

# Consent Tool User Guide for HIE Portal and SSO

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# Consent Tool Overview



# • Purpose of the Consent Tool

- The CRISP Consent Tool was designed as a platform for providers and staff to register patient consents to share 42 CFR Part 2-protected data.
- This application has since grown to cover other unique scenarios where patients may need to "opt in" to sharing additional data types via the HIE
- What is my patient consenting to with a 42 CFR Part 2 consent?
  - To allow their 42 CFR Part 2-covered provider to share information about their SUD treatment via the Health Information Exchange (HIE).
  - The HIE will then share it with other members of the patient's health care team who participate with CRISP HIEs
    - Including Maryland, DC, West Virginia, Connecticut, Alaska, Virginia, Rhode Island, and any HIE affiliates in the future.
- Find our complete list of FAQs [here](#).





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# Registering Consents Already on File

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# • Registering Consents Already on File

- If the consent has been captured outside of the HIE portal, a credentialed staff member may complete the registration in the Consent Tool, based on the patient's designation, before checking the “Attestation for Consent on File” box in the signature section.
- *Please keep the signed copy of the consent form on file. It is required by federal law to have a patient signature to share the patient’s SUD information available upon request.*





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# Registering a Consent During In-Person Visits

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# Using the CRISP Consent Form for In-Person Visits

- HIE user searches for their patient in HIE Portal or through SSO in their EHR.
- After launching the tool, provider explains the consent to their patient, educating them on what data they are sharing and with whom.
- Patient designates to share "all SUD data".
- Patient (or parent/guardian) signs directly in the tool during the in-person visit.
- The provider registers their own legal attestations in the tool and then adds their name before submitting the consent.





# Steps to Register a Consent

via Single Sign-On (SSO) from an EHR



# Launch the Consent Tool from the InContext App in your EHR



- Click on the consent tool tab on the left-hand side of your screen
- The consent tool will open in a new tab in a new window
- Follow the Portal registration instructions (on subsequent slides) to register the patient's consent the same way as you would via the HIE Portal



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# Steps to Register a Consent

## in the CRISP Portal

# Launch the CRISP Portal and Search for a Patient



- Enter patient name and date of birth into Patient Search
- Select the patient from search results returned
- Click on the square icon next to the Consent Tool app

The screenshot displays the CRISP Patient Search interface. The search criteria are: First Name: Anna, Last Name: Cadence, Date of Birth: 11/16/1981, and Gender: (dropdown). The search results table shows the following entries:


First Name	Last Name
Anna	Cadence
Anna	Cadence
ANNA	CADENCE
ANNA	CADENCE

The "Consent Tool" app is highlighted in the "Select App" dropdown menu. The search results table also shows a "Match Score" column with values like "117 - probable".

# • Attest to Patient Relationships

- If you are registering consent for a new patient (one not currently on your existing CRISP panel), a “Attest to Relationship” prompt will appear.
- Click 'Proceed' to continue.

### Attest to Relationship ×

 This patient is not currently linked to a active or existing relationship at your organization. As a reminder, CRISP prohibits access to patient records where there is no active relationship. All access to patient records are monitored. Do you wish to continue?

**PROCEED** **CANCEL**

# • Attest to Patient Relationships

- After clicking “proceed”, you must select a reason for searching the patient. Please select the option that applies to you.

**Please select a reason** ×

Reason:

New patient    Treatment    Care coordination    Quality improvement    Public health

