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## I. POLICY DEFINITIONS:

**Patient Portal** – A secure web-based healthcare application that enables patients to communicate with their health care providers and connects them directly to their Electronic Health Record (EHR) in a manner that is convenient, safe and secure. The Portal is the preferred way for health care providers and support staff to communicate with patients and distribute clinical and educational information.

**Care Manager** – An authorized person appointed to manage a patient’s Portal information (such as a husband having access to his wife’s account, or an adult having access to their elderly parent’s account).

**Dependent** – A patient whose Portal access is set up under a Parent or Guardian’s portal account. (Such as a child whose mother/father has access to her/his children’s account). This is the method by which a minor has access to his/her electronic record.

**Emancipated Minor** – An emancipated minor is a minor who, by court order or by other legal means, is allowed to conduct a business or any other occupation on his or her own behalf or for their own account outside the influence of a parent or guardian. Emancipation requirements are state specific. An emancipated minor is not required to be set up as a dependent to a parent or guardian’s account.

**In Loco Parentis** - An individual who assumes parental status and responsibilities for a minor in absence of a parent (i.e., foster parent).

**Token** – Confidential enrollment documentation that authorizes a patient to enroll in the Portal.


**Enrollment** – The process of setting up a Portal account by the physician practice.

**Activation** – The process of activating an Enrollment by a patient or care manager.

## II. PROCEDURE:

### A. Overview

1. All providers and staff of the physician practice will comply with HIPAA’s privacy and security standards whether patient protected health information is in electronic, paper or other form (e.g., verbal conversations) including:
  - a. Logging off from work stations when not present.


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- b. Confirmation that all “To” fields are accurately completed before messages are sent.
2. Physicians and staff will operate under the premise that all communications and other activity within the Patient Portal (“Portal”) will be discoverable and could be used as evidence in professional liability medical malpractice litigation.
3. The use of online communication between the physician and patient is appropriate only after the establishment of the traditional patient-physician relationship initiated by a face-to-face encounter.
4. The physician practice will designate a staff member(s) or workgroup for each provider who will be responsible for monitoring the Portal Communications.
5. All communications will be reviewed during hours of operation, a minimum of three times per business day, and responded to by close of business on day received if possible, but no later than within 1 business day of receipt of a request. (Note: the informed consent agreement the patient reviews and signs states 48 business hours; however, the expectation of practice staff is that Portal requests are responded to more promptly.)
6. All communications via the Patient Portal will be maintained as part of, and integrated into, the patient’s medical record. All outbound communications will utilize the “**Send and Chart**”).
7. Any change in staff member designation (*e.g.*, transfer to another practice; leaving employment) will be reported immediately to User Security Administration by the Practice Manager or designee utilizing a User Security Form in order to redirect the flow of communication to an alternate staff member.

**B. Exclusions**


The following categories of electronic health record content and communication are restricted or excluded from Portal access:

1. **Diagnosis and Treatment.** The Portal will not be used in place of traditional in-office medical services. Physicians and clinical staff will not assess patient symptoms, diagnose and/or to provide medical guidance “on line.” Response to questions posed by patients in follow-up to an office service or procedure (*e.g.*,

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questions about discharge instructions) will be evaluated and answered, or patients will be offered an appointment with the Practice if appropriate.

