

## Participation Guide: Policy & Procedures

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## 4.200 Participant Privacy, Security and Compliance Policy

### Policy Summary

To meet the requirements of HIPAA and State law, healthEconnect Alaska has adopted this policy: (1) to govern the use and disclosure of Protected Health Information (PHI) in the Health Information Exchange (HIE); Secure File Transfer Protocol (SFTP) and (2) to further describe the appropriate uses of Direct Secure Messaging (DSM). This document establishes, in accordance with applicable law, healthEconnect Alaska's policy for ethical and compliant behavior in regard to the privacy and security of PHI, Personal Information, and other records protected by applicable state and federal confidentiality laws and contained in the HIE. The policy is divided into Privacy, Security and Breach Notification elements, each of which are further carried out by the procedures found at 4.201 et seq.

### Purpose

This policy reflects healthEconnect Alaska's commitment to appropriately use and physically protect PHI.

### Scope/Applicability

The following procedures apply to the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE") and appropriate use of other data exchange services being made available to Participants in healthEconnect Alaska, such as DSM (the HIE and other services are collectively referred to as the "System"). If there is any conflict between this Policy and the Participation Agreement, the Participation Agreement shall control. The procedures found at 4.201 et seq. will specify if they pertain solely to HIE, SFTP, DSM or all activities.

### Regulatory Category, Type, Legal Regulatory Reference

45 CFR §164 (Security Rule, Breach Notification Rule & Privacy Rule); AS 18.23.300 et seq.; 7 AAC 166.010 et seq.

### Policy Authority/Enforcement

healthEconnect Alaska's Executive Director (ED), Privacy and Security Officer, in collaboration with the Participants, are responsible for monitoring and enforcement of the Participant Privacy, Security and Compliance Policy and related Procedures.

### Related Policies & Procedures

- Security Rule
  - Internal Security Policies and Procedures found at 2.100 through 2.408
- Breach Notification Rule

4.200 External HIE Policy v3.2

Adopted by healthEconnect Alaska Board 01/15/2025

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- 2.600 Breach Notification Policy; 2.601 Breach Notification Procedure
- Privacy Rule
  - Internal Privacy Policies and Procedures found at 3.100 through 3.101
- Privacy, Security, Breach Notification and General Compliance for HIE Participants
  - External HIE Privacy, Security and Compliance Procedures found at 4.201 through 4.213

## Renewal/Review

This policy is to be reviewed annually to determine if the policy complies with current Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security regulations and to ensure that it incorporates all recent developments in healthEconnect Alaska policies, procedures, activities, equipment and technology. In the event that significant related legal, regulatory or organizational changes occur, the policy will be reviewed and updated as needed.

## Policy

### Privacy Policy

The guiding healthEconnect Alaska privacy principles are applied by healthEconnect Alaska through its internal Privacy and Security Policies, as well as its Privacy and Security Plan. These principles are as follows, and should be applied by Participants in their use of healthEconnect Alaska information systems, including HIE, SFTP and DSM :

- a. Openness and Transparency.
- b. Purpose Specification and Minimization.
- c. Disclosure Limitation.
- d. Access and Use Limitation.
- e. Individual Participation and Control.
- f. Data Integrity and Quality.
- g. Security Safeguards and Controls.
- h. Accountability and Oversight.
- i. Remedies.
- j. Reliance on Covered Entity Rules and Enforcement.

### Qualifying Uses of Information

healthEconnect Alaska and Participants have placed the burden on the requesting Participant to utilize PHI from another Participant's records only for a qualifying use by the requesting Participant. A qualifying use is one that meets the terms of the Participation Agreement and applicable State and Federal law.

### Mitigation of Inadvertent Disclosures of PHI

Participants must report any improper use or disclosure of PHI utilizing healthEconnect Alaska information systems of which they become aware to in accordance with the procedures enacted under

this Policy. The Participant shall work with healthEconnect Alaska to determine the reasonable and appropriate steps that can be taken which may mitigate any resulting harm.

### Sanctions for Violations of PHI Privacy

All Participants shall enact a policy for imposing sanctions for using or disclosing PHI in violation of this Policy and the underlying Procedures, in accordance with Procedure 4.213, "Sanctions".

### Documentation

Participants shall maintain copies of HIPAA compliance documents relevant to their participation in healthEconnect Alaska for a period of at least six (6) years from the date the documents were created or were last in effect, whichever is later.

### Complying with Individual Rights

HIPAA provides patients with individual rights that shall be recognized and enforced by healthEconnect Alaska whenever possible, and Participants shall assist patients in exercising these rights in accordance with the procedures enacted hereunder. The following rights shall be recognized in accordance with such procedures:

- a. Access
- b. Amendment
- c. Accounting of Disclosures of PHI
- d. Confidential Communications
- e. Requests for Restrictions on Uses and Disclosures of PHI

## Security Policy

### Compliance

healthEconnect Alaska is committed to running the HIE in compliance with all applicable laws, regulations and healthEconnect Alaska policies/procedures. healthEconnect Alaska has adopted this policy in part to provide for the security of EPHI in accordance with the federal HIPAA Security Regulations and State law. This policy and the procedures enacted hereunder encompass healthEconnect Alaska's general approach to compliance with HIPAA Security Regulations and State law through policy statements and procedures in the following categories:

- a. Administrative Safeguards,
- b. Physical Safeguards, and
- c. Technical Safeguards.

### Administrative Safeguards

The security management process is designed to prevent, detect, contain, and correct security violations relative to healthEconnect Alaska information systems. The execution, development and implementation of remediation programs is the joint responsibility of healthEconnect Alaska and the Participants.

- a. Participants are expected to cooperate fully with any risk assessment being conducted by healthEconnect Alaska.

- b. Audit procedures will be implemented and maintained to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports. These reviews will be used to determine if Participants are complying with the requirements of this policy and the related procedures.
- c. Participants will assist in making sure access to healthEconnect Alaska information systems is assigned and managed appropriate to the duties and responsibilities of each authorized user, and that authorized users are properly trained on the applicable laws, policies and procedures.

### Physical Safeguards

Physical Safeguards are to be made in order to protect healthEconnect Alaska information systems, related buildings and equipment from natural and environmental hazards and unauthorized intrusion. Procedures will be implemented that limit physical access to electronic information systems and the facility or facilities in which such systems are housed, while still ensuring that proper authorized access is allowed. Participants should ensure that similar safeguards are in place to protect access points to healthEconnect Alaska information systems owned by or housed with Participants.

### Technical Safeguards

Technical Safeguards shall be maintained by each Participant that protect healthEconnect Alaska information systems and control access to assure that such systems are accessed only by those individuals or software programs that have been granted access rights. Participants will implement technical security measures to guard against unauthorized access to or modification of electronic protected health information (ePHI) that is being transmitted to or from healthEconnect Alaska information systems.

### Breach Notification Policy

healthEconnect Alaska has implemented internal policies and procedures to address breaches, including breach notification and mitigation measures. Participants are expected to assist with the breach notification process as it applies to their organization, and to follow related procedures enacted under this policy.

4.200 External HIE Privacy, Security and Compliance Policy		
APPROVED BY: healthEconnect Alaska Board of Directors	ADOPTED:	02/20/2013 v1
	REVISED:	05/31/2013 v2
	REVISED:	06/18/2014 v3
	REVIEWED:	03/08/2015 v3
	REVIEWED:	03/16/2016 v3
	REVIEWED:	07/19/2017 v3
Name change from AeHN to healthEconnect Alaska	REVISED:	09/21/2018 v3.1
	REVISED:	02/07/2019 v3.2
APPROVED BY: healthEconnect Alaska Board of Directors	REVIEWED:	01/15/2025 v3.2

## 4.201 Participant Compliance with Law and Policy Procedure

### Procedure Summary

This procedure requires Participants to comply with the laws, regulations and policies that apply to the activities of the HIE.

### Purpose

This procedure is to ensure that all Participants are using the HIE and other data exchange services in an appropriate and lawful manner, which will help to build trust in the System and among other Participants.

### Scope/Applicability

The following procedure applies to the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE") and other data exchange services being made available to Participants in healthEconnect Alaska (the HIE and other services are collectively referred to as the "System").

This applies to all Participants, HIE, SFTP and DSM.

### Regulatory Category, Type, Legal Regulatory Reference

All State and Federal laws pertaining to privacy and security of health information, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and AS 18.23.300 et seq.

### Procedure Authority/Enforcement

healthEconnect Alaska's Executive Director (ED) and Privacy and Security Officer (PSO), in collaboration with the Participants, are responsible for monitoring and enforcement of this procedure.

### Related Policies & Procedures

- 4.200 Participant Privacy, Security and Compliance Policy

### Renewal/Review

This procedure is to be reviewed annually to determine if the procedure complies with current HIPAA Privacy and Security regulations, AS 18.23.300 et seq. and other applicable Federal and State laws. In

the event that significant related legal, regulatory or technological changes occur, the procedure will be reviewed and updated as needed.