- # Select Part 2 Form

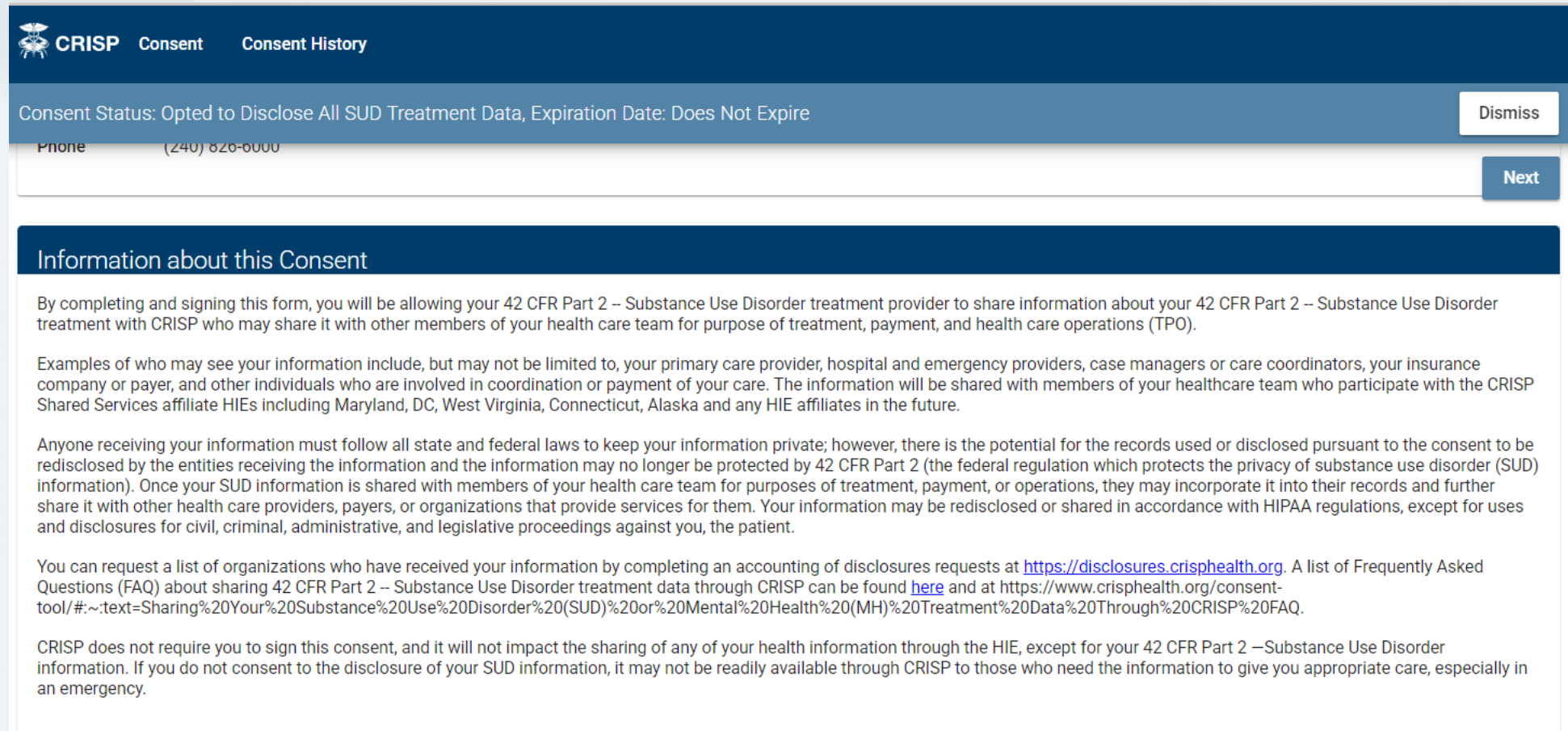
Consent Types


Provider Consent – Patient Consent to Disclose SUD and MH Treatment Information

Prevention of Harm - Block Patient Access Form

- Review the Information Section with patient, using the Accounting of Disclosures and FAQ links as needed

- <https://www.crisphealth.org/consent-tool/#sharing-data--faq>



 **CRISP** Consent Consent History

Consent Status: Opted to Disclose All SUD Treatment Data, Expiration Date: Does Not Expire Dismiss

Phone (240) 826-0000 Next

### Information about this Consent

By completing and signing this form, you will be allowing your 42 CFR Part 2 – Substance Use Disorder treatment provider to share information about your 42 CFR Part 2 – Substance Use Disorder treatment with CRISP who may share it with other members of your health care team for purpose of treatment, payment, and health care operations (TPO).

