider in the other state?

Directions:

1. Please make sure you have reviewed the worksheet entitled "Definitions for Worksheet 1A-2A" prior to beginning this Worksheet 2A, because it provides a greater description of the row and column labels below and specifies what is outside the scope of this project.
2. Complete a copy of this Worksheet 2A indicating where consent or other disclosure requirement is mandated for disclosure in the Scenario above. If using this worksheet as a printed copy, **please note that this worksheet is formatted to print on LEGAL SIZE PAPER.** For each cell below, choose from the drop down box selections of:

KEY:

- "Yes" means consent or other disclosure requirement is mandated
- "No" means consent or other disclosure requirement is NOT mandated
- "Sometimes" means consent or other disclosure requirement is mandated in some cases for this type of PHI from this type of PHI Source
- "Unclear" means the state law is unclear as to whether consent or other disclosure requirement is mandated
- "n/a" means not applicable for the particular source and/or type of PHI

3. If you answer "Yes", "Sometimes", or "Unclear" in a cell below, use the Worksheet 2B-Details to specify the details for those cells. Please note that additional explanation for "Yes" answers only apply where there is an additional disclosure requirement other than or in addition to patient consent.
4. For all cells, be sure to complete the Worksheet 2C-Citation which is cross-referenced to the applicable Cell Reference Numbers in this Worksheet 1A.
5. If you answer "Yes" or "Sometimes" in a cell below, then you will need to answer questions about any consent that may be required in the Worksheet 1D-Consent Questions. Go to Worksheet 1D-Consent Questions and follow the instructions there.
6. Feel free to add another row or column to the Worksheet 2A chart below to accommodate additional types of PHI or additional sources of PHI. If you do so, please label it: "Other - [and insert a description]".
7. See a brief example of this Worksheet A on the worksheet entitled "Example of A"
8. Once you have completed Worksheet 2A, 2B, 2C & 2D to the extent necessary, you have completed this template.

State Name: **Wisconsin**

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI					SOURCES OF PHI					SOURCES OF PH				
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	Patient ID & demographic info	1	no	no	no	no	no	no	no	no	no	no				
			1A	1B	1C	1D	1E	1F	1G	1H	1I	1J	1K	1L	1M	1N
	Medication history	2	no	no	no	no	no	no	no	no	no	no	no			
			2A	2B	2C	2D	2E	2F	2G	2H	2I	2J	2K	2L	2M	2N
	Lab test order and results	3	no	no	no	no	no	no	no	no	no	no	no			
			3A	3B	3C	3D	3E	3F	3G	3H	3I	3J	3K	3L	3M	3N
Clinical notes/ reports	4	no	no	no	no	no	no	no	no	no	no	no				
		4A	4B	4C	4D	4E	4F	4G	4H	4I	4J	4K	4L	4M	4N	
Diagnosis or procedure info	5	no	no	no	no	no	no	no	no	no	no	no				
		5A	5B	5C	5D	5E	5F	5G	5H	5I	5J	5K	5L	5M	5N	
Allergies/adverse reactions	6	no	no	no	no	no	no	no	no	no	no	no				
		6A	6B	6C	6D	6E	6F	6G	6H	6I	6J	6K	6L	6M	6N	

State Name: **Wisconsin**

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI					SOURCES OF PHI					SOURCES OF PH				
		Hospital (non-mental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (non-mental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (non-mental health and non-substance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organiza-tions	Commercial payer (other than managed care org)	Other [insert description here]	Other [insert description here]	Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	Claims data (other than med history)	7	no	no	no	no	no	no	no	no	no	no				
			7A	7B	7C	7D	7E	7F	7G	7H	7I	7J	7K	7L	7M	7N
	HIV test - id of person taking test	8	no	no	no	no	no	no	no	no	no	no	no			
			8A	8B	8C	8D	8E	8F	8G	8H	8I	8J	8K	8L	8M	8N
	HIV test results	9	no	no	no	no	no	no	no	no	no	no				
			9A	9B	9C	9D	9E	9F	9G	9H	9I	9J	9K	9L	9M	9N
	Medications used for HIV	10	no	no	no	no	no	no	no	no	no	no				
			10A	10B	10C	10D	10E	10F	10G	10H	10I	10J	10K	10L	10M	10N