## Procedure

### Laws

Each Participant must, at all times, comply with all federal, state, and local laws and regulations, including, but not limited to, those protecting the confidentiality and security of protected health information and establishing certain individual privacy rights. Each Participant must use reasonable efforts to stay up-to-date of any changes or updates to and interpretations of such laws and regulations to ensure compliance.

### External HIE Privacy, Security and Compliance Policy

Each Participant shall, at all times, comply with the healthEconnect Alaska External HIE Privacy, Security and Compliance Policy and related procedures found at 4.200 et seq. (the policy and procedures are referred to collectively in this procedure as the "Participant Privacy, Security and Compliance Policy"). The Participant Privacy, Security and Compliance Policy may be changed and updated from time to time upon reasonable written notice to Participants.

### Amendment

Amendment to the policy shall be effective when adopted by the healthEconnect Alaska Board of Directors, ordinarily following input by the healthEconnect Alaska Privacy, Security and Compliance Workgroup and any other relevant workgroups. Amendment to the procedures shall be effective when adopted by the healthEconnect Alaska Executive Director, following input by relevant workgroups. healthEconnect Alaska shall notify Participants of all rule changes and shall post the most current version of the External HIE Privacy, Security and Compliance Policy on its website.

### Compliance

Each Participant is responsible for ensuring it has, and is in compliance with, the applicable portions of the most recent version of the External HIE Privacy, Security and Compliance Policy.

### Participant's Internal Policies

Each Participant is responsible for establishing internal policies that are necessary to comply with applicable laws and the applicable portions of the External HIE Privacy, Security and Compliance Policy. If a Participant is accessing the HIE, as stated in the Participant Agreement, healthEconnect Alaska may request a copy of the Participant's policies for its review and reference.

### Participant Criteria

Each Participant shall itself be a HIPAA "covered entity", "business associate" or otherwise subject to HIPAA and its contractually assumed obligations under its Participant Agreement. Each Participant must



agree to be a data provider in order to become a data user and full Participant, if the Participant is reasonably capable of providing data. This ensures maximum participation and available information.

## User Criteria

Authorized users are individuals who have been granted access authority. Each authorized user derives his or her permission to access and use the System from a Participant pursuant to **4.212 Authorized User Controls Procedure**. Therefore each authorized user must maintain a current relationship to a Participant in order to use the System. Authorized users must be: (i) Participants (for example, an individual physician) or workforce of a Participant, (ii) an individual Business Association (BA) or workforce of such BA, or (iii) an individual contractor or subcontractor of a BA or workforce of such contractor or subcontractor. The Participants acknowledge the need to revise Rules and certain other technical and administrative features to conform to HIPAA, HITECH, AS 18.23.300 and regulations to be promulgated thereunder. These changes will be made as necessary.

## Application to BAs and Contractors

Participants shall make this policy applicable to their BAs and to the contractors and subcontractors of their BAs as they deem appropriate through the terms of their business associate agreements.

## Participant Agreement Controls

If anything in these Rules shall conflict with the Participant Agreement (either HIE or DSM), the terms of the Participant Agreement shall control.

## Use of System Equipment, Programs and Information

Participants shall not use any equipment, programs or information associated with the System, whether supplied by healthEconnect Alaska, a Participant or a third-party, to interfere in any way with the operation of the System.

4.201 Participant Compliance With Law And Policy Procedure		
APPROVED BY: healthEconnect Alaska Executive Director	ADOPTED:	02/20/2013 v1
	REVISED:	06/24/2013 v2
	REVIEWED:	06/06/2014 v2
	REVIEWED:	03/04/2015 v2
	REVIEWED:	03/16/2016 v2
	REVIEWED:	07/19/2017 v2
Name change from AeHN to healthEconnect Alaska	REVISED:	11/26/2018 v2.1
APPROVED BY: healthEconnect Alaska Executive Director	REVIEWED:	01/15/2025 v2.1

## 4.202 Notice of Privacy Practices Procedure

### Procedure Summary

This procedure provides guidance to Participants regarding necessary changes to their Notice of Privacy Practices to indicate that they are now participating in the healthEconnect Alaska HIE.

### Purpose

This procedure is intended to provide individuals with the reasonable opportunity and capability to make informed decisions about the collection, use and disclosure of their individually identifiable health information and to ensure that individuals are aware when their provider participates in the HIE, so they may exercise their rights under HIPAA with regard to the information provided.

### Scope/Applicability

The following rules apply to Participants who are accessing the HIE, and covers the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE").

### Regulatory Category, Type, Legal Regulatory Reference

*"An individual has a right to adequate notice of the uses and disclosures of protected health information that may be made by the covered entity, and of the individual's rights and the covered entity's legal duties with respect to protected health information"*

45 CFR §164.520

### Procedure Authority/Enforcement

healthEconnect Alaska's Executive Director (ED) and Privacy and Security Officer (PSO), in collaboration with the Participants, are responsible for monitoring and enforcement of this procedure.

### Related Policies & Procedures

- 2.100 Consumer Opt-Out Election Policy
- 4.200 Participant Privacy, Security and Compliance Policy
- 4.203 Individual Control of Information Available Through HIE Procedure

## Renewal/Review

This procedure is to be reviewed annually to determine if the procedure complies with current HIPAA Privacy and Security regulations, AS 18.23.300 et seq. and other applicable Federal and State laws. In the event that significant related legal, regulatory or technological changes occur, the procedure will be reviewed and updated as needed.

## Procedure

### Revision to Participant Notice of Privacy Practices

Each Participant shall revise its notice of privacy practices (the "Notice") to describe the uses and disclosures of protected health information contemplated through the Participant's participation in the healthEconnect Alaska HIE, if such a use and disclosure is not already addressed in the Notice.

### Content

The Notice must meet the content requirements set forth under the HIPAA Privacy Rule and comply with applicable laws and regulations. Participants shall individually determine whether their current Notice requires amendment to reflect their contemplated uses and disclosure of protected health information through the healthEconnect Alaska HIE. healthEconnect Alaska provides the following sample language for Participants who elect to amend their Notice:

"We may make your protected health information available electronically through an electronic health information exchange to other health care providers and health plans that request your information for their treatment and payment purposes. Participation in an electronic health information exchange also lets us see their information about you for our treatment and payment and healthcare operation purposes. You are permitted to request and review documentation regarding who has accessed your information through the electronic health information exchange. Your provider will have information on how to make this request, or you may find the information at [www.healthEconnectak.org](http://www.healthEconnectak.org)."

Participants may elect more stringent language, but may not commit healthEconnect Alaska to any additional obligations or liabilities through the Notice. healthEconnect Alaska reserves the right to review the language developed and request changes through a mutual collaboration of the parties, as necessary.

### Dissemination and Individual Awareness

Each Participant shall have its own policies and procedures governing distribution of the Notice to individuals, and, where applicable, acknowledgment of receipt by the individual. Those policies and procedures shall comply with applicable laws and regulations. The Notice is part of a larger effort by Participants to make individuals aware of their options for participating in the healthEconnect Alaska HIE. More information about this is available in **4.203 Opt-Out Information Procedure**.

## Participant Choice

Participants may choose a more proactive Notice distribution or patient awareness process than provided herein and may include more detail in their Notice, so long as any expanded detail does not misstate the safeguards supporting the healthEconnect Alaska HIE. 45 C.F.R. § 164.520(b). See 45 C.F.R. § 164.520(c)(2)(ii).

4.202 Notice Of Privacy Practices Procedure		
APPROVED BY: healthEconnect Alaska Executive Director	ADOPTED:	02/20/2013 v1
	REVISED:	06/24/2013 v2
	REVIEWED:	06/06/2014 v2
	REVIEWED:	03/04/2015 v2
	REVIEWED:	03/16/2016 v2
	REVIEWED:	07/19/2017 v2
Name change from AeHN to healthEconnect Alaska	REVISED:	11/26/2018 v2.1
APPROVED BY: healthEconnect Alaska Executive Director	REVIEWED:	01/15/2025 v2.1

## 4.203 Opt-Out Information Procedure

### Procedure Summary

This procedure provides the guidelines for an individual to opt-out, from the healthEconnect Alaska HIE.

### Purpose

This procedure is intended to provide individuals with the reasonable opportunity and capability to make informed decisions about the collection, use and disclosure of their individually identifiable health information, and to opt-out of the HIE as permitted under Alaska law.

### Scope/Applicability

The following procedure applies to Participants who are accessing the HIE, and the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE").

The opt-out procedure does not apply to Direct Secure Messaging (DSM).

### Regulatory Category, Type, Legal Regulatory Reference

AS 18.23.310

### Procedure Authority/Enforcement

healthEconnect Alaska's Executive Director (ED) and Privacy and Security Officer (PSO), in collaboration with the Participants, are responsible for monitoring and enforcement of this procedure.

