NARHC Webinar
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Speakers: Sarah Badahman

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New HIPAA Privacy Rule – What RHCs Need to Know

Nathan Baugh:

0:05
Hello, everyone. I want to welcome you all to today's webinar.

0:09
My name is Nathan Baugh, Nathan Baugh.

0:13
I'm the Director of Government Relations for the National Association of Rural Health Clinics, and I'm also the moderator for today's call, today's topic's new HIPAA Privacy Rule: What RHC Needs What RHCS Need to Know.

0:30
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0:48
The purpose of this series is to provide RHC staff with Valuable Technical Assistance and RIT specific information. Please help us spread the word about these free webinars by encouraging anyone who may have been up for it.

1:02
From this information to sign up to receive announcements regarding dates, topics, and speakers that are either the R H I Hub website, great website, or the RHC website, which is an RHC dot org.

1:18
When we get to the Q and A portion of today's presentation, we'll open a chat box or a question box, actually, that will allow participants to ask questions via text.

1:33
So, that is coming. And as with all webinars, we're at the mercy of Good bandwidth for all parties and we all know that connectivity can go up and down, so if you have any audio or visual freezes, we suggest refreshing goto Webinar, and that usually fixed the issue.

1:53
If you continue to have issues, don't worry because a recording of today's presentation will be posted on the already try Hub website, as well as the NA RHC website with the slides and a transcript.

2:08
With that, I have the privilege of introducing our speaker today, Sarah Badahman. Sarah ...

2:15
has spent over a decade in healthcare administration, in the health care administration field, and, particularly the past 10 years, mastering the field of HIPAA Compliance and risk management.

2:27
She holds a Bachelor's in Applied Mathematics, and a Master's of Public Health and Epidemiology and policy, and she is the founder and CEO of HIPAA Truck.

2:37
As an expert in HIPAA compliance, Sara has developed and administer HIPAA compliance training programs for numerous healthcare organizations.

2:46
Sarah, the floor is yours.

Sarah Badahman:

2:48
Thank you so much, Nathan, and thank you, everybody, for joining us. I know we are all super excited to talk about HIPAA compliance, it's everybody's favorite subject, or maybe it's just mine.

3:00
But we do know that the OCR has published the proposed modifications to the HIPAA privacy rule. It is important to note that these are still proposed rules, and the rules are open for commentary until March 22nd.

3:18
So, even though these are proposed rules, many of these are clarifications of existing rules. And, I'll be sure to point out which ones are clarifications that we can start on right now and which ones are just proposed changes that you can hold off on.

3:33
So, with that, let's get started.

3:36
So, the first thing we're going to talk about, and the proposed modifications is the individual, right, of access. Now, the individual, right, of access to the healthcare record, has been a big initiative for the OCR, for the past 18 months or so.

3:52
And we can tell, because over a third of the new proposed regulations is involving the individual right of access, that the OCR is going to continue to take this incredibly seriously.

4:05
So the purpose of this is to reduce barriers for individuals to be able to access their own pie, as well as allowing third parties to have access. And we'll talk about that all here in just a moment.

4:20
Um, the first thing that the OCR is proposing is that the individuals will have a right to take photos and videos of their PH I at a doctor's visit. Right. So, this is a proposal. This is not something you have to allow for right now.

4:36
So, the OCR is saying that to help facilitate an individual's ability to get access to their own protected health information and their medical records, that the patient should have their right to go to your ... department, or while at a doctor's visit, have the opportunity to take photos or videos of their PH.

4:57
So, if this rule is input is approved, and part of the final rule, we will have to take measures to make sure that we're safe guarding all other ..., especially if we're allowing them to take these photos and videos.

5:13
So this is something we need to just mark down and keep an eye on, that the folks will have a right to do this, and that we set up an area for them to be able to do it.

5:24
Where they won't have access to PHA they're not supposed to have access to.

5:28
Another proposal is reducing the amount of time that we have to process a records request.

5:36
So right now the rule is 30 calendar days. We have 30 calendar days from the time we receive a records request to the time.

5:45
We have to reply to that, or send off the records. The OCR is proposing that we cut down that request time from 30 calendar days to 15 calendar days, So, again, this is the proposal.

