

Frequently Asked Questions (FAQs) for OHA’s Third Party Contractor (TPC) and Coordinated Care Organizations (CCOs)



FAQs: Overview of Health-Related Social Needs (HRSN)

1. What are “health-related social needs” (HRSN)?

Health-related social needs (HRSN) are the unmet needs to address adverse social conditions that contribute to poor health, such as not having an air filtration device during times of poor air quality. HRSNs are a result of underlying social and structural determinants of health. (See The Centers for Medicare and Medicaid Services [CMS] HRSN Framework, published November 2023, and OAR 410-120-0000.)

2. What are “HRSN Service Providers”?

HRSN Service Providers are private or public social service organizations, community organizations, or other similar individuals or entities contracted with Oregon Health Plan (OHP) to provide HRSN Services. For example, a culturally specific community-based organization that contracts with OHP to provide HRSN Outreach and Engagement Services to OHP Members is an HRSN Service Provider.

FAQs: Overview of Information Sharing Authorization Form

3. What is the “Information Sharing Authorization Form” Information Sharing Authorization Form?

The Information Sharing Authorization Form is a document requesting authorization to disclose information from OHP enrolled Members who are requesting HRSN



Services. By signing the Information Sharing Authorization Form, the Member authorizes the Member's Open Card TPC or CCO, HRSN Service Provider(s), and health care providers as needed, to use and share the Member's health and other confidential information ("Protected Health Information" or "PHI") with each other for the purposes of determining the Member's eligibility for, referring the Member to, providing the Member with, or helping the Member access HRSN Services. Signing the form also authorizes sharing PHI to identify, support, coordinate, change, and pay for HRSN Services to be provided to the Member.

The organizations and individuals who are authorized, through the Information Sharing Authorization Form, to share Member PHI (also known as "Care Partners") may include:

- HRSN Service Provider(s),
- Health care providers, such as doctors, hospitals, clinics, pharmacies, dentists, mental health and substance use disorder providers,
- Member's Open Card TPC or CCO, and
- the Oregon Health Authority.

4. Does the Information Sharing Authorization Form comply with federal requirements for valid authorizations to disclose PHI?

Yes. Federal law provides that when a use or disclosure of PHI is not otherwise permitted under HIPAA, a covered entity must obtain a valid authorization to use or disclose PHI from the subject of such PHI. All subsequent uses or disclosures of PHI must be consistent with the authorization. (45 CFR § 164.508(c)(4).) To ensure compliance with federal privacy and security laws when sharing PHI with HRSN Service Providers, OHA has issued the Information Sharing Authorization Form.

Information Sharing Authorization Form satisfies the 45 CFR 164.508 requirements for Valid Authorizations

Information Sharing Authorization Form Part 2 "Types of Information Shared" describes the specific information that may be disclosed (45 CFR 164.508(c)(1)(i))

Information Sharing Authorization Form Part 3 "Care Partners Who Share or Get Your Information" lists the specific parties ("Care Partners") authorized to make the requested use or disclosure (45 CFR 164.508(c)(1)(ii-iii))

Information Sharing Authorization Form Part 1 “Purposes or Sharing Information” describes the purposes for the requested uses or disclosures (45 CFR 164.508(c)(1)(iv))

Information Sharing Authorization Form requires the signature of the individual and date (45 CFR 164.508(c)(1)(vi))

Information Sharing Authorization Form Part 4 “Length of Authorization” explains the individual’s right to revoke the authorization in writing (45 CFR 164.508(c)(1)(v))

Information Sharing Authorization Form Part 5 “Your Rights” describes how declining to sign the form will impact Members ability to obtain HRSN Services (45 CFR 164.508(c)(2)(i) (A))

Information Sharing Authorization Form is written in plain language (45 CFR 164.508(c)(3))

Information Sharing Authorization Form Part 5 “Your Rights” describes how Members can receive a copy of the form (45 CFR 164.508(c)(4))

Information Sharing Authorization Form satisfies the 42 CFR Part 2 § 2.31 consent requirements