### Related Policies & Procedures

- 2.100 Consumer Opt-Out Election Policy
- 2.101 Consumer Opt-Out Election Procedure
- 4.200 Participant Privacy, Security & Compliance Policy

### Renewal/Review

This procedure is to be reviewed annually to determine if the procedure complies with current HIPAA Privacy and Security regulations, AS 18.23.300 et seq. and other applicable Federal and State laws. In the event that significant related legal, regulatory or technological changes occur, the procedure will be reviewed and updated as needed.

## Definitions

### Opt-in

All patient data is initially considered opt-in under Alaska law except for data governed by 42 CFR Part 2. If an individual has previously opted-out and chooses to opt-in to the healthEconnect Alaska HIE, their protected health information will be available through the HIE for their past, present and future clinical history unless they subsequently opt out.

### Opt-out

All 42 CFR Part 2 Protected data is initially considered opt-out until a patient has explicitly chosen to opt-in.

Data required for public health reporting, PDMP or other registries will remain visible in accordance with applicable laws.

## Procedure

### Choice Whether to Have Information Included in the healthEconnect Alaska HIE

All individuals will have the opportunity to opt in or out of participating in healthEconnect Alaska. A request to opt out will be treated as a request for restrictions on use and disclosure of protected health information. Participants agree to approve such requests, subject to qualifications and limitations as described below or in these policies.

- A. Individuals shall be afforded the opportunity to exercise this choice at the time of any service at a Participant that is a health care provider, or thereafter through a uniform "opt-out" process.
- B. healthEconnect Alaska will, furnish Participants that are health care providers with a sample language and notice of privacy practices about the healthEconnect Alaska HIE for use in explaining the meaning and effect of participation or opting out. The healthEconnect Alaska website will include information about the current participating entities, and the types and format of information that participants can obtain through the HIE and information about opting in or out.
- C. Participants may provide opt-out information through the Participant's Notice of Privacy Practice, brochure, or other mechanism as appropriate to the Participant workflow. Notification should include:
  - a. An explanation of the healthEconnect Alaska HIE-wide scope of an opt-out decision, the risks to the individual's data privacy and security if the individual participates including a list of the ways in which information may be used, the effect and benefits of participation, and the effect and disadvantages of opting out.
  - b. Information that the Participant (and other Participants) will not withhold coverage or care from an individual on the basis of that individual's choice not to have information about him or her included in the healthEconnect Alaska HIE.



- D. Participants shall furnish information regarding the HIE and the opt-in/out options to individuals at the initiation of an episode of care, as determined by the Participant. Participants shall also provide for each individual the opportunity to opt out or ask questions. Each Participant will have one or more persons designated to answer questions about the healthEconnect Alaska HIE or about opting out or revoking a prior opt-out election.
- E. Participants may also direct individuals to the healthEconnect Alaska website and to healthEconnect Alaska, where the individual can ask additional questions and obtain additional information about participation in healthEconnect Alaska and opt-out options. The healthEconnect Alaska website will list opt-out and opt-in options. healthEconnect Alaska as a business associate of the Participants is authorized to provide information and answer individual questions about healthEconnect Alaska and the opt-out alternatives on behalf of Participants.
- F. Participants that provide only limited information through the healthEconnect Alaska HIE and have limited or no face-to-face contact with individuals shall provide the following information in their patient documentation as they determine necessary: a description of the healthEconnect Alaska HIE, an explanation of the right to opt in or out, a link to the healthEconnect Alaska website and a phone number individuals can use to obtain additional information about healthEconnect Alaska HIE, and the right to opt out. However, all Participants will provide this information if they are the primary provider for an individual. Additionally, all Participants will be listed on the healthEconnect Alaska website, regardless of the amount of contact with individuals.
- G. An individual's election to opt out of participation in the healthEconnect Alaska HIE shall be communicated to healthEconnect Alaska in the manner provided by healthEconnect Alaska in 2.101 Consumer Opt-Out Procedure and be in effect once so communicated and processed.

## Change to Prior Election

An individual may opt out or revoke a prior election to opt out at a later date. Information on the healthEconnect Alaska website should inform the individual that withdrawing a prior opt-out election will result in information that was previously unavailable through the healthEconnect Alaska HIE becoming available to all Participants using the healthEconnect Alaska HIE.

## Effect of Choice

An individual who opts out of the healthEconnect Alaska HIE opts out as to all of his or her applicable records made available through the healthEconnect Alaska HIE, not just with respect to a particular Participant or episode of care. The effect is system wide. An individual's election to opt out, whether made at the time of service or subsequently, will have prospective effect only and will not impact access, use and disclosure occurring before the decision is received and communicated through the healthEconnect Alaska HIE.

## Limited Effect of Opt-Out

A decision to opt out only affects the availability of the individual's protected health information through the healthEconnect Alaska HIE. Each Participant's policies continue to govern access, use and disclosure in all other contexts and via all other media.

## Documentation

Each Participant should maintain documentation that information about the healthEconnect Alaska HIE and about the ability to opt out of the healthEconnect Alaska HIE has been provided to the Participant.

## Participant's Choice

Participants shall develop and implement the necessary processes to allow an individual to choose not to have information about him or her included in the healthEconnect Alaska HIE. The uniform processes described in this procedure are not exclusive, and Participants may adopt additional, not inconsistent, mechanisms.

## Provision of Coverage or Care

A Participant shall not withhold coverage or care from an individual on the basis of that individual's choice to opt out.

## Reliance

Participants will be entitled to assume that if an individual has not opted out the individual's protected health information may be available through the healthEconnect Alaska HIE.

4.203 Opt-Out Information Procedure		
APPROVED BY: healthEconnect Alaska Executive Director	ADOPTED:	02/20/2013 V1
	REVISED:	06/24/2013 V2
	REVIEWED:	06/06/2014 V2
	REVIEWED:	03/04/2015 V2
	REVIEWED:	03/16/2016 V2
	REVIEWED:	07/19/2017 V2
Name change from AeHN to healthEconnect Alaska	REVISED:	11/26/2018 V2.1
	REVISED:	03/03/2022 V2.2
APPROVED BY: healthEconnect Alaska Executive Director	REVISED:	01/15/2025 V2.3



**This form is to be used by patients who do not wish to participate in Healtheconnect Alaska's statewide Health Information Exchange (HIE).**

**OPTING- OUT** of the HIE means that all your medical, substance use disorder and behavioral health will NOT be available to any of your treatment providers. If you have previously opted in to share behavioral health data with a provider this HIE opt-out will remove that consent. All substance use disorder and behavioral health information will no longer be available.

*A Health Information Exchange, or HIE, is a way of sharing your health information among participating doctors' offices, hospitals, care coordinators, labs, radiology centers, and other health care providers through secure, electronic means. The purpose is so that each of your participating healthcare providers can have the benefit of the most recent information available from your other participating providers when taking care of you. When you opt out of participation in the HIE, doctors and nurses will not be able to search for your health information through the HIE to use while treating you.*

Please be advised that opting out does not preclude any participating organization that has received or accessed personal health information via the HIE prior to such opt-out, and incorporated such personal health information into its records, from retaining such information in its records. Additionally, in accordance with the law, Public health reporting, such as the reporting of infectious diseases to public health officials, will still occur through the HIE after you decide to opt out. Alaska Prescription Drug Monitoring Program, will continue to be available through the HIE to licensed providers.

This opt-out form only needs to be completed once to opt out of the HIE; it is not necessary to complete for each provider. If you do not live in Alaska, but still receive care in the region, you should complete this form to Opt-Out. If you wish to reverse your decision you may opt back in at any time by calling 1-907-770-2626 option 2. For more information about opting out or rejoining the HealtheConnect HIE, please email [support@ak-ehealth.org](mailto:support@ak-ehealth.org) or call 1-907-770-2626 option 2.

**You have two options for sending this form to Healtheconnect:**

- 1) Fill out this form and mail to 3201 C Street, Suite 302, Anchorage, AK 99503-3963
- 2) Call 1-907-770-2626 option 2 and ask to opt-out of sharing your data with the Healtheconnect Health Information Exchange.

**If you wish to reverse your decision, you may opt back in at any time by calling the help desk at 1-907-770-2626 option 2.**



## Patient Opt-Out Form

First Name\* \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name\* \_\_\_\_\_

Email: \_\_\_\_\_

Date Of Birth\* \_\_\_\_\_

☐ Male

☐ Female

☐ Other/I Do Not Wish To Disclose

Address Line 1\* \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Primary Phone

Number\* \_\_\_\_\_

Secondary Phone Number

(optional) \_\_\_\_\_

City\* \_\_\_\_\_

ZIP Code\* \_\_\_\_\_

☐ **Opt-Out of All Sharing** – Opt out of all sharing of your information through health information exchange. Your data will NOT be available through our network in an emergency or for any of your healthcare providers.

☐ **Please check this box** – if you would like to be notified in the future if additional options become available for allowing your treatment providers access to your personal health information ONLY in the event of a life-threatening emergency.