State Name: **Wisconsin**

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI					SOURCES OF PHI					SOURCES OF PH				
		Hospital (non-mental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (non-mental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (non-mental health and non-substance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organiza-tions	Commercial payer (other than managed care org)	Other [insert description here]	Other [insert description here]	Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	Diagnosis for HIV/AIDS	11	no 11A	no 11B	no 11C	no 11D	no 11E	no 11F	no 11G	no 11H	no 11I	no 11J	no 11K	11L	11M	11N
	Other indication of HIV/AIDS status	12	no 12A	no 12B	no 12C	no 12D	no 12E	no 12F	no 12G	no 12H	no 12I	no 12J	no 12K	12L	12M	12N
	Other STDs	13	no 13A	no 13B	no 13C	no 13D	no 13E	no 13F	no 13G	no 13H	no 13I	no 13J	no 13K	13L	13M	13N
	Mental health records	14	no 14A	no 14B	no 14C	no 14D	no 14E	no 14F	no 14G	no 14H	no 14I	no 14J	no 14K	14L	14M	14N
	Substance abuse	15	no 15A	no 15B	no 15C	no 15D	no 15E	no 15F	no 15G	no 15H	no 15I	no 15J	no 15K	15L	15M	15N
	Genetic	16	no 16A	no 16B	no 16C	no 16D	no 16E	no 16F	no 16G	no 16H	no 16I	no 16J	no 16K	16L	16M	16N

State Name: **Wisconsin**

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI					SOURCES OF PHI					SOURCES OF PH				
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Immuniz'n history from provider record	17	no	no	no	no	no	no	no	no	no	no	no				
Other [insert description here]	18	17A	17B	17C	17D	17E	17F	17G	17H	17I	17J	17K	17L	17M	17N	
Other [insert description here]	19	18A	18B	18C	18D	18E	18F	18G	18H	18I	18J	18K	18L	18M	18N	
Other [insert description here]	20	19A	19B	19C	19D	19E	19F	19G	19H	19I	19J	19K	19L	19M	19N	
Other [insert description here]	20	20A	20B	20C	20D	20E	20F	20G	20H	20I	20J	20K	20L	20M	20N	

WORKSHEET 2B: FURTHER EXPLANATION

Your State Name:

Wisconsin

Purpose of this Worksheet:

To capture details of the state law(s) for the particular cells from Worksheet 2A.

Directions:

1. For any cells on Worksheet 1A that you entered **"Yes"**, and where there is an additional disclosure requirement **other than or in addition to** patient consent, please explain here.
2. For any cells on Worksheet 2A that you entered **"Sometimes"**, or **"Unclear"**, please complete a further explanation below. You may also enter further explanation for other cells as well, if desired for clarity.
3. Please use excerpts from the actual statute/regulation/rule in quotation marks in your explanation.
4. To make completing this chart faster, feel free to reference multiple Cell Ref #s from Worksheet 2A in the left column below.
5. Use as much room as you need. The boxes below automatically wrap text.
6. See a brief example of this Worksheet B on the worksheet entitled "Example of B"

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION
NA	

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

Your State Name: **Wisconsin**

Worksheet 2A Cell Ref #	FUTHER EXPLANATION

WORKSHEET 2C: LEGAL CITATIONSYour State Name: **Wisconsin****Purpose of this Worksheet:**

To document the legal citations to the state law that support the answer and analysis for each cell in Worksheet 2A.

Directions:

1. **For each cell on Worksheet 2A, except those marked "no" or "n/a"**, please complete this chart to indicate what state law, regulation, etc. was referred to in order to answer the particular question on Worksheet 2A.
2. Since there may be more than one law referenced in a particular cell on Worksheet 2A, feel free to use more than one row below to reference the statutes. Thus, there could be several rows below that have the same Cell Ref # from Worksheet 2A.
3. To make completing this chart faster, feel free to reference multiple Cell Ref #s from Worksheet 2A in the left column below.
4. See a brief example of this Worksheet C on the worksheet entitled "Example of C"

KEY:

- **Cell Ref #** refers to the Cell Ref # from Worksheet 2A
- **Citation** refers to the legal citation of the statute, regulation, administrative rule, etc. (e.g., I.C. 35-6-1)
- **Link to URL** refers to the hyperlink to the webpage on which the specific law is contained (if available)
- **Derives from** refers to where it is derived from. Should be either statute, regulation, administrative rule, or state Attorney General opinion or state case law to the extent that it interprets state law/reg/rule. [Note: It is optional if you want to research Attorney General opinions or case law]. **There is a drop down list to choose from.**
- **Location** refers to what body of laws the statute is found in (e.g., pharmacist code, physician licensing code, general medical records code)

WORKSHEET 2D: CONSENT QUESTIONS

Your State Name: Wisconsin

This consent requirement applies to the following CELL REF #s from Worksheet 2A (in the shaded space below, please list all applicable cells as described in the directions):

Purpose of this Worksheet:

To document the specific details about the consent required under your state law in order to permit the disclosure of the patient's PHI.

Directions:

1. You will only use this Worksheet if you answered "Yes" or "Sometimes" or "Unclear" to one or more cells on Worksheet 2A and patient consent is required to enable the disclosure.
2. If you have more than one type of consent under your state law, then you will need to make a copy of this Worksheet 2D. Rename each new Worksheet 2D to something like 2D-Consent1, 2D-Consent2, 2D-Consent3. [Thus, if you would answer any of the questions below differently for a different cell in Worksheet 2A, you will need more than one Worksheet 2D.]
3. List all Cell Ref #s from Worksheet 2A that your answers on this worksheet apply to in the box indicated above.
4. See a brief example of this Worksheet 2D on the worksheet entitled "Example of D".

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 1	Who must give consent to the disclosure (e.g., patient, doctor)? It is not necessary to go into detail about who can give consent on behalf of the patient. This question is only meant to capture whether someone other than the patient or his/her representative has to give consent to disclose the PHI.
Response to Q1	NA
Question 2	What form must the consent take (e.g., in writing, electronic, oral, implied)? Please be specific.
Response to Q2	
Question 3	Are there any specific signature requirements? (Note that e-consent and electronic signature is outside the scope of this project).
Response to Q3	
Question 4	If there are consent formats or content requirements, please list them.
Response to Q4	
Question 5	Would the HIPAA authorization form satisfy the requirements or are there additional elements required outside of HIPAA's required elements?

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Response to Q5	
Question 6	Is there a limited duration for the consent? <u>If no</u>, skip to Question 7.
Response to Q6	
Question 6.1	Is it time limited? If so, please describe.
Response to Q6.1	
Question 6.2	Is it a specific event? If so, please describe.
Response to Q6.2	
Question 6.3	Is it for a one-time disclosure or can it be ongoing?
Response to Q6.3	

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 7	Does a separate consent have to be obtained for each time PHI is collected?
Response to Q7	
Question 8	Does the consent allow the patient to limit the disclosure to certain types of people (e.g., type of provider, such as mental health provider)? If so, please describe.
Response to Q8	
Question 8.1	Does the consent require the identification of a specific named recipient of the information (Dr. Jones)?
Response to Q8.1	
Question 9	Does the consent allow the patient to limit the disclosure to certain purposes? If so, please describe.
Response to Q9	
Question 10	Is the consent limited to "minimum necessary" or some other scope of disclosure? If so, please describe.
Response to Q10	

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 11	Does the consent allow the patient to specify (or limit) what types of PHI can or cannot be disclosed (e.g., all PHI except records from mental health providers)? If so, please describe.
Response to Q11	
Question 12	Does the consent only allow for the use of PHI that was collected prior and up to the date consent is executed or does it apply to PHI collected after the consent as well?
Response to Q12	
Question 13	Can the consent be revoked after it has been given? If so, describe how that affects continued use of the PHI.
Response to Q13	
Question 14	Is the recipient of the PHI permitted to re-disclose to others? <u>If yes</u> , skip to Question 15.
Response to Q14	