Information Sharing Authorization Form Part 3 “Care Partners Who Will Share or Receive Your Information” lists the general designation(s) of the entities/individuals permitted to make the disclosure (42 CFR Part 2 § 2.31(a)(2))

Information Sharing Authorization Form Part 2 “Information to be Shared” describes the kind of substance use disorder information that may be disclosed (42 CFR Part 2 § 2.31(a) (3))

Information Sharing Authorization Form Part 3 “Care Partners Who Will Share or Receive Your Information” lists the types of individuals and entities to which a disclosure is to be made (42 CFR Part 2 § 2.31(a)(4)(i))

Information Sharing Authorization Form Part 1 “Purposes of Sharing Information” describes the purpose of the disclosure and that such disclosures must be the minimum information necessary (42 CFR Part 2 § 2.31(a)(5))

Information Sharing Authorization Form Parts 4 “Length of Authorization” & 5 “Your Rights” explains that a Member may change or revoke their authorization at any time as well as how they may do so (42 CFR Part 2 § 2.31(a)(6))

Information Sharing Authorization Form Part 4 “Length of Authorization” The date, event, or condition upon which the consent will expire if not revoked before. This date, event, or condition must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is provided (42 CFR Part 2 § 2.31(a)(7))

Information Sharing Authorization Form requires the name of the Member and its signature block requires the Member, or the Member’s personal representative on their behalf, to sign and date (42 CFR Part 2 § 2.31(a)(1), (8))

5. Is OHA’s Open Card TPC required to use the Information Sharing Authorization Form? Are CCOs required to use the Information Sharing Authorization Form?

OHA requires that its Open Card TPC accept a Member’s signed Information Sharing Authorization Form submitted to the TPC. OHA also requires its Open Card TPC to offer the Information Sharing Authorization Form to Members interested in receiving HRSN Services. OHA is not requiring that CCOs utilize the Information Sharing Authorization Form. However, OHA encourages CCOs to use the Information Sharing Authorization Form to lower barriers for community-based organizations (CBOs) to become HRSN Service Providers and to promote statewide consistency of practice while ensuring transparency and Member choice about the sharing of their PHI.

6. Why are Members being asked to sign the Information Sharing Authorization Form?

HRSN Service Providers do not meet the definition of business associates of covered entities or health care providers under the CFRs. Thus, covered entities cannot always rely on those rules for protection when making disclosures to HRSN Service Providers. OHA has developed the Information Sharing Authorization Form, following guidance from the Office of Civil Rights (OCR), to (i) clearly authorize OHA’s Open Card TPC and CCOs to make disclosures of PHI to HRSN Service Providers and, more generally, to authorize Care Partners to share PHI with each other for the purposes of HRSN Service provision, (ii) provide transparency to Members regarding what information of theirs will be shared and by and with whom, and (iii) safeguard the privacy of Members’ PHI by allowing only the minimal information necessary be shared and for only the stated purposes, as outlined in the Information Sharing Authorization Form. Care Partners, as detailed in Part 3 of the

Information Sharing Authorization Form, may be healthcare providers, the Oregon Health Authority (OHA), OHA's Open Card TPC, HRSN Service Providers, and HRSN Service Vendors who may deliver or provide HRSN Service items.

7. Who may sign the Information Sharing Authorization Form?

Members, or their personal representatives, who are requesting and/or are eligible for HRSN Services are encouraged to sign the Information Sharing Authorization Form.

8. Can Members sign the Information Sharing Authorization Form electronically, verbally over telehealth, or during a telehealth visit? If so, how?

Yes. An electronic signature is valid under federal and State law. Members' Care Partners may send them an electronic copy to sign. Since federal law recognizes an oral recording as a valid electronic signature in some circumstances (15 U.S. Code § 7001), Members' Care Partners may also read the Information Sharing Authorization Form to them and record their oral agreement, provided they comply with all other electronic signature requirements. (See 65 Fed. Reg. 82461, 82660 (December 28, 2000); 73 Fed. Reg. 51164, 51181 (Aug. 29, 2008); 77 Fed. Reg. 34233, 34234 (June 11, 2012), ORS 192.556 -192.567, OAR Chapter 943, Division 14, OAR 410-014-0030 (3)(e), 943-014-0020)

9. What happens when Members choose not to sign the Information Sharing Authorization Form?

OHP Members consent upon OHP enrollment to the disclosure of their PHI for the purposes of treatment, health care operations, and payment. However, this consent is different than authorization. An authorization is required for certain uses and disclosures of PHI, which is why OHA is using the Information Sharing Authorization Form for HRSN Services.