*If this form is submitted by someone other than the person named above, the person submitting the form hereby certifies that he/she is acting as (CHECK ONE):*

☐ Parent

☐ Legal Guardian

Contact Information for Individual Completing This Form If Other Than Patient:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## 4.204 Access to and Use and Disclosure of Information Procedure

### Procedure Summary

This procedure requires Participants to access, use and disclose protected health information only in the manner permitted by law, under the appropriate Participant Agreement, and subject to any restrictions to which they have agreed upon with individual patients.

### Purpose

This procedure is to ensure that protected health information is only collected, used and/or disclosed to the extent necessary to accomplish a specified purpose and not to discriminate inappropriately.

### Scope/Applicability

The following procedure applies to the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE") and other data exchange services being made available to Participants in healthEconnect Alaska (the HIE and other services are collectively referred to as the "System").

This procedure generally applies to all Participants, HIE, SFTP and DSM, with specific references to each system if a provision applies only to one activity.

### Regulatory Category, Type, Legal Regulatory Reference

Privacy Rule, 45 CFR §164.500 et seq.

### Procedure Authority/Enforcement

healthEconnect Alaska's Executive Director (ED) and Privacy and Security Officer (PSO), in collaboration with the Participants, are responsible for monitoring and enforcement of this procedure.

### Related Policies & Procedures

- 2.212 Access Authorization Procedure
- 2.213 Access Establishment and Modification Procedure
- 2.401 Access Control Procedure
- 2.600 Breach Notification Policy
- 2.601 Breach Notification Procedure
- 4.200 External HIE Privacy, Security and Compliance Policy

4.204 Access to and Use and Disclosure of Information Procedure v2.1

Adopted by healthEconnect Alaska Executive Director 01/15/2025

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- 4.210 Mitigation Procedure

## Renewal/Review

This procedure is to be reviewed annually to determine if the procedure complies with current HIPAA Privacy and Security regulations, AS 18.23.300 et seq. and other applicable Federal and State laws. In the event that significant related legal, regulatory or technological changes occur, the procedure will be reviewed and updated as needed.

## Procedure

### Compliance with Law – All Users

Participants shall access, use and disclose protected health information through healthEconnect Alaska only in a manner consistent with all applicable federal, state, and local laws and regulations and not for any unlawful or discriminatory purpose. Under AS 18.23.300, this is limited to treatment and billing purposes only.

### Documentation and Reliance – All Users

If applicable law requires that certain documentation exist or that other conditions be met prior to disclosing protected health information for a particular purpose (such as consent to release substance abuse information), the requesting institution shall ensure that it has obtained the required documentation or met the requisite conditions. Each disclosure of protected health information by a Participant is a representation to every other Participant that all prerequisites under state and federal law for such disclosure by the disclosing Participant have been met. If a Participant is unable to withhold information that requires additional protections, it should not provide any information to the System.

### Purposes – HIE Users

A Participant may request and use protected health information through the HIE only for the Participant's treatment, care coordination and billing purposes or as required by law, and only to the extent necessary and permitted by applicable federal, state, and local laws and regulations and these Rules.

A Participant may request and use protected health information through the HIE only if the Participant has or has had or is about to have the requisite relationship to the individual whose protected health information is being accessed and used. The requisite relationships include, but are not limited to, the primary care provider for each patient and other providers in a treatment, or care coordination relationship with the patient.

### Prohibitions – HIE Users

Information may not be requested from the HIE for marketing or marketing-related purposes. Under no circumstances may information be requested for a discriminatory purpose. In the absence of a permissible purpose, a Participant may not request or access information through the HIE.

4.204 Access to and Use and Disclosure of Information Procedure v2.1

Adopted by healthEconnect Alaska Executive Director 01/15/2025

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## Participant Rules – All Users

Each Participant shall reference and maintain compliance with its own internal policies and procedures regarding disclosures of protected health information, including the conditions that shall be met and documentation that must be obtained, if any, prior to making such disclosures. In the event that Participant's internal policies and procedures conflict with External HIE Privacy, Security and Compliance Policy and related procedures, or the relevant Participant Agreement, the provision that provides for greater privacy and security of protected health information shall govern.

## Subsequent Use and Disclosure – All Users

A Participant that has accessed information through the System and merged the information into its own record shall treat the merged information as part of its own record and thereafter use and disclose the merged information only in a manner consistent with its own information privacy policies and laws and regulations applicable to its own record. A Participant shall not access protected health information through the HIE for the purpose of disclosing that information to third parties, other than for the Participant's qualifying treatment, care coordination and billing purposes.

## Accounting of Disclosures – All Users

Each Participant shall be responsible to account only for its own disclosures. All requests for an accounting of disclosures received by healthEconnect Alaska will be forwarded back to the Participants to address for their respective patients, except that healthEconnect Alaska may produce an audit log as described further below.

## Audit Logs – HIE Users

healthEconnect Alaska shall develop an audit log capability to document which Participants posted and accessed the information about an individual through the HIE and when such information was posted and accessed.

## Authentication – All Users

healthEconnect Alaska shall follow a uniform authentication requirement for verifying and authenticating the identity and authority of each authorized user and Participant consistent with the National Institute of Standards and Technology Special Publication 800-63 Version 1.0.2. Assurance Level 2 and **2.212 Access Authorization Procedure, 2.213 Access Establishment and Modification Procedure and 2.401 Access Control Procedure**. healthEconnect Alaska can act as the Credentials Service Provider (CSP) but will delegate CSP responsibilities to participants with system administrators. All Participants are responsible to act as Registration Authorities (RA). Participants shall be entitled to rely on healthEconnect Alaska's user access and authorization safeguards and may be assured an authorized user making a request for protected health information on behalf of another Participant is authorized to do so. Participants shall be responsible for their own authorized users and ensuring that their own authorized users are appropriately authorized and accessing information. NIST Requirements for Level 2 Assurance are included in the table at the end of this procedure.



## Access – HIE Users

Each Participant should have a formal process through which it permits individuals to view information about them that has been posted by the Participant to the HIE. For HIPAA Covered Entities, this is currently required by law. Individuals may also contact healthEconnect Alaska or check [www.healthEconnectak.org](http://www.healthEconnectak.org) for ways in which they can access their personal information on the HIE.

	In- Person	Remote
Basis for Issuing Credentials	Possession of a valid current primary Government Picture ID that contains applicant's picture, and either address of record or nationality (e.g. driver's license or passport)	Possession of a valid Government ID (e.g. a driver's license or passport) number and a financial account number (e.g., checking account, savings account, loan or credit card) with confirmation via records of either number.
RA Actions	<p>Inspects photo-ID, compare picture to applicant, record ID number, address and DoB. If ID appears valid and photo matches applicant then:</p> <p>a) If ID confirms address of record, authorize or issue credentials and send notice to address of record, or;</p> <p>b) If ID does not confirm address of record, issue credentials in a manner that confirms address of record.</p>	<p>Inspects both ID number and account number supplied by applicant. Verifies information provided by applicant including ID number or account number through record checks either with the applicable agency or institution or through credit bureaus or similar databases, and confirms that: name, DoB, address other personal information in records are on balance consistent with the application and sufficient to identify a unique individual.</p> <p>Address confirmation and notification:</p> <p>a) Sends notice to an address of record confirmed in the records check or;</p> <p>b) Issues credentials in a manner that confirms the address of record supplied by the applicant; or</p> <p>c) Issues credentials in a manner that confirms the ability of the applicant to receive telephone communications or e-mail at number or e-mail address associated with the applicant in records.</p>

## Application to BAs and Contractors – All Users

Participants shall make this rule applicable to their BAs and to the contractors and subcontractors of their BAs as they deem appropriate through the terms of their business associate agreements.

4.204 Access to and Use and Disclosure of Information Procedure		
APPROVED BY: healthEconnect Alaska Executive Director	ADOPTED:	02/20/2013 v1
	REVISED:	06/24/2013 v2
	REVIEWED:	06/06/2014 v2
	REVIEWED:	03/04/2015 v2
	REVIEWED:	03/16/2016 v2
	REVIEWED:	07/19/2017 v2
Name change from AeHN to healthEconnect Alaska	REVISED:	11/12/2018 v2.1
APPROVED BY: healthEconnect Alaska Executive Director	REVIEWED:	01/15/2025 v2.1

## 4.205 Information Subject to Special Protection Procedure

### Procedure Summary

This procedure requires Participants to only disclose information that can legally be exchanged and is not subject to additional protections under the law.

### Purpose

This procedure is intended to make Participants aware of the restrictions of the system with regard to certain categories of information, and to ensure that Participants restrict the information they provide in accordance with any protections accorded that information under the law.

### Scope/Applicability

The following rules apply to the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE") and other data exchange services being made available to Participants in healthEconnect Alaska (the HIE and other services are collectively referred to as the "System").

### Procedure Authority/Enforcement

healthEconnect Alaska's Executive Director (ED) and Privacy and Security Officer (PSO), in collaboration with the Participants, are responsible for monitoring and enforcement of this procedure.