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 14.1	Must the original PHI source notify the recipient of the PHI of the requirement that consent be obtained before further re-disclosure? Please explain in detail.
Response to Q14.1	
Question 14.2	Must the notice of re-disclosure requirements be in writing? <u>If no</u>, skip to Question 14.3.
Response to Q14.2	
Question 14.2.1	If so, does electronic notice that can be printed out satisfy this requirement?
Response to Q14.2.1	
Question 14.3	Are there content/format requirements for the notice? If so, please describe.
Response to Q14.3	

Your State Name: **Wisconsin**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 14.4	Are there exceptions to the re-disclosure requirements? If so, please describe.
Response to Q14.4	
Question 15	Is some specific patient education about the consent required under the state law? If so, please describe.
Response to Q15	
Question 16	Are there any special requirements for disclosure in addition to consent? If so, please describe.
Response to Q16	
Question 17	Does your state has a consent form that has been approved by state law? If so, please submit it with this template.
Response to Q17	

RED (BOLD) FONT EXAMPLE OF A PORTION OF WORKSHEET A

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS

Your State Name: **IDAHO**

Purpose of this Worksheet:

To capture a categorized view of when disclosure requirements exist under state law for the targeted scenario.

Scenario #1 (Treatment – Non-Emergency):

Adult person from your state seeks non-emergency treatment from a healthcare provider in another state (e.g., doctor's office, a healthcare treatment facility such as a hospital or outpatient center). What is required by your state to allow the disclosure of any and all PHI on this patient held by the "PHI Sources" below to the healthcare provider in the other state?

Directions:

1. Please make sure you have reviewed the worksheet entitled "Definitions for Worksheet 1A-2A" prior to beginning this Worksheet 1A, because it provides a greater description of the row and column labels below and specifies what is outside the scope of this project.
2. Complete a copy of this Worksheet 1A indicating where consent or other disclosure requirement is mandated for disclosure in the Scenario above. If using this worksheet as a printed copy, **please note that this worksheet is formatted to print on LEGAL SIZE PAPER.** For each cell below, choose from the drop down box selections of:

KEY:

- "Yes" means consent or other disclosure requirement is mandated
- "No" means consent or other disclosure requirement is NOT mandated
- "Sometimes" means consent or other disclosure requirement is mandated in some cases for this type of PHI from this type of PHI Source
- "Unclear" means the state law is unclear as to whether consent or other disclosure requirement is mandated
- "n/a" means not applicable for the particular source and/or type of PHI

3. If you answer "Yes", "Sometimes", or "Unclear" in a cell below, use the Worksheet 1B-Details to specify the details for those cells. Please note that additional explanation for "Yes" answers only apply where there is an additional disclosure requirement other than or in addition to patient consent.
4. For all cells, be sure to complete the Worksheet 1C-Citation which is cross-referenced to the applicable Cell Reference Numbers in this Worksheet 1A.
5. If you answer "Yes" or "Sometimes" in a cell below, then you will need to answer questions about any consent that may be required in the Worksheet 1D-ConsentQs. Go to Worksheet 1D-ConsentQs and follow the instructions there.
6. Use the rows or columns labeled "Other" to the Worksheet 1A chart below to accommodate additional types of PHI or additional sources of PHI. If you do so, please label it: "Other - [*insert description here*]" and include the definition in Worksheet 1B: Details. If not all Other columns/rows are used, please leave them blank.
7. See a brief example of this Worksheet A on the worksheet entitled "Example of A"
8. Once you have completed Worksheet 1A, 1B, 1C & 1D to the extent necessary, then proceed to the Worksheet entitled "Questions for Scenario 2" to begin work on Scenario 2.

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI					SOURCES OF PHI					SOURCES OF PH				
		Hospital (non-mental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (non-mental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (non-mental health and non-substance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organizations	Commercial payer (other than managed care org)	Other [insert description here]	Other [insert description here]	Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	Patient ID & demographic info	1A	1B	1C	1D	1E	1F	1G	1H	1I	1J	1K	1L	1M	1N	
	Medication history	2A	2B	2C	2D	2E	2F	2G	2H	2I	2J	2K	2L	2M	2N	
	Lab test order and results	3A	3B	3C	3D	3E	3F	3G	3H	3I	3J	3K	3L	3M	3N	
	Clinical notes/ reports	4A	4B	4C	4D	4E	4F	4G	4H	4I	4J	4K	4L	4M	4N	
	Diagnosis or procedure info	5A	5B	5C	5D	5E	5F	5G	5H	5I	5J	5K	5L	5M	5N	
	Allergies/adverse reactions	6A	6B	6C	6D	6E	6F	6G	6H	6I	6J	6K	6L	6M	6N	
	Claims data (other than med history)	7A	7B	7C	7D	7E	7F	7G	7H	7I	7J	7K	7L	7M	7N	
	HIV test - id of person	8A	8B	8C	8D	8E	8F	8G	8H	8I	8J	8K	8L	8M	8N	