6:00
So, if you're already struggling with keeping up with a 30 calendar day requirement, you need to start working right now on how you can actually reduce that time taking to process record requests, because this is likely to go through, because there are some states that already have a 15 calendar day requirement. And so, the OCR believes that that is reasonable.

6:25
in addition to the 15 calendar day requirement, the OCR is proposing verbiage for an undue for no undue delay. So this means that you are not allowed just to wait 15 days, because you have 15 days. You have to process the request as quickly as you possibly can. So, if you're able to release those records within five days, you need to get those records off within five days.

6:51
Again, this is a proposal, but this is one that is likely to go through to the final rule. So it is one that we need to start planning and preparing for now.

7:02
Alright. So this is one that can be a bit of a sticky wicket, and this is talking about the Forums of Access, right? This is a clarification.

7:11
So this is something that we are already able to do, right so we are already able to prior to Release records and the readily producible form. So this is the form and format that is not only

requested, but the form and format that you have the record in. So, if you have the record electronically and you are allowed to submit that request electronically. If you only have paper records, again, you can make copies and produce that, that records request and a paper format.

7:47
They are adding verbiage in that that release can be as agreed to by an individual and the covered entity. So, as long as the U the RHC and the patient agree on the form, and format of the records release, that that is going to be acceptable.

8:07
OK, so third party disclosures, this came out of the CX versus ASR case from 20 19 and so this is a clarification, right? Because ... versus ... are already made this a regulation. So hippos just putting this into, its, into the regulation here.

8:28
So, this is defining out, what is a mandatory third party disclosure versus a permissive third party disclosure.

8:36
So, third party disclosures are disclosures too.

8:42
Payers to Like, if you use a record processor which most RHCS don't, I would do, I would believe that most of your mandatory are going to be payers, and then the manner of request. So they are allowed. So third parties are allowed to have the same form and format requests as an individual.

9:05
So making sure that that's done, but you are allowed to charge a fee, for records, given to a third party.

9:13
So this was a big part of the CX versus ASR case.

9:18
So that is something that is permissible.

9:21
So talking about fees, this, there are two slides on fees for records on the new proposed modifications. This first slide here is a clarification.

9:33
So it is defining what is a permissible and impermissible charge, right. So you are allowed to charge for medical records, but you're not allowed to charge for the time.

9:43
you've spent locating the records. You are not allowed to charge if a patient's just asking to inspect their record. That is always free. Most of the time, that is conducted through a patient portal.

9:55
If you have a patient portal, so you can actually provide that through that, you are allowed to charge a reasonable cost based fee, and you are also allowed to charge your third parties. So, as

part of this webinar series, we have given narc a copy of a record calculator. You can find that on the technical assistance webinars page from ... and download it from there, It'll be right underneath this webinar. I'm actually going to take a second and show you the calculator, so I can kinda demo how that would work for you guys. So it's just an Excel spreadsheet, and this is what it looks like.

10:35
It has like, some instructions here. And then the state limits here.

10:38
So if we're in Alabama, and we're processing a medical record.

10:43
A copy for medical records that has, you know, 20 pages, Here's what we'll do. So we would go 20 pages, and let's say we spent an hour on that. Our hourly rate for processing records is $25.

10:56
We've spent a dollar 25 in paper and ink.

11:01
There's no postage costs, because the patient is going to come and pick this up.

11:05
So we said 20 pages in Alabama, so that's a $1 state limit fee.

11:11
It will automatically calculate what our fee can be, so $20.

11:16
So this will help you to determine what that reasonable fee can be so that you always stay within the right at the right amount.

11:24
Right, so let's just say if we were charging a thousand or doing a thousand pages, it will tell us the fee automatically updates and so now we're paying the Federal HIPAA rate versus the state limit.

11:39
So that will help us to stay in compliance and to make sure we're not overcharging.

11:45
So hopefully that tool is helpful for you guys to stay in compliance with what is already permitted.

11:52
These are the new proposals, so not part of the Final Rule.

11:57
The OCR is wanting us to give notice to the individual for what the cost for the records will be, before you give the copies to the patient, so, that they have advanced notice. They are also telling us that you're not allowed to withhold the record, if the patient can't pay for the copies. So, if somebody can't pay for a copy of the medical records, you still have to disclose the records, regardless if they're able to pay or not.