### Related Policies & Procedures

- 4.200 External HIE Privacy, Security and Compliance Policy
- 4.204 Access to and Use and Disclosure of Information Procedure

### Renewal/Review

This procedure is to be reviewed annually to determine if the procedure complies with current HIPAA Privacy and Security regulations, AS 18.23.300 et seq. and other applicable Federal and State law. In the event that significant related legal, regulatory or technological changes occur, the procedure will be reviewed and updated as needed.

## Procedure

### Special Protection

The System and these policies are geared to the HIPAA level of privacy, in addition to AS 18.23.300 et seq. Some health information may be subject to special protection under additional federal, state, and/or local laws and regulations. 42 CFR Part 2 will be stored in a separate data repository, and only viewable if the patient elects to Opt-in.

Each Participant shall be responsible to identify what information is legally subject to special protection under applicable law and what information (if any) is subject to special protection under that Participant's policies, prior to disclosing any information through the HIE. Participants should not make protected health information requiring special protection available to the HIE. Each Participant is responsible for complying with laws and regulations and its own policies in regard to identifying and providing special treatment for information needing special protection.

### Application to Business Associates and Contractors

Participants shall make this policy applicable to their BAs and to the contractors and subcontractors of their BAs through the terms of their business associate agreements, if those BAs will be accessing the System.

4.205 Information Subject to Special Protection Procedure		
APPROVED BY: healthEconnect Alaska Executive Director	ADOPTED:	02/20/2013 v1
	REVISED:	06/24/2013 v2
	REVIEWED:	06/06/2014 v2
	REVIEWED:	03/04/2015 v2
	REVIEWED:	03/16/2016 v2
	REVIEWED:	07/19/2017 v2
Name change from AeHN to healthEconnect Alaska	REVISED:	11/26/2018 v2.1
APPROVED BY: healthEconnect Alaska Executive Director	REVISED:	01/15/2025 v3

## 4.206 Minimum Necessary Procedure

### Procedure Summary

This procedure describes the restrictions on information requests and the application of the minimum necessary rule with regard to the HIE. Participants are asked to request the minimum necessary information for their intended use.

### Purpose

This procedure ensures that the information used and disclosed through the HIE is provided in accordance with HIPAA and that requesting parties only access the minimum amount of information needed for treatment of a patient.

### Scope/Applicability

The following procedure applies to the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE") and other data exchange services being made available to Participants in healthEconnect Alaska (the HIE and other services are collectively referred to as the "System").

This procedure generally applies to all Participants, including the HIE, SFTP and DSM, with specific references to each system if a provision applies only to one activity.

### Regulatory Category, Type, Legal Regulatory Reference

*"When using or disclosing protected health information or when requesting protected health information from another covered entity, a covered entity must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request."*

45 CFR §164.502(b)

### Procedure Authority/Enforcement

healthEconnect Alaska's Executive Director (ED) and Privacy and Security Officer (PSO), in collaboration with the Participants, are responsible for monitoring and enforcement of this procedure.

### Related Policies & Procedures

- 4.200 External HIE Privacy, Security and Compliance Policy

4.206 Minimum Necessary Procedure v2.1

Adopted by healthEconnect Alaska Executive Director 01/15/2025

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## Renewal/Review

This procedure is to be reviewed annually to determine if the procedure complies with current HIPAA Privacy and Security regulations, AS 18.23.300 et seq. and other applicable Federal and State law. In the event that significant related legal, regulatory or technological changes occur, the procedure will be reviewed and updated as needed.

## Procedure

### Requests – All Users

Each Participant shall request only the minimum amount of health information through the System as is necessary for the intended purpose of the request. However, for some requests made of the HIE, a standard set of information will be received in return for a limited request, due to the technical limitations of the System. When this occurs, Participant will not be deemed to be in violation of this procedure.

### Disclosures – HIE Users

A Participant is entitled to rely on the scope of a requesting Participant's request for information as being consistent with the requesting Participant's minimum necessary policy and needs.

### Disclosures – DSM Users

A DSM Participant should follow their internal policies and procedures regarding minimum necessary and verification of requests for information to determine if a Participant's request for information through DSM is consistent with HIPAA minimum necessary. This may include verification of whether a treatment relationship exists or is anticipated, verification of the need for the information or independent verification of any other circumstances related to the request. DSM is secure messaging only, and requests received or sent through DSM should be treated as any other request for protected health information.

### Workforce, BAs and Contractors – All Users

Each Participant shall adopt and apply policies to limit access to the System to members of its workforce who qualify as authorized users. Such access shall be made available only to the extent needed by such authorized users to perform their job functions or duties for the Participant.

### Entire Medical Record – All Users

A Participant shall not use, disclose, or request an individual's entire medical record unless necessary and justified to accomplish the specific purpose of the use, disclosure, or request.

### Application to Providers and Treatment Purposes – All Users

While this minimum necessary policy is not required by HIPAA for providers accessing, using and disclosing health information for treatment purposes, they are encouraged to follow it when consistent with treatment needs.

4.206 Minimum Necessary Procedure v2.1

Adopted by healthEconnect Alaska Executive Director 01/15/2025

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## Application to BAs and Contractors – All Users

Participants shall make this policy applicable to their BAs and to the contractors and subcontractors of their BAs through the terms of their business associate agreements, if those BAs will be provided access to the System.



4.206 Minimum Necessary Procedure		
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APPROVED BY: healthEconnect Alaska Executive Director	REVIEWED:	01/15/2025 V2.1

## 4.207 Participant Workforce, Agents and Contractors Procedure

### Procedure Summary

This procedure requires Participants to inform its workforce, agents, contractors and business associates regarding the requirements of Participation and their obligation to comply with the laws, regulations and policies that apply to the activities of the System.

### Purpose

This procedure is to ensure that all Participants are using the HIE and other data exchange services in an appropriate and lawful manner, which will help to build trust in the System and among other Participants.

### Scope/Applicability

The following procedure applies to the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE") and other data exchange services being made available to Participants in healthEconnect Alaska (the HIE and other services are collectively referred to as the "System").

This applies to all Participants, HIE, SFTP and DSM.

### Regulatory Category, Type, Legal Regulatory Reference

All State and Federal laws pertaining to privacy and security of health information.

### Procedure Authority/Enforcement

healthEconnect Alaska's Executive Director (ED) and Privacy and Security Officer (PSO), in collaboration with the Participants, are responsible for monitoring and enforcement of this procedure.

### Related Policies & Procedures

- 4.200 External HIE Privacy, Security and Compliance Policy

### Renewal/Review

This procedure is to be reviewed annually to determine if the procedure complies with current HIPAA Privacy and Security regulations, AS 18.23.300 et seq. and other applicable Federal and State laws. In the event that significant related legal, regulatory or technological changes occur, the procedure will be reviewed and updated as needed.

4.207 Workforce, Agents and Contractors Procedure v2.1

Adopted by healthEconnect Alaska Executive Director 01/15/2025

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## Procedure

### Participant Responsibility

Each Participant is responsible to establish and enforce policies designed to comply with its responsibilities as a covered entity or business associate under HIPAA and a Participant in the System, and to train and supervise its authorized users on those responsibilities, to the extent applicable to their job responsibilities. Training shall include, but not be limited to, the requirements of these Rules, the Participant Agreement, and applicable law governing the confidentiality, privacy and security of protected health information, such as HIPAA and AS 18.23.300. All such training will be conducted at the sole cost of Participant, prior to any access to the System by authorized users.

### healthEconnect Alaska Responsibility

healthEconnect Alaska will provide general training to Participants regarding the use of the System, which will include information about how HIPAA and AS 18.23.300 apply to the System and Participants' responsibilities to adhere to HIPAA, AS 18.23.300 and other laws and regulations, but this training is not intended to substitute for general training regarding privacy, security and compliance with laws. This training will be provided as part of the onboarding process to key Participant staff members, who will be expected to provide the training to additional users at Participant's organization.

### Authorized Users

All authorized users, whether members of a Participant's workforce or member of the workforce of a BA or contractor, shall execute an individual user agreement and acknowledge familiarity with and acceptance of the terms and conditions on which their access authority is granted. This shall include familiarity with applicable privacy and security policies of the Participant, BA, or contractor, as applicable. Participants shall determine to what extent members of their workforce or the workforce of BAs and contractor require additional training on account of the Participant's obligations under their Participant Agreement and these policies, and arrange for and document such training. healthEconnect Alaska shall reserve authority in the Participant Agreement to suspend, limit or revoke access authority for any authorized user or Participant for violation of Participant and/or healthEconnect Alaska privacy and security policies.

### Access to System

Each Participant shall allow access to the System only by those authorized users who have a legitimate and appropriate need to use the System and/or release or obtain information through the System. No workforce member, agent, or contractor shall have access to the System except as an authorized user on behalf of a Participant and subject to the Participation Agreement, State and Federal laws, Participant's privacy and security policies and procedures, and the terms of the individual's user agreement.