Examples of who may see your information include, but may not be limited to, your primary care provider, hospital and emergency providers, case managers or care coordinators, your insurance company or payer, and other individuals who are involved in coordination or payment of your care. The information will be shared with members of your healthcare team who participate with the CRISP Shared Services affiliate HIEs including Maryland, DC, West Virginia, Connecticut, Alaska and any HIE affiliates in the future.

Anyone receiving your information must follow all state and federal laws to keep your information private; however, there is the potential for the records used or disclosed pursuant to the consent to be redisclosed by the entities receiving the information and the information may no longer be protected by 42 CFR Part 2 (the federal regulation which protects the privacy of substance use disorder (SUD) information). Once your SUD information is shared with members of your health care team for purposes of treatment, payment, or operations, they may incorporate it into their records and further share it with other health care providers, payers, or organizations that provide services for them. Your information may be redisclosed or shared in accordance with HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you, the patient.

You can request a list of organizations who have received your information by completing an accounting of disclosures requests at <https://disclosures.crisphealth.org>. A list of Frequently Asked Questions (FAQ) about sharing 42 CFR Part 2 – Substance Use Disorder treatment data through CRISP can be found [here](#) and at [https://www.crisphealth.org/consent-tool/#:~:text=Sharing%20Your%20Substance%20Use%20Disorder%20\(SUD\)%20or%20Mental%20Health%20\(MH\)%20Treatment%20Data%20Through%20CRISP%20FAQ](https://www.crisphealth.org/consent-tool/#:~:text=Sharing%20Your%20Substance%20Use%20Disorder%20(SUD)%20or%20Mental%20Health%20(MH)%20Treatment%20Data%20Through%20CRISP%20FAQ).

CRISP does not require you to sign this consent, and it will not impact the sharing of any of your health information through the HIE, except for your 42 CFR Part 2 – Substance Use Disorder information. If you do not consent to the disclosure of your SUD information, it may not be readily available through CRISP to those who need the information to give you appropriate care, especially in an emergency.

# • Patient must elect to share ALL SUD information with this form



**CRISP**

Consent

Consent History

Consent Status: Opted to Disclose All SUD Treatment Data, Expiration Date: Does Not Expire

Dismiss

Next

## Type and Amount of Data and Purpose of Disclosure

**Purpose** The information shared will be used for purposes of treatment, payment, and health care operations as defined by HIPAA. The information to be shared could include but may not be limited to clinical documents, lab results, hospital discharge summaries, medication information, and claims data relating to my Substance Use Disorder treatment.

### Consent Options

- Disclose All Substance Use Disorder and Mental Health Data for TPO Purposes**  
This information could include my treatment plan, medications, laboratory results, clinical notes, health care encounters, claims information, and other data about my Substance Use Disorder and/or Mental Health care.