12:26
The OCR also wants to supposed a fee schedule, so either in our clinics, or on our websites, if we have a website, that's where the fee schedule can be.

12:37
And so you would just essentially create a little chart and post that on your website. So these are proposed changes that we don't need to be doing right now, but things just to keep in mind, I don't think that this is going to be that difficult for us to implement because we've all been doing these for records for quite some time now.

12:55
All right, so business associate agreements, like with every HIPAA change, we're going to be updating our business associate agreements again. Yay!

13:05
The good news is, is it's a very minimal Change the business associate agreement it is literally just adding a clause in there. Clarifying when your business associate must provide access or disclosure to a patient or a third party, Right.

13:22
So, if you are working with an outsource to billing company and you are giving permission for that billing company to release billing records to patients, then you have to actually specify in your business associate agreement that that disclosure is permissible.

13:42
So this is a very simple change. But what we've noticed is that a lot of RHCS already have this clause in your Business Associate agreement.

13:52
So once this becomes a final rule, just review your business associate agreement and make sure that you have a clause in there that reflects this and then you'll be good to go with the final rule. This is something, that, even though this is a proposed rule, you could go ahead and start implementing, even though you're not required to yet. Just because it makes a good practice, to clarify it, and we know that this is likely going to be one of the final rules.

14:20
Alright, patient identification. This is a clarification.

14:25
So, it is very important that we start doing this now.

14:28
So, the OCR is clarifying what the language is on unreasonable identification measures.

14:36
Right. So they are telling us that we are not allowed to require like a notarized sheet that says that I am who I am.

14:46
I know probably a lot of you guys are laughing now. Because who would require a notarized identification form it happens, which is why the OCR had to clarify that. We're not allowed to do that.

14:57
You're also not allowed to require a specific type of identification.

15:01
So if I go into your RHC, and you asked to see my driver's license and I don't have a driver's license. You're not allowed to insist that I have a driver's license.

15:12
It just needs to be some sort of photo identification, Right, Some way that you can verify that I am who I say I am, so you're not allowed to require specific identification types.

15:24
And the same thing goes for personal representative verification. So, if I was coming into your RHC and my dad was a patient there and I was asking them to see my dad's information, you're also not allowed to ask me this for unreasonable identification, right? So reasonable identification. You're also permitted if you recognize the person So if you, if I walk into your clinic and you're like, Oh my gosh, that Sarab Admin you can say, Hey, Sarah, and you can give me access to the information that I'm requesting, because you recognize who I am. You do not have to ask for ID when you recognize the person or a personal representative.

16:02
So, I think that is a great clarification for us to have especially in RHCS when we know everybody, anyway.

16:09
These clarifications, however, does not remove your obligation to properly identify the individual. So if you are hesitant, or if you have to ask them what their name is, you still need to somehow identify who that individual is.

16:28
Movie on my favorite section, and the new changes, The Health Care Operations. So, this is the O N T P O that we're talking about.

16:37
So, the treatment, payment and operations, acts, like exception two, requiring an authorization for disclosure.

16:45
All right, so, the OCR has long, I realized, or recognized that healthcare operations was kind of ambiguous. And the current privacy rule, so some of this is clarification, and some of this is new proposed rule.

17:00
So, right now, the current interpretation of healthcare operation is only population based care co-ordination and case management, which is causing a lot of confusion And covered entities are not disclosing, are requesting ... to support co-ordinated care or continued care, right. Without that authorization.

17:17
So, essentially, what's happening is if I had, if I'm a hospital and you're the RHC and you request information of me, I will, I'm requiring you to sign a an authorization form in order for you to get

access to the patient information. The OCR is clarifying that that is not the case. So, this is actually something we can start doing now.

17:42
So, this new definition of healthcare operations that is proposed is clarifying that health care operation is applying to all care co-ordination, all case management, by all health plans, because health plans' was a big problem that they were having an issue with, as well.

18:04
So, essentially, it's clarifying care co-ordination, in case management across the board for covered entities, so clinics, hospitals, and healthcare plans.

18:14
All right. So, a brand new thing is, they're going to be creating this exception to the minimum necessary standard.

18:21
Right, so, the OCR says, in the new regulation, that the HIPAA rule is sufficiently flexible, right. So they are saying we are already flexible, but we recognize that some people are struggling with our definitions and are putting unreasonable restrictions.

