

VA Veterans Health Information Exchange

Community Provider Partner Process for obtaining and submitting Veteran Authorization to share electronic health information

What is VHIE?

The Veterans Health Information Exchange (VHIE) also known as the Virtual Lifetime Electronic Record (VLER) Health Program is a Veteran focused portfolio of programs that gives VA and participating Community Care Partners secure access to certain parts of a Veteran's electronic health record for the purpose of care coordination across the health care continuum.

VA Exchange

VA Exchange is a national, secure network of trusted partners that allows VA or participating Community Care providers to electronically request and receive medical information about a specific Veteran they are caring for. The Exchange program is rapidly expanding and now exchanges health data with over 160 Healthcare Organizations across the Nation via the eHealth Exchange managed by The Sequoia Project. Exchange allows VA providers and community health care providers to find, receive and securely send Veterans' health information from each other's organizations for treatment (system to system).

SCOPE AND AUTHORITY:

VHIE/VLER Health authority is based on the 2009 Presidential directive to create the Virtual Lifetime Electronic Record program and directly links to enhancing the VA priority to improve Veteran access to care. The scope of VHIE/VLER Health is founded in nearly a million Veterans that have records available with our partner databases for health information exchange. Through profound and sustained growth VLER Health has increased partners by **366%** since FY14.

EXCHANGE STATISTICS*

Community Care Partners Nationwide

169

LOCAL PARTNERS

Providence	Epic
Asante/Sky Lake	Epic
OHSU	Epic
OCHIN	Epic
Reliance eHealth Collaborative	Medicity

ERM Vendor

Patients correlated with VA SORCC *

Asante - 1,911 correlations (98%)
Providence OR CA - 1,118 correlations (57%)
OHSU - 413 correlations (21%)
OCHIN - 251 correlations (13%)
Reliance - 2,126 correlations (98%)

*as of 3/9/2017

Initiating Bi-directional health Information Exchange

VA Medical Center
Veteran patient
information is only
available when a
Veteran has authorized
the electronic sharing of
this information.
VA Form 10-0485 must
be obtained to allow
electronic sharing of
Veteran Health
information.



VA staff and Community
Partner staff can assure
our shared patient's
information is viewable
in a bi-directional
electronic exchange by
collecting and
submitting
Authorization VA Form
10-0485



Complete authorizations
are entered into the
veterans Authorization
and Preference Portal
which triggers an
announcement among
all Community Partners
Nationwide.

What Clinicians can expect to see once a Veteran is authorized

- ❖ A list of Health problems
- ❖ Allergies
- ❖ Medications
- ❖ Immunizations
- ❖ Vital signs
- ❖ Progress Notes
- ❖ Medical History
- ❖ Discharge Summaries
- ❖ Records of physicals
- ❖ Chemistry and Hematology reports
- ❖ Procedure Results (e.g., X-ray reports)



Connect Your Docs to share your Health and Flu Shot Records


Assisting the Veteran Patients with Authorization Form 10-0485

It is important for Veterans as well as clinicians to understand why the authorization form is necessary for the electronic sharing of Veteran Medical health records.


Share:

- The video <https://youtu.be/lbovgj195JM>
- Fact Sheet <https://www.va.gov/VLER/docs/VLERTrifold508091517.pdf>
- Authorization Form [VA Form 10-0485](#)


10 year VA Form 10-0485



Form must include full 9 digit Social Security number



No additional information is required in the "Requestor Name" or the "Information Requested:" boxes. These are pre-filled



Form MUST be signed and dated by the Veteran. This is an official Government document and cannot be entered if altered or incomplete.

Department of Veterans Affairs		
REQUEST FOR AND AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION TO HEALTH INFORMATION EXCHANGES		
<p>Privacy Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with The Health Insurance Portability and Accountability Act, (HIPAA) 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However if the information containing the Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, eHealth Exchange will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 24VA10P2 "Patient Medical Record -VA", and 168VA10P2 "Virtual Lifetime Electronic Record (VLER), and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you do not, the eHealth Exchange will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. VA may also use this information on this form to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.</p>		
<p>Patient Full Name Last: (print) _____</p>	<p>First: _____</p>	<p>Middle: _____</p>
<p>Birth Date (mm/dd/yyyy): _____</p>	<p>SSN: _____</p>	<p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Requestor Name: VA Approved eHealth Exchange and VLER Direct Participants and other Health Information Exchanges with whom VA has an agreement.</p>		
<p>Information Requested: Pertinent health information from electronic health record.</p>		
<p>I request and authorize my VA health care facility to release my protected health information (PHI) for treatment purposes only to the communities that are participating in the eHealth Exchange, VLER Direct and other Health Information Exchanges with whom VA has an agreement. This information may consist of the diagnosis of Sickle Cell Anemia, the treatment of or referral for Drug Abuse, treatment of or referral for Alcohol Abuse or the treatment of or testing for infection with Human Immunodeficiency Virus. This authorization covers the diagnoses that I may have upon signing of the authorization and the diagnoses that I may acquire in the future including those protected by 38 U.S.C. 7332.</p>		
<p>This authorization will remain in effect for the period of ten years. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at my VA health care facility. Redisclosure of my electronic health records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected.</p>		
<p>AUTHORIZATION: I certify that the request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge.</p>		
<p>_____ Signature of Patient</p>		<p>_____ Date</p>
<p>VA FORM 10-0485 Dec 2016</p>		

How Community Partners Can Help

1. Submitting VA Form 10-0485 to the VA for processing

Community Partner Providers can ask the Veterans to complete the form in the office and submit it a local VA Release of Information Office via FAX

For Partners in the Southern Oregon region

FAX #: 541-830-7496

To: VA-SORCC

Att: VLER

Phone # 541-826-2111 ext. 3099

The form must be completely filled out. It must include the Veteran's 9 digit Social Security number, the date, and the Veteran's signature. Form 10-0485 is an official U.S. Government form and must not be altered in any way. Please also include on the fax cover sheet the name of the physician that is requesting the information, your name, title, and contact information.

2. Guide the Veteran in obtaining and submitting VA form 10-0485 online via eBenefits

If you are a **Premium* eBenefits account holder**, we invite you to Connect Your Docs through the VLER Health Information Exchange.

Here's how to sign up today to begin sharing your health records:

1. To get started, go to <https://www.ebenefits.va.gov/>
2. **Log in.**
3. Go to **Manage Health.**
4. Select **Share your VA Medical Records.**
5. Select **Login to Manage My Consent (Authorizations) and Preferences** and then select **Start Consent (Authorization).**
6. Accept the terms and conditions (you must click **Yes** to continue), then select **Save and Continue.**
7. Mark the box and select **Sign.** You will then be prompted to re-enter your username and password.
8. Finally, click **Reauthenticate.** (This next step may take a couple of minutes to process.)

If you have technical difficulties, please call 1-800-983-0937 for assistance. To learn more about Premium eBenefits accounts, click [here](#):

The partnership between the VA and local Community Health Care Providers

- Simplifies the workload for Health Center staff, across departments.
- Relieves Veterans of having to carry records or make numerous Release of Information requests
- Grants real time access to Veteran health information
- To find recourses and artifacts visit:
<https://www.va.gov/VLER/vler-health-exchange-partners.asp>

QUESTIONS?

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Connect Your Docs