Members may decline to sign the Information Sharing Authorization Form. Doing so will not affect their eligibility or authorization for HRSN Services, their benefits, treatment, or care, or payment for authorized HRSN Services. However, it will limit Open Card TPC's, or the CCO's as applicable, ability to refer Members directly to HRSN Service Providers to obtain HRSN Services.

Instead, if a Member chooses not to sign the Information Sharing Authorization Form, the Member will be responsible for connecting with the HRSN Service Provider to receive their HRSN Service.

The Member's Open Card TPC, or the CCO as applicable, will provide the Member with a document indicating the specific HRSN Service(s) they have been authorized to receive, including the amount, duration, and scope of the specified HRSN Service(s), and the contact information for HRSN Service Provider(s) to which they are being referred. The Member will provide this information to the HRSN Service Provider directly.

FAQs: Information being disclosed

10. Who is sending Member PHI? Who is receiving Member PHI?

Members' Care Partners, listed under Part 3 of the Information Sharing Authorization Form, "Care Partners who share or get your information," are authorized to both share and receive Members' health and other confidential information. Care Partners may be health care providers, the Oregon Health Authority (OHA), OHA's Open Card TPC, HRSN Service Providers, and HRSN Service Vendors who may deliver or provide HRSN Service items.

11. Can PHI be shared even if a Member does not sign the Information Sharing Authorization Form?

Yes, under certain circumstances, a Member's health care providers, health plan, and their respective business associates may use or disclose the Member's PHI without the Member's consent, such as for the Member's treatment, payment, or health care operations purposes (such as coordinating a Member's care). Federal rule provides that the requirement to obtain consent for this purpose is discretionary; OHA has opted to obtain Member consent upon OHA enrollment.

12. If a Member signs the Information Sharing Authorization Form, can all of their confidential information be shared?

No. Even if Members sign the Information Sharing Authorization Form, there is some confidential information that cannot be shared without the Member's additional consent. For example:

- PHI that is related to a Member’s substance use disorder cannot be shared unless the Member gives specific written consent by checking the applicable box on the Information Sharing Authorization Form. Substance use disorder PHI originates with certain providers subject to federal substance use disorder information confidentiality requirements and may include the Member’s current and past alcohol or drug use, diagnoses, medications, outpatient and residential treatment, or trauma history.
- Psychotherapy notes, which are a type of PHI, can only be shared when Members separately and explicitly consent to the sharing. The Information Sharing Authorization Form does not authorize the sharing of psychotherapy notes because such information is not necessary for the purposes listed in Part 1 of the Information Sharing Authorization Form.
- The Member’s signature on the Information Sharing Authorization Form does not authorize the Member’s information to be shared with law enforcement or immigration authorities nor does it mean the Member has agreed to pay for any HRSN benefits.

FAQs: Organizations sending and receiving Member information

13. What if a Member does not want to share all the types of information listed in Part 2 of the Information Sharing Authorization Form, “Types of information shared”? Can a Member select which types of information they would like to be shared?

At this time, Members only have the option to select to have their federally-protected substance use disorder information shared by checking the box on the Information Sharing Authorization Form.

14. What if a Member does not want to share their information with all the organizations listed in Part 3 of the Information Sharing Authorization Form, “Care Partners who share or get your information”? Can a Member select which organizations their information can be shared with?

Members do not have the option to select only certain organizations that their information will be shared with at this time. The Member’s consent will apply to all Care Partners listed under Part 3 of the Information Sharing Authorization Form, “Care

Partners who share or get your information.” However, sharing a Member’s information can occur only on a need-to-know basis. If a particular Care Partner does not need the Member’s information for one of the purposes identified on the form, then the Member is not authorizing them to receive the Member’s information.