18:40
So, they are saying that, now you can rely, I can somebody's representation, so if a health plan says they need information from you, you can rely on that attestation or if a public health authority says they need information from you, you can rely on that authority. You do not have to try to verify it any further.

19:04
They are also creating a treatment exception. So, like a hospital disclosure to rehabilitation hospital or a hospital disclosure to an RHC, you're going to be able to disclose and utilize that information freely.

19:20
It does not remove your need to have internal use and disclosures that follow the minimum necessary standard, though.

19:27
You need to make sure that you still are just allowing, like records snooping and general use into records that somebody does not need to perform their job. The whole purpose of creating this exception to the minimum necessary standard is to improve care co-ordination in case management. So, communication between entities.

19:52
So, one of the best examples we can give is the diabetes patient, right?

19:57
So, if your RHC is see has a patient with diabetes, you are able to disclose information and share information back and forth with their specialist with their endocrinologists, maybe, their cardiologist in order to be able to get that care management. You're also permitted to share information with their pair, right. So, you would be able to use and disclose information and

share information like that. Then the payer would be able to send out education information. And so forth to ensure that that patient, as well cared for.

20:33
Health plans will be restrictor, restricted, greater on care co-ordination, and case management, because they're not involved in treatment. Right, so you would be able to utilize the information at a greater level than your payers.

20:48
Um, this minimum necessary exception is also adding an express exception for care co-ordination and case management that would only apply to the individual level. So, if you are looking up all of your diabetes patients to send out education and information to all of them, and you can only use and disclose the information for care co-ordination case management at that individually level.

21:11
So, making sure that it's individualized care Sorry, you can hear my dog in the background. Working from home.

21:20
Yay, ..., Um, so, covered entities are still responsible for meeting this minimum necessary standard. So, this is very, very important that we still take this seriously. I think for the most part, RHCS have historically taken minimum necessary very seriously because it is very tricky in rural health, when we know everybody. We know all of our patients, personally, because they live in our communities, and sometimes, they're even our family members.

21:49
But we're still really responsible for making sure that we're only using and disclosing the information to the bare basic, what is needed to perform the tasks that we're trying to perform.

22:01
All right.

22:01
So now the Cures Act, so this minimum necessary standard that we are aligning with the Cures Act, which is the 21st Century Information Blocking Rule, is actually in effect, on April fifth. So April fifth is the date that we have to comply with Cures and this follows underneath it. So this is something that we 100% have to be doing by April fifth.

22:29
We are prohibited from from providing or limiting permissible disclosures to hold on. I lost my train of thought.

22:39
So, the Cures Act prohibits RHCS from limiting permissible disclosures to Minimum Necessary, Right.

22:45
So what this means is, if somebody is asking for information, you need to disclose the information, so long as they have permission to have that information.

22:57

You are allowed to honor individual requests for restrictions, because those are provided for under the patient rights of the HIPAA Privacy Rule.

23:07
So the Cures Act is saying you're not allowed to limit information, or not disclose information for the legitimate purposes.

23:18
For example, to your HIE, to other treatment providers, to payers, you must disclose information.

23:27
Um, third party disclosures comes in as well.

23:30
This is a new subsection that the OCR is proposing so this is not in place yet, but they are proposing that covered entities should be permitted to disclose protected health information to non covered entities, such as a senior living service or a senior daycare or a social services agency right, that we would be able to disclose information to these non covered entities upon request. So, if you have a patient that has an elevated fall risk that goes to a senior center, you would be able to disclose that full risk to the senior center upon request.

24:16
Right.

24:17
So this is something that the OCR is looking into to adding into the HIPAA privacy rule. So there's a lot of debate on this one. So we still don't know whether or not this is going to actually make it into the final rule or not, but it has been something that's been proposed.

24:38
All right, now we're going to talk about substance use disclosures.

24:45
Or substance use disorder disclosures.

24:48
These are proposed changes For substance use disorders and serious mental illness, and they do affect RHCS as well even if you are not a Part two, Covered entity.

25:00
All right.

25:01
Because underneath part two, if you receive information or records from a part two program, this makes you a lawful holder of Part two data.

25:15
And so part two would apply to you.