2. **Abnormal Test Results.** What constitutes “abnormal” will be determined by the clinical judgment of the provider after evaluation of the results against normal standards/ranges and the patient’s individual clinical status. Abnormal results will not be communicated via the Portal.
3. **Behavioral Health.** Physician practices specializing in behavioral health services will be excluded from Portal participation. Behavioral health templates will be not be utilized in practices of other specialties.
4. **Sensitive Records.** Information from confidential templates including but not limited to alcohol and drug use; psychiatric history; history of abuse/neglect/ domestic violence; incarceration history; sexual practices; and sexually transmitted illnesses/disease will not be transmitted via Portal. Access to confidential templates is controlled by user security rights and will be limited to the provider and clinical staff supporting the patient’s care. Providers and staff should use extreme caution before choosing to generate a document containing sensitive information, and if generated, must not transmit the document via Portal.
5. **Protected Minor Visits.** Visits or services for which state law does not require consent of a parent/personal representative before a minor can obtain a particular form of treatment (*e.g.*, HIV testing, mental health services). Protected minor visit privacy is governed by state law, and will vary from state to state. If a parent or guardian signs up as a proxy for a minor’s use of patient portal, information from protected visits will be excluded from that access via utilization of confidential templates to document such visits, and restriction of documents. Tenet Physician Practices Regulatory Attorney will be consulted to assist in determining whether certain Portal information is an excluded, protected minor visit.
6. **Research Records.** Records and documents associated with clinical research studies and trials will be excluded from the Portal. The Practice may contact the Tenet Director of Clinical Research, Quality Management, for guidance.
7. **Employer Records.** Records such as pre-employment, annual exams, workers compensation and other employer sponsored visits will be excluded from Portal communications. Patients may contact their employer to request records from the employer.

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**C. Patient or Care Manager Enrollment**

1. All patients will be asked for their email address and offered the opportunity to enroll in Patient Portal at time of appointment and/or registration, and provided an informed consent and user agreement to document the patient’s understanding and agreement to the permitted uses and limitations of the Portal. The signed Agreement will be scanned into the patient’s electronic health record.
  
2. Minors will be required to have a Parent or Guardian enrolled in Portal. The minor is established as a “dependent” to the authorized adult. The adult will have a record established for this purpose.
  - a. The age of majority is regulated by state law. If a state other than those listed below is needed, the Practice may contact the Tenet Physician Practices Regulatory Attorney for assistance.
    - (1) California, Florida, Tennessee, Texas, South Carolina, Georgia, Arkansas – 18 years of age
    - (2) Alabama – 19 years of age
  
  - b. Emancipated minors will be treated as an adult for purposes of patient portal access. Emancipation is state specific and should be confirmed with Tenet Physician Practices Regulatory Attorney.
  
  - c. Exceptions:
    - (1) When state law does not require consent of a parent/personal representative before a minor can obtain a particular form of treatment (e.g., HIV testing, mental health services), the minor controls information associated with that treatment;
  
    - (2) a court determines or other law authorizes someone other than the parent or guardian to make treatment decisions for a minor, then that person will serve as proxy for the minor for portal access (for example, this may include individuals acting in loco parentis on behalf of the minor);
  
    - (3) when a parent/personal representative agrees to a confidential relationship between a health care provider and a minor;


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- (4) The provider may withhold information from a parent/personal representative if “in the exercise of professional judgment,” it is decided that “it is not in the best interest of the individual to treat the person as the individual’s personal representative.” **The Tenet Practice Resources Regulatory Attorney must be consulted prior to withholding access under this exception.**
3. A Care Manager can be authorized at the request of the patient.
  4. Patients will be advised of the following regarding the selection of the email address they use for Portal communications:
    - a. The patient’s valid personal email address should be used.
    - b. The patient should not use an email address belonging to another family member unless that family member has authorized access to the patient’s Portal records.
    - c. The patient’s employer email address should not be used.
    - d. If the patient has a change in email address, he/she should notify the practice and have his/her demographic email record updated.
  5. The email address for established patients, if already recorded in the practice management system demographics, will be reviewed with, and confirmed or updated by the patient as the selected email address for Portal.
  6. For manual enrollment, the patient or parent/guardian for a minor will be provided:
    - a. An Informed Consent and User Agreement.
    - b. Upon receipt of consent, the practice will print out an enrollment letter for the patient which includes the patient’s confidential token.


**D. Portal Features**

Note: the following basic concepts apply to any Electronic Health Record; specific functionality reflects the AthenaOne.