# Review Submission Instructions section

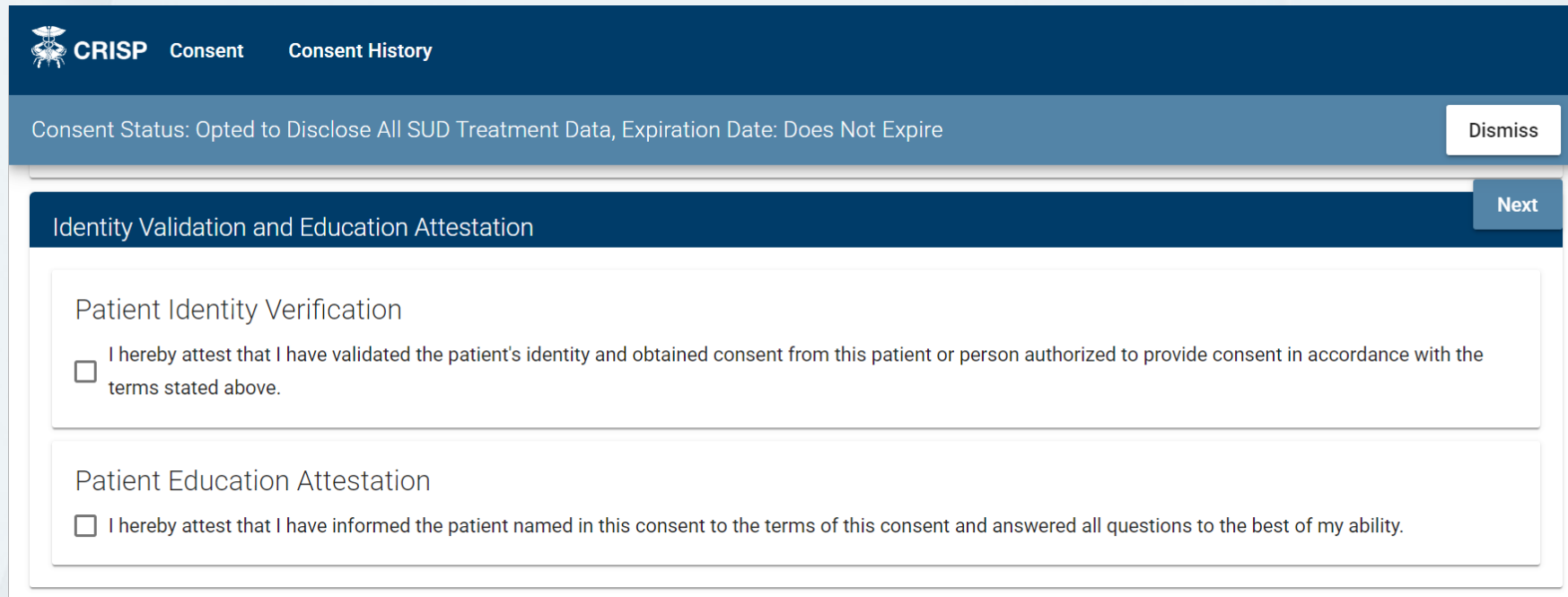
- Please review instructions for each type of visit carefully.
- For telehealth visits, or consents that are otherwise obtained and on file, please make sure to have the CRISP 42 CFR Part 2 SUD Consent Form (or a substantially similar form) signed and completed by the patient before attesting to having the consent on file in the tool.

# Review the revocation and expiration sections

- These sections explain the process and result of revoking this consent, which the patient may do at any time.
- The expiration date will automatically be blank. In the Choose a Date field, the patient may select whichever expiration date they would like. If they would prefer that this registration does not expire, providers may use the toggle in this section to indicate this preference.
- For **telehealth patients**, this must be edited to match the expiration date on the SUD Consent Form, as indicated by the patient
- For **in-person visits**, this date may be updated to anything in the future based on discussions with your patient

# • Complete Provider Attestations

- Providers/staff obtaining patient consent must attest that they have:
  - (1) Verified the patient identity and;
  - (2) Informed the patient of all terms of the consent.



CRISP Consent Consent History

Consent Status: Opted to Disclose All SUD Treatment Data, Expiration Date: Does Not Expire [Dismiss](#)

[Next](#)

Identity Validation and Education Attestation

Patient Identity Verification

I hereby attest that I have validated the patient's identity and obtained consent from this patient or person authorized to provide consent in accordance with the terms stated above.

Patient Education Attestation

I hereby attest that I have informed the patient named in this consent to the terms of this consent and answered all questions to the best of my ability.