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI					SOURCES OF PHI					SOURCES OF PH				
		Hospital (non-mental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (non-mental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (non-mental health and non-substance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organizations	Commercial payer (other than managed care org)	Other [insert description here]	Other [insert description here]	Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	taking test	8	8A	8B	8C	8D	8E	8F	8G	8H	8I	8J	8K	8L	8M	8N
	HIV test results	9	9A	9B	9C	9D	9E	9F	9G	9H	9I	9J	9K	9L	9M	9N
	Medications used for HIV	10	10A	10B	10C	10D	10E	10F	10G	10H	10I	10J	10K	10L	10M	10N
	Diagnosis for HIV/AIDS	11	11A	11B	11C	11D	11E	11F	11G	11H	11I	11J	11K	11L	11M	11N

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI					SOURCES OF PHI				SOURCES OF PH					
		Hospital (non-mental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (non-mental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (non-mental health and non-substance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organizations	Commercial payer (other than managed care org)	Other [insert description here]	Other [insert description here]	Other [insert description here]	
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
TYPES OF PHI	Other indication of HIV/AIDS status	12	12A	12B	12C	12D	12E	12F	12G	12H	12I	12J	12K	12L	12M	12N
	Other STDs	13	13A	13B	13C	13D	13E	13F	13G	13H	13I	13J	13K	13L	13M	13N
	Mental health records	14	14A	14B	14C	14D	14E	14F	14G	14H	14I	14J	14K	14L	14M	14N
	Substance abuse	15	15A	15B	15C	15D	15E	15F	15G	15H	15I	15J	15K	15L	15M	15N
	Genetic	16	16A	16B	16C	16D	16E	16F	16G	16H	16I	16J	16K	16L	16M	16N
	Immuniz'n history from provider record	17	17A	17B	17C	17D	17E	17F	17G	17H	17I	17J	17K	17L	17M	17N
	Other [insert description here]	18	18A	18B	18C	18D	18E	18F	18G	18H	18I	18J	18K	18L	18M	18N
	Other [insert description here]	19														

WORKSHEET 1A: BASELINE DISCLOSURE REQUIREMENTS		SOURCES OF PHI					SOURCES OF PHI				SOURCES OF PH				
		Hospital (non-mental health)	Mental Health Facility - Inpatient	Mental Health Facility - Outpatient (excluding provider licensing laws)	Substance or alcohol abuse (non-mental health) - Outpatient or Inpatient Facility	Other Outpatient Facility (non-mental health and non-substance or alcohol abuse)	Mental Health Provider Licensing laws - Psychiatrist	Mental Health Provider Licensing laws - Psychologist	Physicians (other than psychiatrists)	Pharmacy/Pharmacist	Managed Care organizations	Commercial payer (other than managed care org)	Other [insert description here]	Other [insert description here]	Other [insert description here]
CELL REFERENCE #		A	B	C	D	E	F	G	H	I	J	K	L	M	N
<i>description here]</i>	19	19A	19B	19C	19D	19E	19F	19G	19H	19I	19J	19K	19L	19M	19N
Other [<i>insert description here]</i>	20	20A	20B	20C	20D	20E	20F	20G	20H	20I	20J	20K	20L	20M	20N

RED (BOLD) FONT EXAMPLE OF A PORTION OF WORKSHEET B

WORKSHEET 1B: FURTHER EXPLANATION

Your State Name:

Alaska

Purpose of this Worksheet:

To capture details of the state law(s) for the particular cells from Worksheet 1A.