25:18
So, what is a Part two program? A Part two program, is a substance use disorder treatment facility, that is Federally Assisted, which the majority of substance use treatment facilities are Federally Assisted. So, if you see patients who have been part of a substance use treatment

program and you receive records from that substance use treatment facility as part of, you know, your overall care of that patient.

25:47
Part two does apply to you as you would be a lawful holder and because part two applies to you, soda's everything we're about to talk about.

25:57
OK, so, there are two main proposals that the OCR is recommending under substance use disorder, PH I disclosures The first is the use of exercising professional judgement versus good faith belief. This is a clarification.

26:14
So, currently, the their rule says professional judgement. The OCR is proposing to say, to change that verbiage to good faith belief, because a lot of organizations believe that professional judgement means that it must be made by a healthcare provider, or a clinician, versus anybody with knowledge and on the staff.

26:40
And so they're changing that to good faith belief.

26:43
The second proposal is permitting disclosures. And they're changing serious and imminent threat to serious and reasonably foreseeable threat standard. Right, And we'll talk about those here in just a moment.

26:57
So, when we're talking about replacing professional judgement with good faith belief, the whole purpose of this is to improve care co-ordination around substance use disorders, particularly the opioid crisis.

27:09
So that OCR recognizes this as a as a huge problem within our healthcare industry And there they are looking to improve disclosures and care co-ordination and case management, um, professional judgement, presupposes that the professional be a licensed health care clinician versus any workforce member.

27:33
So this clarification, again, is allowing any workforce member to disclose limited to the knowledge about the case.

27:42
Alright, so when we're talking about good faith belief, I'm actually a big fan of this verbiage change because it improves the timeliness of disclosures to threats. Right, so it's facts and circumstances around the disclosures and allows for anybody on your workforce to be permitted to make this disclosure.

28:02
one of the things that we will need to be that we will need to do, however, though, is make sure that we're reviewing our policies and procedures and see how they align with the new verbiage change so that anybody can actually make these changes. one of the things that the OCR has

recommended for us to add into our policies and procedures around disclosing substance use disorders is to obtain the privacy preference of the patient before they become incapacitated, Right. So, as part of, in taking the patient, for us to get their privacy preferences, right?

28:39
So, this is like, on our release of information forums, where we check that they can release drug and alcohol, addiction, treatment records.

28:49
OK, so, identify identity verification for substance use disclosure is still applies.

28:54
It's just as strict as for all other types of identity verifications, but it also is in alignment with all the clarification that we discussed earlier where you're not allowed to put undue burden on them.

29:10
All right. So, here we go.

29:13
Alright.

29:13
So, when we talk about this because most RHCS are going to fall underneath these this lawful holder definition under Part two is we need to make sure that we're doing everything. That Part two requires us to do as well.

29:27
If you have any type of Part two data, from any, for any of your patients, recognize that Part two data needs to be segregated or have additional privacy standards on it because there Part two is stricter than HIPAA on patient privacy. And in order to disclose Part two data to a third party, such as your billing company, you need to make sure that you not only have a business associate agreement in place, you also have a ..., which is a Qualified Service Organization Agreement, the ... and Business Associate Agreement.

30:06
So, BAA can be combined into one document if you do have and Part two data, and by the way, this is something you guys should be doing right now.

30:18
You also need to make sure that if you are disclosing these records to another provider, that you have direct authorization from the patient to disclose that information. So unlike HIPAA, Part two requires authorization for every single disclosure. There's no disclosure permitted without authorization for part two.

30:38
So if you have any substance use disorder records for alcoholism, opioid use, any other type of addictive substance, then you are not allowed to disclose that information without specific authorization from that patient.

30:54
All right.

30:55
On to the next topic, notice of privacy practices. Again, like business associate agreements with every single change to HIPAA, we'd like to review and renew what is required on the notice of privacy practices. However, we're going to actually really like some of what's being proposed. So, all of the NPP requirements, information that we're going to be talking about is proposed.

31:17
but we kind of want a lot of this to go through to the Final Rule because it removes some of our burden, right? So we will no longer have to have patients sign an acknowledgment that they have received our notice the privacy practices.

31:32
Yes, I am so excited for that. Because it also removes the requirement for us to retain that acknowledgement record. For six years. We will no longer have to retain that.