1. Appointment Requests

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- a. For Real Time Scheduling: The requested appointment is inserted into the Appointment Book when the patient selects the preferred appointment option for which there is a schedule match. An automated notification is sent to the patient confirming the date/time/location of the appointment. There is no notification to the Portal Inbox as the process is automated.
  - b. Automated appointment reminders will be generated a minimum of three calendar days prior to the appointment date.
  - c. In Real Time Scheduling, reschedules by the patient will be automatically corrected in the appointment records. Cancellations by the patient will be documented along with the reason for the cancellation.
2. Prescription Refills
- The Practice will utilize Portal for prescription refills unless the Practice is not utilizing electronic refill capabilities of the electronic health record.
3. Communication of Results
- a. Abnormal test results will not be communicated via Portal
  - b. Normal test results will be communicated via a copy of the Lab Letter and/or copy(ies) of results or by email communication/secure messaging.
  - c. Test results will be communicated within 1 business day of review and approval by the Provider.
4. Documents
- The practice may send documents that are not on the exclusion list to the patient - such as Patient Plan, Lab Letters, Return to Work Forms, Work/School Excuses, and Referrals.
5. Email/Inbox Communications
- a. Email will not be used to communicate to the patient when the information is time sensitive, contains abnormal results, or is of a potentially sensitive or upsetting nature.
  - b. The sender will verify the identity of the recipient before sending or replying.

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- c. Email communication will be saved in the patient’s electronic health record.
- d. Clinical content listed as “excluded” will not be discussed by email.
- e. Practice providers and staff will use care to avoid anger, sarcasm, criticism, and/or libelous references to third parties in messages.

6. On Line Payments


Online payments and partial payments are accepted on the Portal.

7. On Line Forms

A variety of on-line forms may be available in the Portal and provided to patients via the Portal to capture information in advance of the patient’s visit to the Practice. These may require staff to reconcile the information in the EHR.

**E. Locking of Portal Account**

1. The Portal account can be locked:
  - a. If the patient violates use of Portal;
  - b. At the request of the patient (select “un-enroll” instead of “lock”);
  - c. If the patient terminates care;
  - d. If the patient is dismissed by the Practice;
  - e. If the patient is a minor who reaches majority and enrolls independently of his Parent or Guardian;
  - f. If the patient expires.
2. A patient is deemed as violating the Portal by using abusive language, using the Portal for emergencies, and/or repeatedly violating the terms and conditions of use as outlined in the Informed Consent and User Agreement.
3. The patient will have Portal access locked or un-enrolled by approval of the Practice Manager.

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4. After locking the Portal Account or un-enrolling the patient, the Practice will update the Patient’s Alert comment box with the reason why the Portal account was locked or the patient un-enrolled.

**III. MEASUREMENTS:**

Email Collection and Portal Registration Report: This report will show the emails collected and portal accounts registered per user to analyze conversion and quickly identify top and bottom performers.

**IV. STANDARDS:**

Portal Adoption Calculation: The number of patients who signed up for a Portal account within 30 days following their appointments divided by the total number of patients who visited. (For patients with multiple appointments in the same month, only the first appointment counts toward this metric.)

The standard for portal adoption is 70%.

Timely is defined as available to the patient within 4 business days after the information is available to the EP. Access is defined by “Portal Enrollment.”

Measure 2: more than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information. Defined as: “Use Portal.”

Measure 3: a secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period. Defined as: “Send Secure Message via Portal”.

**V. REFERENCES:**

TPR.OPS.127.00 and Job Aid: Governmental Incentive Programs – Meaningful Use

**VI. ATTACHMENTS:**

ATT.JA.TPR.OPS.132.00 Informed Consent and User Agreement

ATT.JA.TPR.OPS.132.00 Sample Patient Enrollment Letter

ATT.JA.TPR.OPS.132.00 NextGen Patient Portal and User Reference Guide

ATT.JA.TPR.OPS.132.00 Patient Portal OnePager Flyer