



Policy Name	CurrentCare – Temporary Emergency Authorization Policy		
Policy Number	RISK-POL-2004	Version	4
Effective Date	3/4/2024		

PURPOSE

The purpose of the Temporary Emergency Authorization Policy is to guide appropriate use of temporary authorization privileges to patient health information and to clarify actions to be taken by patients, practitioners, and the state designated Regional Health Information Organization (RHIO), the Rhode Island Quality Institute (RIQI), once temporary authorization has been invoked. Areas of focus include specifying user roles that may invoke temporary authorization and rules pertaining to patient permission, patient notification, and duration of authorization.

SCOPE

This policy applies to all Rhode Island Quality Institute (“RIQI”) staff members and all authorized CurrentCare users. RIQI staff members include all employees, volunteers, vendors, subcontractors, and business associates of RIQI. Users of CurrentCare include a patient’s provider and other members of the healthcare team who are authenticated CurrentCare users.

POLICY

Healthcare practitioners who are authenticated users of CurrentCare may temporarily access confidential patient health information when necessary for treatment in an emergency. Upon enrollment, CurrentCare enrollees may select “Option #1” which allows authorized users of CurrentCare to see their protected health information in the course of regular patient care including in an emergency. Alternatively, a patient may select “Option #2” for information to be accessed only in an emergency. **This policy and the proceeding guidelines are relevant to patients who select Option 2.**

1. Temporary Authorization privileges are reserved for CurrentCare users acting in the assigned role of licensed independent practitioner (LIP) or licensed non-independent practitioner (LNIP). This privilege is intended for these users when caring for a patient in an emergency in which the practitioner believes that access to and knowledge of the health information in CurrentCare is in the

best interest of treating the patient. This privilege is also extended to LNIPs who are part of the provider's team.

An "**emergency**" is defined as: *the sudden onset of a medical, mental or substance abuse or other condition manifesting itself by acute symptoms of severity (e.g., severe pain) where the absence of medical attention could reasonably be expected, by a prudent layperson, to result in placing the patient's health in serious jeopardy, serious impairment to bodily or mental functions, or serious dysfunction of any bodily organ or part.*

2. Every time the user determines that they need access to the patient's CurrentCare record for treatment during the emergency, the authorization process needs to be reinitiated to access.
3. It is the responsibility of the healthcare practitioner who accesses a patient record in an emergency, to **notify the patient** or they authorized representative of the temporary access as soon as is feasible.
4. The temporary access will not extend beyond the **duration of the emergency**. The healthcare provider or facility treating the emergency will determine the existence of a medical emergency, its duration, and which personnel are needed to address the medical emergency.
5. Access to patient records in an emergency are recorded in the audit records of CurrentCare. Upon patient request, RIQI will produce an **accounting of disclosures** report in collaboration with the covered entity (if applicable).

RESPONSIBILITIES

Role	Responsibility
Darlene M. Morris, MBA, CIPP Senior Director, Programs HIPAA Privacy Officer	Ensures compliance, dissemination, and administration of this policy.
All RIQI staff at all levels and authorized CurrentCare users	Adheres to this policy and all associated procedures.

REVISION HISTORY

This section contains comments on any revisions that were made to this document and the date they were made.

Revision Number	Date	Name	Description
1	05/22/2008	Gary Christensen, CIO & COO	Initial Version
2	5/7/2013	Gary Christensen, CIO & COO	Updated to address operational capabilities and regulatory requirements
3	7/22/2013	Gary Christensen, CIO & COO	Clarified language in Section 3(b) and (c) per the Policy & Legal Committee
4	1/27/2024	Darlene Morris, Senior Director, Risk Management & Compliance / HIPAA Compliance Officer	Language changes to address technological changes and regulatory requirements.
4	3/4/2024	Neil Sarkar, President & CEO	Review and approval

EXECUTIVE SIGN-OFF

Version 4



Neil Sarkar, PhD

March 4, 2024

Date