### Discipline for Non-Compliance

Each Participant shall have disciplinary policies to hold authorized users, BAs and contractors accountable for following the Participant's policies and procedures and for ensuring that they do not use, disclose, or request health information except as permitted by these Rules. Examples of disciplinary

measures include, but are not be limited to, verbal and written warnings, demotion, and termination and may provide for retraining in certain circumstances. Participants and users may also be subject to additional sanctions in accordance with **4.213 Sanctions Procedure**.

## Reporting of Non-Compliance

Each Participant shall have a procedure, and shall encourage all workforce members, BAs and contractors to report any noncompliance with the Participant's policies or the policies applicable to authorized users. Each Participant also shall establish a mechanism for individuals whose health information is included in the System to report any non-compliance with these Rules or concerns about improper disclosures of protected health information.

## Enforcing BAAs and Contractor Agreements

Each Participant shall require in any relationship with a BAs, contractor, or other third party (which may include staff physicians) that will result in such third party becoming an authorized user on behalf of the Participant, or that will result in members of the workforce of such third party becoming an authorized user on behalf of the Participant, that: (i) such third party and any member of its workforce shall be subject to these Rules when accessing, using or disclosing information through the System; (ii) that such third parties and/or authorized users on its workforce may have their access suspended or terminated for violation of these Rules or other terms and conditions of the authorized user agreement; and (iii) that such third party may have its contract with the Participant terminated for violation of these Rules or for failure to enforce these policies among its workforce.

4.207 Participant Workforce, Agents and Contractors Procedure		
APPROVED BY: healthEconnect Alaska Executive Director	ADOPTED:	02/20/2013 v1
	REVISED:	06/24/2012 v2
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	REVIEWED:	03/04/2015 v2
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	REVIEWED:	07/19/2017 v2
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## 4.208 Amendment and Storage of Data Procedure

### Procedure Summary

This procedure requires Participants to accommodate requests for amendment, when it pertains to data that originated in their records. In addition, it provides notice that Participants should not rely on healthEconnect Alaska for backup or storage of the information on the system.

### Purpose

This procedure is intended to provide direction to Participants regarding the responsibility and ownership of records for amendment purposes. In addition, it provides guidance to Participants to allow them to arrange for alternative backup of the information gained through the System.

### Scope/Applicability

The following procedure applies to the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE") and other data exchange services being made available to Participants in healthEconnect Alaska (the HIE and other services are collectively referred to as the "System").

This procedure generally applies to all Participants, including HIE, SFTP and DSM, with specific references to each system if a provision applies only to one activity.

### Regulatory Category, Type, Legal Regulatory Reference

45 CFR §164.526

### Procedure Authority/Enforcement

healthEconnect Alaska's Executive Director (ED) and Privacy and Security Officer (PSO), in collaboration with the Participants, are responsible for monitoring and enforcement of this procedure.

### Related Policies & Procedures

- 4.200 External HIE Privacy, Security and Compliance Policy

### Renewal/Review

This procedure is to be reviewed annually to determine if the procedure complies with current HIPAA Privacy and Security regulations, AS 18.23.300 et seq. and applicable Federal and State law. In the event

that significant related legal, regulatory or technological changes occur, the procedure will be reviewed and updated as needed.

## Procedure

### Accepting Amendments – HIE Users

Each Participant shall comply with applicable federal, state and local laws and regulations regarding individual rights to request amendment of health information. Only the Participant responsible for the record being amended may accept an amendment. If one Participant believes there is an error in the record of another Participant, it shall contact the responsible Participant or healthEconnect Alaska to follow up on the error.

### Informing Other Participants – HIE Users

A Participant shall update an individual's record in the HIE using a method established by healthEconnect Alaska for such purpose when it has amended an element of the individual's protected health information that gets transmitted to the HIE. healthEconnect Alaska shall cooperate in identifying other Participants who have accessed the information in its pre-amendment form, to the extent reasonably possible. Participants shall also notify healthEconnect Alaska of data errors reported to it by patients or providers that cannot be lawfully amended through the automated transmission of an update or amendment from the Participant's electronic system.

### Application to BAs and Contractors – All Users

Participants shall make this policy applicable to their BAs and to the contractors and subcontractors of their BAs through the terms of their business associate agreements, if the BA will have access to the System.

### Data Backup – All Users

Participants shall not hold healthEconnect Alaska responsible for protecting and backing up the source data used in connection with or furnished for processing by the System, unless expressly agreed upon pursuant to the Participant Agreement. healthEconnect Alaska will perform backups as required to comply with HIPAA and its obligations to Participants, but Participants should not rely upon this backup for its own data. Participants can contact healthEconnect Alaska to obtain more information about how to properly backup their own records.

4.208 Amendment and Storage of Data Procedure		
APPROVED BY: healthEconnect Alaska Executive Director	ADOPTED:	02/20/2013 v1
	REVISED:	06/24/2013 v2
	REVIEWED:	06/06/2014 v2
	REVIEWED:	03/04/2015 v2
	REVIEWED:	03/16/2016 v2
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APPROVED BY: healthEconnect Alaska Executive Director	REVIEWED:	01/15/2025 v2.1



## 4.209 Requests for Restrictions Procedure

### Procedure Summary

This procedure provides guidance for Participants regarding restrictions requested by individuals on the use and disclosure of their records.

### Purpose

This procedure is intended to clarify the roles of the Participants with regard to request for restrictions.

### Scope/Applicability

The following procedure applies to the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE") and other data exchange services being made available to Participants in healthEconnect Alaska (the HIE and other services are collectively referred to as the "System").

This procedure generally applies to all Participants, including HIE, SFTP and DSM, with specific references to each system if a provision applies only to one activity.

### Regulatory Category, Type, Legal Regulatory Reference

45 CFR §164.522

### Procedure Authority/Enforcement

healthEconnect Alaska's Executive Director (ED) and Privacy and Security Officer (PSO), in collaboration with the Participants, are responsible for monitoring and enforcement of this procedure.

### Related Policies & Procedures

- 4.200 External HIE Privacy, Security and Compliance Policy

### Renewal/Review

This procedure is to be reviewed annually to determine if the procedure complies with current HIPAA Privacy and Security regulations, AS 18.23.300, and other applicable Federal and State law. In the event that significant related legal, regulatory and technological changes occur, the procedure will be reviewed and updated as needed.

## Procedure

### Recipient Responsibility

A Participant, when accessing data as a data recipient, shall not be expected to know of or comply with a restriction on use or disclosure agreed to by a Participant that provides data unless such restriction on use or disclosure is transmitted with the data. This procedure is applicable to requests from an individual for restrictions, as opposed to restrictions imposed by law, which are addressed in **4.205 Information Subject to Special Protection Procedure.**

### Data Provider Responsibility

If a Participant agrees to an individual's request for restrictions, as permitted under the HIPAA Privacy Rule, such Participant shall ensure that it complies with the restrictions. This shall include not making the individual's information available to the System, including opting the individual out of the System, if required by the restriction. Participants should advise individuals that opting out only affects access, use and disclosure of their protected health information through the System. When evaluating a request for a restriction, the Participant shall consider the implications that agreeing to the restriction would have on the accuracy, integrity and availability of information through the System and on their ability to participate in the System.

4.209 Requests for Restrictions Procedure		
APPROVED BY: healthEconnect Alaska Executive Director	ADOPTED:	02/20/2013 v1
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	REVIEWED:	06/06/2014 v2
	REVIEWED:	03/03/2015 v2
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APPROVED BY: healthEconnect Alaska Executive Director	REVIEWED:	01/15/2025 v2.1

## 4.210 Mitigation Procedure

### Procedure Summary

This procedure requires Participants to mitigate the effects of any breach and assist healthEconnect Alaska with its mitigation efforts.

### Purpose

This procedure is to ensure breaches are properly mitigated, in accordance with breach notification and other requirements of the Security Rule.

### Scope/Applicability

The following procedure applies to the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE") and other data exchange services being made available to Participants in healthEconnect Alaska (the HIE and other services are collectively referred to as the "System").

This applies to all Participants, including HIE, SFTP and DSM.

### Regulatory Category, Type, Legal Regulatory Reference

45 CFR §164.400 et seq.

### Procedure Authority/Enforcement

healthEconnect Alaska's Executive Director (ED) and Privacy and Security Officer (PSO), in collaboration with the Participants, are responsible for monitoring and enforcement of this procedure.

### Related Policies & Procedures

- 2.600 Breach Notification Policy
- 2.601 Breach Notification Procedure
- 4.200 External HIE Privacy, Security and Compliance Policy

### Renewal/Review

This procedure is to be reviewed annually to determine if the procedure complies with current HIPAA Privacy and Security regulations, AS 18.23.300 and other applicable Federal and State law. In the event that significant related legal, regulatory or technological changes occur, the procedure will be reviewed and updated as needed.