31:43
We can free up a lot of our hard drive space, a lot of our paper filing space, however, you guys are keeping those notice of privacy practices and knowledge mints. You will no longer have to do that once this rule becomes final.

31:56
It is replacing that written acknowledgement with a right for the patient to be able to disclose or to discuss the notice of privacy practices with somebody and your organization. And your notice of privacy practices will be modified to include this, right? So, let's just go into that.

32:15
So, they are also proposing that we change our header on the notice of privacy practices, right. So, really, the only thing that is going to be changing, and the contents of the notice of privacy practices is this header.

32:31
Right? So, right now, it's, it just says, No important.

32:36
This is, this explains how we will use and disclose your information. Please review carefully.

32:42
So now, we will have that statement, plus this stuff.

32:46
So, in the header, we will need to tell the patients how they can have access to their protected health information. All right, so, if you use a portal, how can they access that portal?

32:58
How can they sign up for that portal?

33:00
If they're requesting paper Copyist, how do they request those paper copies?

33:06

You also need to include how to file a HIPAA complaints. So, right now, a lot of us bury this section way down in the bottom of our notice of privacy practices, so we're just going to bring that all the way up to the top and put it into the header.

33:21
All right.

33:21
So, this is our internal contact information, as well as our, as well as how they can contact the OCR, to file a complaint with the with the OCR.

33:32
And if you live in a state like Texas, New York, California, or Minnesota, that has state requirements, that make you fill out the, where you have to have, how they can file a complaint with the state.

33:44
Make sure that you include that state information there, as well.

33:49
You also need to include in the header there right, to receive the copy of the Notice to Privacy practices and discuss its contents.

33:57
Again, the right to receive the notice of privacy practices right now is buried in the patient rights section of most notice of privacy practices. So, it's just bringing it up and adding a statement that says, and you're allowed to discuss it with us.

34:12
And then, also in the header, you have to have your designated person.

34:16
So, and the OCR is very specific, that it has to have the phone and e-mail address of your HIPAA Privacy officer, um, listed on the, in the header of the notice the privacy practices. So as we can see, most of this is already in our notice of privacy practices. It's just re-arranging where it is going to be on the notice of privacy practices. So, even though this is a proposed modification and it is not required yet, if you wanted to get a jumpstart on all the requirements, this is one of the easiest ones for us to do.

34:49
All right. So, it's not a major change. It is a very simple change, and it's actually going to make our lives a lot easier.

34:57
All right. So, one of the things that you need to make sure the so the OCR is actually putting it into the proposed modifications, is that patients only understand their rights of access. So, they want you to make sure that your patients have that ability, and that you have told their patients that they have this right. To discuss the notice of privacy practices with you, as well as you have educated them on how they can access their records.

35:25
They are saying that you had this optional section for third party disclosure is because of CX versus ASR that you're able to put are allowed to put into your notice of privacy practices. I'm going to be very honest with you. Most RHCS will not need this optional section.

35:42
But I would review it on a case by case basis if you guys use a lot of third parties, or have a lot of third party disclosures, you may want to include that into your MPP, but most RHCS will not have that requirement.

35:56
All right, So, hearing impaired for the deaf blind, and speech disability. OK, so this is a proposed rule.

36:05
So right now, TRS systems are considered business associates, the OCR is proposing that they not, B, considered business associates, and, therefore, a business associate agreement would not be needed.

36:23
Because they are saying that this is limiting the access to care, four are hearing impaired.

36:31
So, and those with speech disabilities.

36:33
So TRS systems, they're wanting to include a new sub section that gives express consent to disclose ..., to TRS systems. So it is a brand-new subsection that is proposed to exclude tier systems from the definition of the business associate.

36:53
If your practice right now, has patients that fall into this category, alright, you do need a business associate agreement as of right now in order to disclose, in order to be able to utilize the TRS system for communication with your patient, right? So this is why it's such a burden, and the OCR is looking to remove this burden.

37:16
So, hopefully, I'm pretty positive, This is going to come, and this will go through to the final rule, I think it's a really positive change for inclusion in, in great access to care.

Nathan Baugh:

37:27
Hey, Sarah, can you just explain what TRS stands for?

Sarah Badahman:

37:32
Um, Nathan, that is a great point. And I actually had it down.

37:40
Just give me one second and telecommunications relay service.

37:46
And this is, basically, helps you communicate with deaf or blind patrons.