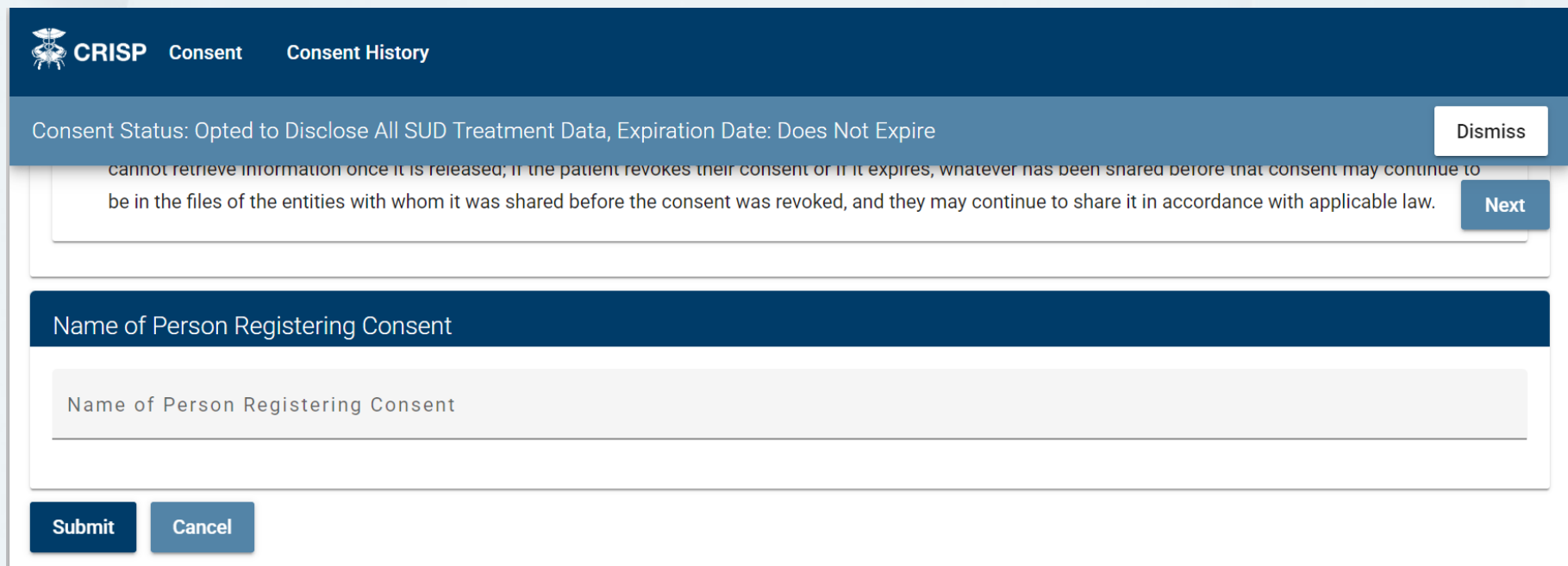
- Complete signature section

- For in-person registration:
  - Patient enters electronic signature using a mouse, stylus pen, or finger via touchscreen/ signature pad.
- For registrations of consents on file:
  - Check the box under “Attestation for Consent on File.”
  - *Note: The CRISP SUD Consent Form, or a substantially similar form, must be completed by the patient before attesting.*

- Legal guardian, parent, or legally authorized representative signature (as applicable)
  - First checkbox only required if the person signing the consent is the patient's legal guardian, parent, or legally authorized representative and has the legal authority to consent on the patient's behalf.
  - Second checkbox allows for capture of both patient's AND legal representative's signatures.
  - The person signing on behalf of a patient MUST enter their name into the form and electronically sign.

# • Submit Consent

- Enter the name of the person registering this consent.
- Click **"Submit"** once – to avoid duplicate entries.
- Click **"Print and Exit"** or **"Exit."**



CRISP Consent Consent History

Consent Status: Opted to Disclose All SUD Treatment Data, Expiration Date: Does Not Expire Dismiss

cannot retrieve information once it is released; if the patient revokes their consent or if it expires, whatever has been shared before that consent may continue to be in the files of the entities with whom it was shared before the consent was revoked, and they may continue to share it in accordance with applicable law. Next

Name of Person Registering Consent

Name of Person Registering Consent

Submit Cancel




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# Additional Functions in the Consent Tool

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# • How to view consent history

- After searching for your patient, click "Consent History."
- Click on a row to open that consent.
- A pop-up window will appear with the consent registration details.