4.210 Mitigation Procedure v2.1

Adopted by healthEconnect Alaska Executive Director 01/15/2025

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## Procedure

### Duty to Mitigate

Each Participant shall implement a process to mitigate, and shall mitigate to the extent practicable, the harmful effects that are known to the Participant of an access, use or disclosure of protected health information through the System that is in violation of applicable laws and/or regulations and/or these Rules and that is caused or contributed to by the Participant or its workforce members, agents, and contractors. Steps to mitigate could include, but are not limited to, Participant notification to the individual or Participant request to the party who improperly received such information to return and/or destroy impermissibly disclosed information.

### Duty to Cooperate

A Participant that has caused or contributed to a privacy breach related to the System or that could assist with mitigation of the effects of such breach shall cooperate with healthEconnect Alaska in accordance with **2.600 Breach Notification Policy** and **2.601 Breach Notification Procedure**. Participant shall also assist another Participant that has the primary obligation to mitigate a breach in order to help mitigate the harmful effects of the breach. This obligation exists whether the Participant is directly responsible or whether the breach was caused or contributed to by members of the Participant's workforce or by its BAs or contractor or their workforce.

### Notification to healthEconnect Alaska

A Participant primarily responsible to mitigate a breach related to the System shall notify healthEconnect Alaska of all events requiring mitigation and of all actions taken to mitigate. healthEconnect Alaska may facilitate the mitigation process if asked. healthEconnect Alaska shall attempt to use examples of breaches and mitigation steps for education and for policy and other safeguard development.

### Application to BAs and Contractors

Participants shall make this policy applicable to their BAs and to the contractors and subcontractors of their BAs through the terms of their business associate agreements, if the BAs will have access to the System.

4.210 Mitigation Procedure		
APPROVED BY: healthEconnect Alaska Executive Director	ADOPTED:	02/20/2013 v1
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APPROVED BY: healthEconnect Alaska Executive Director	REVIEWED:	01/15/2025 v2.1

## 4.211 Investigations; Incident Response System Procedure

### Procedure Summary

This procedure requires Participants to investigate and assist in the response and investigation of security incidents and breaches.

### Purpose

The purpose of this procedure is to ensure healthEconnect Alaska and the Participants act appropriately in response to the discovery or notification of a breach of PHI or PII.

### Scope/Applicability

The following procedure applies to the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE") and other data exchange services being made available to Participants in healthEconnect Alaska (the HIE and other services are collectively referred to as the "System").

This applies to all Participants, including HIE, SFTP and DSM.

### Regulatory Category, Type, Legal Regulatory Reference

45 CFR 165.400 et seq.; AS 45.48.010 et seq.

### Procedure Authority/Enforcement

healthEconnect Alaska's Executive Director (ED) and Privacy and Security Officer (PSO), in collaboration with the Participants, are responsible for monitoring and enforcement of this procedure.

### Related Policies & Procedures

- 2.600 Breach Notification Policy
- 2.601 Breach Notification Procedure
- 4.200 External HIE Privacy, Security and Compliance Policy

### Renewal/Review

This procedure is to be reviewed annually to determine if the procedure complies with current HIPAA Privacy and Security regulations, AS 18.23.300 and other applicable Federal and State laws. In the event that significant related legal, regulatory or technological changes occur, the procedure will be reviewed and updated as needed.

## Procedure

### Duty to Investigate

Each Participant shall promptly investigate reported or suspected privacy breaches implicating privacy or security safeguards deployed by healthEconnect Alaska (or its contractors), or involving unauthorized access, use or disclosure of the System, according to its own policies. Upon learning of a reported or suspected breach related to the System, as defined by HIPAA or the Alaska Personal Information Protection Act, the Participant shall notify healthEconnect Alaska and any other Participant whom the notifying Participant has reason to believe is affected or may have been the subject of unauthorized access, use or disclosure.

The healthEconnect Alaska Privacy and Security Officer shall be notified within one business day of such breach. healthEconnect Alaska shall have the right to participate in the investigation and to know the results and remedial action, if any, taken, except that healthEconnect Alaska need not be notified of specific workforce disciplinary actions. Each investigation shall be documented. At the conclusion of an investigation, a Participant shall document its findings and any action taken in response to an investigation. A summary of the findings shall be sent to healthEconnect Alaska. healthEconnect Alaska shall attempt to use examples of breaches for education and for policy and other safeguard development.

### Incident Response

healthEconnect Alaska shall implement an incident response system in connection with known or suspected privacy breaches, whether reported by Participants or discovered by healthEconnect Alaska. This is described further in **2.600 Breach Notification Policy** and **2.601 Breach Notification Procedure**. The incident response system shall include the following features, each applicable as determined by the circumstances:

- A. Cooperation in any investigation conducted by the Participant or direct investigation by healthEconnect Alaska;
- B. Notification of other Participants or authorized users as needed to prevent further harm or to enlist cooperation in the investigation and/or mitigation of the breach;
- C. Cooperation in any mitigation steps initiated by the Participant;
- D. Furnishing audit logs and other information helpful in the investigation;
- E. Developing and disseminating remediation plans to strengthen safeguards or hold Participants or authorized users accountable;
- F. Any other steps mutually agreed to as appropriate under the circumstances; and
- G. Any other step required under the incident reporting and investigation system contained in the healthEconnect Alaska Security Rules.

### healthEconnect Alaska Cooperation

healthEconnect Alaska shall cooperate with a Participant in any investigation of the Participant's privacy and security compliance related to the System, whether conducted by an agency of state or federal government or conducted as a self-investigation by the Participant, when the investigation implicates



healthEconnect Alaska conduct, or the conduct of another Participant or authorized user, or the adequacy or integrity of System safeguards.

## Participant Cooperation

Each Participant shall cooperate with healthEconnect Alaska in any investigation of healthEconnect Alaska or of another Participant into healthEconnect Alaska's or such other Participant's privacy and security compliance related to the System, whether conducted by an agency of state or federal government or conducted as a self-investigation by healthEconnect Alaska or the other Participant, when the investigation implicates such Participant's compliance with External HIE Privacy, Security and Compliance Policy and related procedures or the adequacy or integrity of System safeguards.

## Application to BAs and Contractors

Participants shall make this policy applicable to their BAs and to the contractors and subcontractors of their BAs through the terms of their business associate agreements, if the BAs will have access to the System.

## Responsibility for Costs

Each of the parties is responsible for their own costs in investigating or assisting in the investigation of a security incident or breach. If healthEconnect Alaska is asked to provide assistance unrelated to its role in the breach, it may charge a reasonable fee for such assistance upon prior written consent of the requesting party.

4.211 Investigations; Incident Response System Procedure		
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	REVISED:	06/24/2013 v2
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	REVIEWED:	03/16/2016 v2
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Name change from AeHN to healthEconnect Alaska	REVISED:	11/26/2018 v2.1
APPROVED BY: healthEconnect Alaska Executive Director	REVIEWED:	01/15/2025 v2.1

## 4.212 Authorized User Controls Procedure

### Procedure Summary

This procedure describes the process and responsibilities related to granting access to individual users.

### Purpose

This procedure is to ensure that all Participants who are using the HIE and other data exchange services are authorized to do so, which will help to build trust in the System and among other Participants.

### Scope/Applicability

The following procedure applies to the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE") and other data exchange services being made available to Participants in healthEconnect Alaska (the HIE and other services are collectively referred to as the "System").

This applies to all Participants, including HIE, SFTP and DSM.

### Regulatory Category, Type, Legal Regulatory Reference

Administrative Safeguards, Standard, Implementation, 45 CFR 164.308(a)(3)(i); Technical Safeguards, Standard 45 CFR 164.312(a)

### Procedure Authority/Enforcement

healthEconnect Alaska's Executive Director (ED) and Privacy and Security Officer (PSO), in collaboration with the Participants, are responsible for monitoring and enforcement of this procedure.

### Related Policies & Procedures

- 4.200 External HIE Privacy, Security and Compliance Policy
- 4.204 Access to and Use and Disclosure Procedure
- 4.206 Minimum Necessary Procedure

### Renewal/Review

This procedure is to be reviewed annually to determine if the procedure complies with current HIPAA Privacy and Security regulations, AS 18.23.300 and other applicable Federal and State laws. In the event that significant related legal, regulatory or technological changes occur, the procedure will be reviewed and updated as needed.