37:53
Correct.

37:54
So if a patient is deaf, right, they can't hear you, and unless they, you know sign language, or you have an interpreter, they are going to utilize a TRS system to communicate, right?

38:08
You can, you would be talking and the TRS system, then types that up for the patient that has, but it's hearing impaired, to be able to see, got it, right?

38:21
Yo, that's what it, what it is. The main argument was that TRS systems are conduits of ....

38:30
They're not actually storing this PH anywhere, they are not storing their communications with their, they're users.

38:37
And therefore, it should have already been excluded from requiring a business associate agreement.

38:44
And, so, they are saying 100% we're going to expressly can said this disclosure because it's an undue burden on a very specifics population based in our society. So, they're like, We should not be discriminating.

Nathan Baugh:

39:01
Got it, got it, thank you.

Sarah Badahman:

39:02
You're so welcome. So, I know I went through these super fast, because I know that there are gonna be lots of questions.

39:10
But, before I get to the questions, I do want to let you know that if you guys have any concerns with the proposed changes that we discussed today, the OCR is accepting comments until March 22nd.

39:25
Here is the link where you can make the comments.

39:28
I would highly suggest that you review the written documentation. I know it's almost 400 pages long.

39:36

Um, but it is, there are quite a bit of changes that could have an impact on RHCS, so read the regulations. If you want to make comment, make the comment. I think the biggest area of concern for an RHC in particular is the very first thing that we discuss today, which is the ability for patients to take pictures and videos of their ... in the medical office.

40:02
I think that that might cause some concern or some undue burdens on an RHC. So, definitely at least review that one section and consider making comments.

40:16
With that, are there any questions?

Nathan Baugh:

40:21
So, the questions will start pouring in in just a second, I'm opening up the box for attendees to ask questions.

40:30
We'll get through as many of these as we can.

40:34
Sarah has kindly volunteered to go all the way through, until about 3, 15, or so, so we'll try to get through as many questions as we can and hopefully, they will start pouring in, I'm not seeing any just yet, usually It takes a minute.

40:57
Do you have any commonly asked questions that you usually get, that you want to review first, Sarah?

Sarah Badahman:

41:07
Yeah. So, one of the things that folks have started really asking about, which is why I sent the calculator out, so, we're just gonna go back to that slide, just because it makes it easier to talk about it while we're on the slide.

41:20
Is when we're calculating the fees, right And the OCR has said, Reasonable fee, right.

41:28
You, that really does mean reasonable, it doesn't mean the most expensive fee you're allowed to charge, which we know RHCS don't typically try to overcharge our patients. But that can't happen if we stick to one type, which is why on the fee calculator, it will automatically default to the cheapest between the federal limit or the state limit.

41:52
Uh, you also need to remember that if it is an electronic request, you can say, for all electronic requests, we're only going to charge six dollars and 50%. That is the flat rate fee, that the OCR clarify two years ago, for us to be able to charge for electronic records requests. That comment is on the, on the fee calculator.

42:14
So if a patient is simply asking for a full electronic copy of the record, I would maybe make that your practice. Because then as we are creating our fee schedule, that is proposed for us to have to do for these records request.

42:29
We know exactly what that is. For every electronic request, it's six dollars and 50%.

42:34
When, if you are already using an EMR and have a patient portal, you want that request to come in through electronic means.

42:41
Because it is much easier and faster for you guys to processes requests. And you can just say, at six dollars and 50%.

42:50
Versus trying to come up with this big table or all the other charges that you're going to have to do, that will encourage folks to make these requests in electronic format.

43:01
I know in RHCS, we do struggle sometimes with getting our patients onto our patient portals. But, we can remember that electronic format is not just on the patient portal. It can include a CD, ROM. Right.

43:13
So, making a copy of a CD ROM like we were back in 19 95. Or we can do it on a USB drive. So long as, it is an encrypted USB drive and you're providing a brand-new USB drive for each patient and you're not allowing the patient to give you the electronic data to stick into your computer and potentially infect your computer.

43:35
So, I think that that is something really important for us to, to remember. Yeah, a lot of folks have questions right now on this, on these fees for records, OK.