CRISP
Consent
Consent History

Consent History for *Gilbert Testpatient Grape*

User Email	Date	Type	Expiration Date	Status	
abby.lutz@crisphealth.org	Dec 18, 2024	Part II Provider	Does Not Expire	Active	<a href="#" style="border: 1px solid #ccc; padding: 2px 10px; color: red; text-decoration: none;">Deactivate</a>
miriam.hanks@crisphealth.org	Dec 17, 2024	Provider Consent – Patient Consent to Disclose SUD and MH Treatment Information	Does Not Expire	Active	<a href="#" style="border: 1px solid #ccc; padding: 2px 10px; color: red; text-decoration: none;">Deactivate</a>
abby.lutz@crisphealth.org	Dec 13, 2024	Part II Provider	Does Not Expire	Inactive	<a href="#" style="border: 1px solid #ccc; padding: 2px 10px; color: gray; text-decoration: none;">Deactivate</a>



- How to print a consent registration
  - Providers may review, print, or save a registered consent as a file.
  - Search for a patient and open a record in their consent history.
  - Scroll to the bottom of the window and click **"Print."**
  - A print preview will appear where providers can make selections for how to print the file.

# • How to print a consent registration

CRISP Consent Consent History

Consent History for *Gilbert Testpatient Grape*

User Email	Date	Type	Expiration Date	Status	
abby.lutz@crisphealth.org	Dec 18, 2024	Part II Provider	Does Not Expire	Active	<a href="#">Deactivate</a>

CRISP Consent - Consent History

Consent History

User Email

abby.lutz@crisphealth.org

miriam.hanks@crisphealth.org

abby.lutz@crisphealth.org

corrine.jimenez@crisphealth.org

corrine.jimenez@crisphealth.org

abby.lutz@crisphealth.org

abby.lutz@crisphealth.org

miriam.hanks@crisphealth.org

abby.lutz@crisphealth.org

miriam.hanks@crisphealth.org

abby.lutz@crisphealth.org

miriam.hanks@crisphealth.org

miriam.hanks@crisphealth.org

Provider Consent - Patient

Consent to Disclose SUD and

Oct 31, 2024

Expired

Discontinue

I acknowledge that I have read this consent form and understand that as indicated on this form, my 42 CFR Part 2 - Substance Use Disorder treatment information may be shared with CRISP DC who may then share it with members of my health care team who participate with CRISP DC.

OR

Attestation for Consent on File

I hereby attest that I have obtained WRITTEN and SIGNED consent from this patient as required by applicable law and will retain the form in my records. I will make this consent available to CRISP DC upon request. If the consent is revoked or expires, I will immediately inform CRISP DC. I  have conveyed to the patient that CRISP DC cannot retrieve information once it is released; if the patient revokes their consent or if it expires, whatever has been shared before that consent may continue to be in the files of the entities with whom it was shared before the consent was revoked, and they may continue to share it in accordance with applicable law.

