



## Participating in the exchange of electronic health information

**Question:** I work under contract with a community mental health agency and have been told there is a new initiative to share information electronically with other mental health providers in our county. Do you have any thoughts regarding the risks we may incur with this initiative?

**Answer:** Depending on how this information exchange is structured, it may offer useful information to counselors and other clinicians so that they can best serve their clients and patients. For example, if a counselor is treating a client who has expressed suicidal ideation, the counselor may be able to very quickly access information on medication and treatment by other providers that could be useful in managing the client's current condition. However, both counselors and clients should be involved in the process so that the risk of privacy breaches will be minimized.

An example of this type of information exchange comes from Washtenaw County, Michigan, which recently expanded its behavioral health information exchange (see [bit.ly/2oDc5zu](http://bit.ly/2oDc5zu)). Washtenaw County Community Mental Health (WCCMH) and other local mental health and community agencies joined forces to develop an electronic consent (“eConsent”) management system with funding from the Office of the National Coordinator for Health Information Technology.

According to the Office of the National Coordinator, WCCMH was successful in getting the state of Michigan to pass a law creating a standard consent form that would comply with both the Health Information Portability and

Accountability Act (HIPAA) and state laws governing disclosure of mental health information. On the basis of efforts spearheaded by WCCMH and other entities, a behavioral health information exchange was developed that gives providers access to information about treatment plans, appointments, medications, members of the care team and clinical assessments. The consent form includes a section for listing all entities that have consent to view the client's or patient's records; information about patients' rights and what consent means; and a place to specify an expiration date, which cannot exceed one year.

The most obvious risk of sharing clinical information electronically is the potential for a breach of privacy. One need only take a brief look at the breach portal of the U.S. Department of Health and Human Services, which lists mandatory reports describing breaches of unsecured protected health information, to see how common data breaches are today (see [ocrportal.hhs.gov/ocr/breach/breach\\_report.jsf](http://ocrportal.hhs.gov/ocr/breach/breach_report.jsf)). This breach portal is commonly called the “Wall of Shame,” and it is not a place where counselors want to find their names listed. Additionally, counseling clients should be given a truly informed option of whether to participate in the exchange of electronic health information. For example, if a client has been diagnosed with paranoid schizophrenia, it may be counterproductive to cajole that client into participating in an electronic health information exchange. In some cases, such an action could further exacerbate the client's condition.

The bottom line is that any counselor faced with an option of participating in electronic health exchanges should:

- ❖ Investigate the security of the system (including encryption of data)
- ❖ Ask questions about training of all users of the exchange
- ❖ Involve all clients in decisions about participation



The question addressed in this column was developed from a de-identified composite of calls made to the Risk Management Helpline sponsored by the American Counseling Association. This information is presented solely for educational purposes. For specific legal advice, please consult your own local attorney. ❖

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