Directions:

1. For any cells on Worksheet 1A that you entered **"Yes"**, and where there is an additional disclosure requirement **other than or in addition to** patient consent, please explain here.
2. For any cells on Worksheet 1A that you entered **"Sometimes"**, or **"Unclear"**, please complete a further explanation below. You may also enter further explanation for other cells as well, if desired for clarity.
3. Please use excerpts from the actual statute/regulation/rule in quotation marks in your explanation.
4. To make completing this chart faster, feel free to reference multiple Cell Ref #s from Worksheet 1A in the left column below.
5. Use as much room as you need. The boxes below automatically wrap text.
6. See a brief example of this Worksheet B on the worksheet entitled "Example of B"

Your State Name:

Alaska

Worksheet 1A Cell Ref #	FUTHER EXPLANATION
2B, 2C	Alaska has a specific statute that governs mental health in patient and outpatient facilities and the records that are created and held there. Consent is required under that statute.

RED (BOLD) FONT EXAMPLE OF A PORTION OF WORKSHEET C

WORKSHEET 1C: LEGAL CITATIONS

Your State Name: **Hawaii**

Purpose of this Worksheet:

To document the legal citations to the state law that support the answer and analysis for each cell in Worksheet 1A.

Directions:

1. **For each cell on Worksheet 1A, except those marked "no" or "n/a"**, please complete this chart to indicate what state law, regulation, etc. was referred to in order to answer the particular question on Worksheet 1A.
2. Since there may be more than one law referenced in a particular cell on Worksheet 1A, feel free to use more than one row below to reference the statutes. Thus, there could be several rows below that have the same Cell Ref # from Worksheet 1A.
3. To make completing this chart faster, feel free to reference multiple Cell Ref #s from Worksheet 1A in the left column below.
4. See a brief example of this Worksheet C on the worksheet entitled "Example of C"

KEY:

- **Cell Ref #** refers to the Cell Ref # from Worksheet 1A
- **Citation** refers to the legal citation of the statute, regulation, administrative rule, etc. (e.g., I.C. 35-6-1)
- **Link to URL** refers to the hyperlink to the webpage on which the specific law is contained (if available)
- **Derives from** refers to where it is derived from. Should be either statute, regulation, administrative rule, or state Attorney General opinion or state case law to the extent that it interprets state law/reg/rule. [Note: It is optional if you want to research Attorney General opinions or case law]. **There is a drop down list to choose from.**
- **Location** refers to what body of laws the statute is found in (e.g., pharmacist code, physician licensing code, general medical records code)

Your State Name: **Hawaii**

STATE LAW REFERENCE INFORMATION				
Cell Ref #	Citation	Link to URL	Derives from <small>(click to see drop down list)</small>	Location
2B	Hawaii Code 35-4-1.4	www.hc.....	state law statute	law governing mental health facilities

RED (BOLD) FONT EXAMPLE OF A PORTION OF WORKSHEET D

WORKSHEET 1D: CONSENT QUESTIONS

Your State Name: **GEORGIA**

This consent requirement applies to the following CELL REF #s from Worksheet 1A (in the shaded space below, please list all applicable cells as described in the directions):

2B-2D, 2F

Purpose of this Worksheet:

To document the specific details about the consent required under your state law in order to permit the disclosure of the patient's PHI.

Directions:

1. You will only use this Worksheet if you answered "Yes" or "Sometimes" or "Unclear" to one or more cells on Worksheet 1A and patient consent is required to enable the disclosure.
2. If you have more than one type of consent under your state law, then you will need to make a copy of this Worksheet 1D. Rename each new Worksheet 1D to something like 1D-Consent1, 1D-Consent2, 1D-Consent3. [Thus, if you would answer any of the questions below differently for a different cell in Worksheet 1A, you will need more than one Worksheet 1D.]
3. List all Cell Ref #s from Worksheet 1A that your answers on this worksheet apply to in the box indicated above.
4. See a brief example of this Worksheet 1D on the worksheet entitled "Example of D".