15. Can a Member’s information be shared with organizations not listed under Part 3 of the Information Sharing Authorization Form, “Care Partners who share or get your information”?

There are some cases where a Member’s information may be shared with other organizations, but only when allowed by law. For example, some social service organizations may have a legal right to obtain the Member’s information, even if a Member does not sign a form that authorizes such organization to receive such information.

16. Can a Member have a representative sign the Information Sharing Authorization Form on their behalf?

- If the Member is age 18 or older, the Member is the only person who needs to sign the Information Sharing Authorization Form unless they have a legal guardian who acts on their behalf.
- If the Member is age 15-17, authorization must comply with ORS 109.640. See OHA guidance, “Understanding Minor Consent and Confidentiality in Health Care in Oregon, version 3, December 2023.”

17. Will a Member’s confidential information be shared with their parent or legal guardian if they are under 18?

Members under 18 years are not authorizing the sharing of their health or other confidential information with a parent or guardian by signing the Information Sharing Authorization Form. Parents and guardians often have a right to see some health or other confidential information about their children who are under the age of 18 without their child’s consent. For services for which a minor has a right to consent without parental involvement, such as some reproductive health services, mental health treatment, and substance use disorder treatment, the parent or guardian will not have the right to see the records. See OHA guidance, “Understanding Minor Consent and Confidentiality in Health Care in Oregon, version 3, December 2023.”

18. What happens after Members sign the Information Sharing Authorization Form?

The Open Card TPC, or the Member's CCO as applicable, is responsible for managing and storing the record of the Member's signature on the Information Sharing Authorization Form. Members must be able to access their signed Information Sharing Authorization Form to change or revoke their authorization at any time.

19. Who is responsible for gathering these forms?

A Member's Open Card TPC, or CCO as applicable, is responsible for gathering the Member's signed Information Sharing Authorization Form, including from any HRSN connectors or Care Partners, and maintaining the Information Sharing Authorization Form in their records.

20. How can a Member change or revoke their authorization?

Open Card Members can change or revoke their authorization by contacting the Open Card TPC by phone at 888-834-4304, by email at ORHRSN@kepro.com, or by fax at 833-551-2607 and informing them of their desire to do so.

CCO Members can change or revoke their authorization by contacting their CCO and informing their care coordination team of their desire to do so.

21. How can Members get a copy of the Information Sharing Authorization Form?

Open Card Members can request a copy from the Open Card TPC by phone at 888-834-4304, by email at ORHRSN@kepro.com, or by fax at 833-551-2607. CCO Members can request a copy from their CCO.

22. How can Members find out with whom their confidential information was shared?

Open Card Members may obtain a list of their Care Partners to which their information has been disclosed by contacting the Open Card TPC by phone at 888-834-4304, by email at ORHRSN@kepro.com, or by fax at 833-551-2607. CCO Members can request a list of their Care Partners to which their information has been disclosed from their CCO case manager.

23. How does the Information Sharing Authorization Form safeguard Members' PHI?

The Information Sharing Authorization Form allows only for the minimum necessary amount of a Member's information to be shared, and only for the purposes outlined in the Information Sharing Authorization Form. This means that sharing a Member's information should occur on a need-to-know basis. For example, the Open Card TPC could share the Member's asthma diagnosis, address, and other relevant information with an HRSN Service Provider furnishing climate-related Outreach and Engagement supports to help the Member get an air filtration device and connected to health care services. However, a HRSN Service Vendor delivering an air filtration device would not need to know the Member's asthma diagnosis.

24. Does a Member's receipt of HRSN Services or execution of the Information Sharing Authorization Form affect the Member's ability to apply for a green card or make them more likely to be considered a "public charge"?

No. Neither signing the Information Sharing Authorization Form nor the receipt of HRSN Services will affect the Member's ability to receive, update, or change a visa, green card, or other privilege to be admitted to or remain in the United States or make the Member more likely to be designated a "public charge." A public charge is a person who is a non-citizen and who is determined by the federal government as someone who is likely to become primarily dependent on the government for support. Neither a Member's enrollment in OHP nor a Member's receipt of HRSN Services impacts this determination.

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