4.212 Authorized User Controls Procedure v2.1

Adopted by healthEconnect Alaska Executive Director 01/15/2025

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## Procedure

### Participant Responsibilities

Each Participant is responsible to:

- A. Designate its responsible contact person who shall be initially responsible on behalf of the Participant for compliance with these policies and to receive notice on behalf of the Participant from healthEconnect Alaska and from individuals requesting information from Participant regarding the System. For Participants that have their own system administrator, this shall ordinarily be the system administrator.
- B. Designate its own authorized users from among its workforce, and designate business associates (BAs) and contractors authorized to act as (or designate from among their workforce) authorized users on its behalf in accordance with 4.204 Access to and Use and Disclosure of Information Procedure, Paragraph 9 and 4.206 Minimum Necessary Procedure. A list of these authorized users, along with the dates of authorization (and termination, if applicable) shall be made available to healthEconnect Alaska upon reasonable advanced written notice by healthEconnect Alaska.
- C. Train and supervise its authorized users and require any BA or contractor to train and supervise its authorized users consistent with the Participant's and healthEconnect Alaska's privacy and security policies and with the terms of the Participant's privacy and security policies and the BA Agreement as applicable. Participants are responsible for privacy training, and are required to do the training for malpractice and other liability purposes. Participants using EHRs have additional attestations they have to submit to malpractice insurers about use and privacy of EHRs. healthEconnect Alaska does not know any organization's individual policies and cannot train on those areas.
- D. In the case of Participants with a System Administrator, suspend, limit or revoke access authority as soon as possible but no later than 72 hours upon a change in job responsibilities or employment status of an authorized user. Revocation shall occur prior to, contemporaneously with, or immediately following such a change so as to prohibit continued access authority for individuals who no longer need it on behalf of the Participant. Participant's list of authorized users should be updated to reflect such change. If there is any risk associated with an authorized user's access, that access should be terminated immediately.
- E. For Participants without their own System Administrator, immediately notify healthEconnect Alaska of the change so that healthEconnect Alaska may revoke access authority. Notification shall occur prior to, contemporaneously with, or immediately following such a change so as to prohibit continued access authority for individuals who no longer need it on behalf of the Participant. If there is any risk associated with an authorized user's access, healthEconnect Alaska should be notified immediately.
- F. Hold their authorized users accountable for compliance with healthEconnect Alaska and the Participant's policies and, as applicable, the terms of any BA Agreement. Participant is solely responsible under this Agreement for all acts and omissions of Participant and/or Participant's users who access the Network either through Participant or by use of any password, identifier or log-on received or obtained, directly or indirectly, lawfully or unlawfully, from Participant or any

of Participant's authorized users, with respect to the System, the System services and/or any confidential and/or other information accessed in connection therewith.

## healthEconnect Alaska Responsibilities

healthEconnect Alaska is responsible to:

- A. Grant access (Credentials Service Provider) authority to individuals designated by a Participant, subject to reserved authority to suspend, limit, or revoke such access authority as described later in this procedure.
- B. Train and supervise its own authorized users on these policies and the standard terms required by its BA Agreement with Participants.
- C. Suspend, limit or revoke access authority for its own authorized users or any authorized user who is a member of the workforce of any subcontractor of healthEconnect Alaska as required by these policies or the terms of its BA Agreement in the event of breach or non-compliance.
- D. Immediately revoke access authority upon a change in job responsibilities or employment status of its own authorized users or the authorized user of its contractor.
- E. Suspend, limit, or revoke the access authority of an authorized user on its own initiative upon a determination that the authorized user has not complied with the Participant's privacy policies, Network Responsibilities or the terms of the user agreement, if healthEconnect Alaska determines that doing so is necessary for the privacy of individuals or the security of the System.
- F. Terminate access of Participant's authorized users upon notification from Participant that access should be terminated.
- G. Monitor access and notify Participants if a user may not have used the system for a prolonged period of time, or if healthEconnect Alaska notices any other reason to review an authorized user's access for potential suspension or termination.

## Application to BAs and Contractors

Participants shall make this policy applicable to their BAs and to the contractors and subcontractors of their BAs through the terms of their business associate agreements, if BAs will have access to the System.

## Denial of Access

Participants should be aware that individuals may be denied access to the System based on past performance or behavior reported by a former employer or other participating entity. Participants may request information regarding a potential new hire, to determine if access will be denied prior to hiring an individual.

4.212 Authorized User Controls Procedure		
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## 4.213 Sanctions Procedure

### Procedure Summary

healthEconnect Alaska ensures the confidentiality, integrity and availability of its information systems containing PHI by implementing appropriate and reasonable policies, procedures and controls to prevent, detect, contain, and correct security violations. healthEconnect Alaska's security management program relies on Participants understanding and compliance with these policies and procedures by the workforce and enacting similar sanction policies for non-compliance.

### Purpose

This procedure reflects healthEconnect Alaska's commitment to ensure the confidentiality, integrity, and availability of its information systems containing PHI by implementing sanctions or requiring Participants to implement sanctions in the event of identified security violations.

### Scope/Applicability

The following rules apply to the access, use and disclosure of protected health information by Participants through the healthEconnect Alaska Health Information Exchange ("HIE") and other data exchange services being made available to Participants in healthEconnect Alaska (the HIE and other services are collectively referred to as the "System").

### Regulatory Category, Type, Legal Regulatory Reference

*"Apply appropriate sanctions against workforce members who fail to comply with the security policies and procedures of the covered entity."*

Administrative Safeguards, Standard, 45 CFR 164.308(a)(1)(ii)(C)

### Procedure Authority/Enforcement

healthEconnect Alaska's Executive Director (ED) and Privacy and Security Officer (PSO), in collaboration with the Participants, are responsible for monitoring and enforcement of this procedure.

### Related Policies & Procedures

- 2.204 Employee Sanctions Procedure
- 4.200 External HIE Privacy, Security and Compliance Policy
- 4.201 through 4.213 External HIE Privacy, Security and Compliance Procedures

## Renewal/Review

This procedure is to be reviewed annually to determine if the procedure complies with current HIPAA Privacy and Security regulations, AS 18.23.300 and other applicable Federal and State laws. In the event that significant related legal, regulatory or technological changes occur, the procedure will be reviewed and updated as needed.

## Procedure

### Participant Responsibilities

Each Participant is responsible to:

- A. Implement policies and procedures to sanction and hold authorized users, workforce members, agents and contractors accountable for failure to comply with any internal policies and procedures set by the Participant with regard to the use, disclosure or access of protected health information accessed through the System.
- B. Implement policies and procedures to sanction and hold authorized users, workforce members, agents and contractors accountable for ensuring that they do not use, disclose or access protected health information except as permitted by the Participant Agreement and the External HIE Privacy Security and Compliance Policy and related procedures.
- C. Such sanctions may include, but need not be limited to, verbal and written warnings, required retraining, suspension or termination of access to the System, suspension of employment without pay, and termination of contract or employment.
- D. Notify healthEconnect Alaska in writing of the name of individual, date and nature of violation (as well as action taken to remedy) of security violations.

### healthEconnect Alaska Responsibilities

healthEconnect Alaska is responsible to:

- A. Impose sanctions on healthEconnect Alaska personnel who are determined to have failed to adhere to healthEconnect Alaska Privacy and Security Policies. Such sanctions may include, but not be limited to, verbal or written warnings, required retraining, suspension without pay, and termination of contract or employment.
- B. Upon receiving a report, discovering or being notified of a reportable event from a Participant, healthEconnect Alaska shall coordinate with the affected Participant to determine if the appropriate sanctions have been imposed by the Participant. If healthEconnect Alaska's privacy and security officer determines that further action is necessary, healthEconnect Alaska shall impose one or more additional sanctions, consistent with the violation. Depending on the circumstances, sanctions may be on an individual authorized user level or a Participant level.
- C. Upon receiving a report, discovering or being notified of a reportable event that cannot be attributed directly to any one Participant, healthEconnect Alaska shall impose one or more sanctions on the identified offender, consistent with the violation. Sanctions for an unintentional violation may include, but are not limited to: verbal warnings; written warnings; suspension of access privileges; and revocation of access privileges. Sanctions for an intentional violation may include, but are not limited to: immediate suspension of access; revocation of access; a



complaint filed with the violator's professional licensing board, if the violator is professional licensed; information turned over to a prosecutor for criminal prosecution; and potential other legal action.

- D. Create a database or other resource to verify if a prospective authorized user has been sanctioned previously or has had a complaint filed against them substantiated for a potential security violation.
- E. Document and maintain records of all reported events for six (6) years, regardless of whether sanctions are imposed.

## Appeals

- A. Persons who are sanctioned by healthEconnect Alaska, or who otherwise have their privileges limited, may appeal the sanctions or limitation to healthEconnect Alaska. Appeals must follow the following guidelines:
- B. Appeals must be filed in writing and received at healthEconnect Alaska's offices within 10 business days of the sanction being imposed.
- C. healthEconnect Alaska staff will consider the appeal and make a determination of whether to continue the sanction within 10 business days of receiving the written appeal.
- D. healthEconnect Alaska will provide the party filing the appeal with a written notice of its decision within 10 business days of making the decision. Sanctions will remain in effect while the appeal is being considered.
- E. If the appeal is denied, and the appealing party believes there has been an error, it may file a request with healthEconnect Alaska for an external review. Such requests must be made in writing within 30 calendar days of the appeal being denied. healthEconnect Alaska will refer the case to an independent party, which will review the evidence and make a recommendation to healthEconnect Alaska's board of directors, which will make the final decision.

4.213 Sanctions Procedure		
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