Attested on 12/18/2024

Name of Person Registering Consent

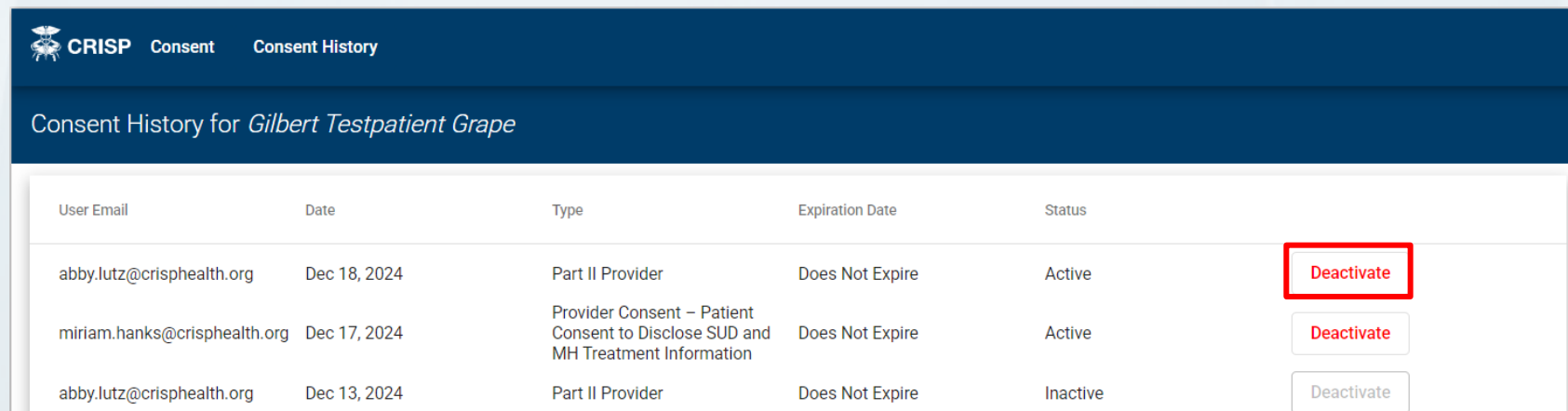
Abby

Print

Right Click and Scroll to the bottom of pop-up window

# How to deactivate a consent registration

- Search for a patient and locate the **"Active"** record in their consent history.
- Click **"Deactivate"** on the record.
- Then click **"Deactivate"** on the prompt
- The record's status will then update as **"Inactive."**



User Email	Date	Type	Expiration Date	Status	
abby.lutz@crisphealth.org	Dec 18, 2024	Part II Provider	Does Not Expire	Active	<a href="#">Deactivate</a>
miriam.hanks@crisphealth.org	Dec 17, 2024	Provider Consent – Patient Consent to Disclose SUD and MH Treatment Information	Does Not Expire	Active	<a href="#">Deactivate</a>
abby.lutz@crisphealth.org	Dec 13, 2024	Part II Provider	Does Not Expire	Inactive	<a href="#">Deactivate</a>

# • How to view a patient's SUD Data

- Once consent is submitted for a patient their SUD data covered by 42 CFR Part 2 will be identified within the CRISP HIE with an orange 'i'
- This makes the data easily identifiable amongst other clinical data within the HIE.

HIE InContext Gilbert Testpatient Grape  
Male | Jan 1, 1984

HEALTH RECORDS ENCOUNTERS PROBLEMS STRUCTURED DOCUMENTS IMMUNIZATIONS ALLERGIES

ALL HOSPITAL OUTPATIENT

All Encounters

Date	Source	Patient Class	Diagnosis	Discharge Disposition
2024-03-28	Immaculate Medical Services, LLC	Ambulatory	-	-
2024-01-24	St. Mary's County Health Department Referrals	Ambulatory	Thrive by Three	-
2023-08-09	Adventist HealthCare Shady Grove Medical Center	Inpatient	Z02.89-Encounter for other administrative examinations; Z02.89-Encounter for other administrative examinations	Home
2023-08-03	Adventist HealthCare Shady Grove Medical Center	Ambulatory	E23.2-Diabetes insipidus; E23.2-Diabetes insipidus	-
2023-07-20	Adventist HealthCare Shady Grove Medical Center	Inpatient	Z02.89-Encounter for other administrative examinations; Z02.89-Encounter for other administrative examinations	Home
<span style="color: orange;">i</span> 2023-02-14	Adventist HealthCare	Inpatient	Z02.9-Encounter for administrative examinations, unspecified; Z02.9-Encounter for administrative examinations, unspecified	Home
2023-02-01	Adventist HealthCare Shady Grove Medical Center	Inpatient	Z02.9-Encounter for administrative examinations, unspecified; Z02.9-Encounter for administrative examinations, unspecified	Home

42 CFR Part 2 prohibits unauthorized redisclosure of this information. A provider that receives 42 CFR Part 2 protected SUD information from the HIE may record information about the patient's SUD treatment in their medical record for clinical purposes, and in most cases, that would not cause the record to be subject to 42 CFR Part 2 restrictions, unless the provider is already subject to [42 CFR Part 2](#).