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Question 1	Who must give consent to the disclosure (e.g., patient, doctor)? It is not necessary to go into detail about who can give consent on behalf of the patient. This question is only meant to capture whether someone other than the patient or his/her representative has to give consent to disclose the PHI.
Response to Q1	<i>Patient</i>
Question 2	What form must the consent take (e.g., in writing, electronic, oral, implied)? Please be specific.
Response to Q2	<i>written</i>
Question 3	Are there any specific signature requirements? (Note that e-consent and electronic signature is outside the scope of this project).
Response to Q3	<i>none specified.</i>
Question 4	If there are consent formats or content requirements, please list them.
Response to Q4	<i>none specified.</i>
Question 5	Would the HIPAA authorization form satisfy the requirements or are there additional elements required outside of HIPAA's required elements?

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Response to Q5	<i>HIPAA would satisfy</i>
Question 6	Is there a limited duration for the consent? <u>If no</u>, skip to Question 7.
Response to Q6	<i>NO</i>
Question 6.1	Is it time limited? If so, please describe.
Response to Q6.1	<i>n/a</i>
Question 6.2	Is it a specific event? If so, please describe.
Response to Q6.2	<i>n/a</i>
Question 6.3	Is it for a one-time disclosure or can it be ongoing?
Response to Q6.3	<i>n/a</i>
Question 7	Does a separate consent have to be obtained for each time PHI is collected?

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Response to Q7	<i>not specified.</i>
Question 8	Does the consent allow the patient to limit the disclosure to certain types of people (e.g., type of provider, such as mental health provider)? If so, please describe.
Response to Q8	<i>not required.</i>
Question 9	Does the consent allow the patient to limit the disclosure to certain purposes? If so, please describe.
Response to Q9	<i>not specified.</i>
Question 10	Is the consent limited to "minimum necessary" or some other scope of disclosure? If so, please describe.
Response to Q10	<i>not specified.</i>
Question 11	Does the consent allow the patient to specify (or limit) what types of PHI can or cannot be disclosed (e.g., all PHI except records from mental health providers)? If so, please describe.
Response to Q11	<i>not specified.</i>
Question 12	Does the consent only allow for the use of PHI that was collected prior and up to the date consent is executed or does it apply to PHI collected after the consent as well?

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Response to Q12	<i>applies to PHI collected before and after the date of consent</i>
Question 13	Can the consent be revoked after it has been given? If yes, describe how that affects continued use of the PHI.
Response to Q13	<i>Yes. Revocation applies to uses/disclosures of the PHI AFTER the date of the revocation.</i>
Question 14	Is the recipient of the PHI permitted to re-disclose to others? <u>If yes</u>, skip to Question 15.
Response to Q14	<i>Yes</i>
Question 14.1	Must the original PHI source notify the recipient of the PHI of the requirement that consent be obtained before further re-disclosure? Please explain in detail.
Response to Q14.1	<i>n/a</i>
Question 14.2	Must the notice of re-disclosure requirements be in writing? <u>If no</u>, skip to Question 14.3.
Response to Q14.2	<i>n/a</i>
Question 14.2.1	If so, does electronic notice that can be printed out satisfy this requirement?

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Response to Q14.2.1	<i>n/a</i>
Question 14.3	Are there content/format requirements for the notice? If so, please describe.
Response to Q14.3	<i>n/a</i>
Question 14.4	Are there exceptions to the re-disclosure requirements? If so, please describe.
Response to Q14.4	<i>n/a</i>
Question 15	Is some specific patient education about the consent required under the state law? If so, please describe.
Response to Q15	<i>no</i>
Question 16	Are there any special requirements for disclosure in addition to consent? If so, please describe.
Response to Q16	<i>no</i>
Question 17	Does your state has a consent form that has been approved by state law? If so, please submit it with this template.

Your State Name: **GEORGIA**

QUESTIONS AND RESPONSES

Q #	QUESTIONS ABOUT PATIENT CONSENT REQUIREMENTS
Response to Q17	<i>none</i>

CODES for the drop down lists -

DO NOT EDIT THIS PAGE

DO NOT REMOVE OR EDIT THIS BOX:

Drop down list selection for Worksheet A:

yes
no
sometimes
unclear
n/a

DO NOT REMOVE OR EDIT THIS BOX:

"Derives from" drop down list on Worksheet C:

state law statute
state law regulation
state administrative rule
Attorney General opinion
Case law
Other