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First Steps to Building a Safe EHR for Women

In other documents, we have developed our principles for how electronic health records (EHRs) can practically incorporate the privacy and security measures needed to ensure that the sensitive data of patients who have experienced DV/IPV remain secure. These are vital considerations but represent a long process of integration as EHRs systems to support them are fully developed.

There are many policies that can be implemented in existing EHRs **today** that will have a dramatic impact on the health care and care coordination of women who have experienced DV/IPV.

As policymakers consider Stage 3 Meaningful Use, these discrete actionable items should be adopted in order to make today's technology safe and productive for all patients, and especially victims of DV/IPV.

Individuals should be given choices of how they would like to communicate with—and receive communications from—their providers and plan, including by phone, by email, etc, and under what circumstances. Communication preferences should be built in to electronic health records as mandatory fields.

There are real privacy concerns for women who have experience DV/IPV, and policymakers must recognize the unique communication preferences these women may have. Abusers could be monitoring email, phone numbers or benefits statements. Or a woman who is covered by the employer-based coverage of her husband may have her billing statements and Explanations of Benefit statements will go to him as the policyholder. It is vital that providers recognize that and carefully document communication preferences. Providers are in a trusted position to provide support and services but it must be done in such a way as to respect the needs of the individual patient.

We underscore the necessity for reminders being sent **per patient preference**. It is critical that providers do communicate with patients per the patient preference, as there are real safety and privacy concerns to be considered for women who are in an abusive situation. All patients who disclose abuse should be offered preference on how or if follow up communication should take place, and no specific mention of

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DV verbally or in writing should be made in the follow up reminders. It is also vital that payors, such as insurance companies, develop and adhere to best practices for not printing certain sensitive codes on these types of documents.

Victims should be permitted to provide alternative contact information for different types of communications as well. If a woman's receives her insurance coverage through her husband's employer, his address and email may be primary on the account. She should never be required to have communications go to someone other than who she chooses.

Individuals should have the right to access, correct, amend, and supplement their own health information

Individuals have a right to access and request a copy of their health record—on paper or, now, electronicallyⁱ. And they have the right to modify that record. In the cases of a victim of DV/IPV, the ability to review records—particularly in an electronic format—may increase trust in a provider and a deeper understanding of how her confidentiality is being protected. If she can see that information is done in a certain way, she may be more willing to trust that provider and not assume that inaccurate or incomplete information can result in retaliatory violence if viewed by the abuser, or embarrassment. It would also give her the ability to change her privacy settings, contact information, or consents from a safe, remote location if necessary.

Exchange of sensitive data

Data for women experiencing DV/IPV should be treated in a manner similar to other sensitive conditions, such as HIV/AIDS or substance abuse. Certain data or diagnosis codes should be always redacted from push/pull functionalities. Where sensitive conditions cannot be blocked, patients must be informed and give written consent to share those data in health information exchanges.

ⁱ<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/righttoaccessmemo.pdf>