Nathan Baugh:

43:46
Sure, and we have a lot of questions now. So, we will get to them. And Lindsey, I think Sarah just answered your question. So I'm actually going to go to Janice Burch, who asks is the 15 day timeframe only for release to patients?

Sarah Badahman:

44:06
No, the 15 day timeframe will apply for everything.

44:12
Now, then, the one thing, so, it, it applies to every medical request, right?

44:18

So, it does not apply to, like a HEDIS records review request, right? So those, typically you have like 30, or 90, 3690 days, whatever's on the request from the pair, it'll say what that calendar request like, what that calendar limit is.

44:37
It also does not apply to any subpoena or court request, because the court request or subpoena will actually tell you what, when they expect the release by. But it does apply to third parties as well as personal representatives and individuals.

Nathan Baugh:

44:54
Perfect.

44:56
So next question is from Shirley Gamble.

44:59
Who asks, Can a patient video the entire appointment with a provider?

Sarah Badahman:

45:06
So, it is very interesting on how the OCR worded this inside of the regulation.

45:14
So they said, for example, take photos and videos, right.

45:21
So the videos, in particular, is a big issue, because some states, like the state of Illinois, which is a state I live in, requires two party, like authorization for audio visual recording. So in other words, my provider and I both have to consent to that video being taken.

45:44
So that complicates the video.

45:49
Because it's going to really depend upon what state you are in. A lot of states have stricter rules around that.

45:57
So the OCR, right now, videos, is, is recommended. But the photos is something that that will be unexpressed right, to take photos of. But if you do permit videos of the whole visit, then yes, that that could include that. And I would be very cautious.

46:14
Um, if they are recording your provider in the EMR, because it is possible that they can see PHR that belongs to somebody else.

Nathan Baugh:

46:25
OK, thank you Sarah.

46:29
Next question is from Keyshia Sexton who asks: When will we know When the proposals are finalized that is a good question.

46:43
So, what's your, what's your best guess?

Sarah Badahman:

46:46
Well, we had originally, we were guessing, October or November, however, as soon as the worst. The OCR publish this to the Federal Registry. Biden put a regulatory freeze, as is very common when we have new administration.

47:02
Now, then these regulations are not partisan in any way. And, in fact, a lot of these are have been considered since 20 15.

47:10
So the likelihood of these not making it through to the final rule is very low or any type of undue burden on this.

47:20
So, I am optimistically saying October and November, it could be early next year.

Nathan Baugh:

47:28
Wow, OK.

Sarah Badahman:

47:31
But again, it is important to note, too, that a lot of these that are clarification.

47:35
So I was, I was very clear on which ones were clarifications and which ones are new. Make sure that anything that is a clarification that you start implementing now. Don't just disregard the fact that this is not a final rule yet, because some of this is clarification and those things that have to do with the Cures Act. You have to be in compliance with by April fourth.

Nathan Baugh:

47:56
OK.

47:59
Next question is from Dusty Coulter. Who asks, Is it OK to ask specifically for a military ID for the purposes of billing to tri care?

Sarah Badahman:

48:11

No, because the, you have the Tricare card, you're not allowed to specifically request any type.

48:17
So you're talking about an undo, um, a verification, right. So I can tell you for example, because I grew up as a military kid, right? So my parents both had Tricare still.

48:31
My dad who was the marine, carries his Tricare card and his military ID card. Right.

48:37
He carries his military ID card with a badge of Honor, my mother, on the other hand, who still has tri care, does not. She only carries her military ID when she is going to the military base.

48:50
So, issue is going to the clinic, she's not going to have that military ID, So to require her to show a specific identification would be considered an unreasonable identification measure.

Nathan Baugh:

49:02
Perfect. That's clear. I like clarity. Next question is from Tiffany Messing.

49:09
Asks, can you confirm the requirement related to you? I think you just went over there, sorry.

49:16
So she's, she wants you to confirm the requirement related to Presenting ID when requesting release of information.

Sarah Badahman:

49:25
Right? So, you are, if you do not recognize the patient, you have a requirement, you are obligated right, to properly identify that patient, what you're not allowed to do is specify how they will identify themselves.

49:38
Right, so, you're not allowed to say, Show me your driver's license, show me your military ID.

49:43
Show me your passport, like, they can show you any type of government issued photo identification, right, if they do not have government issued photo identification, then you have to use your own best judgement, on, if you will, allow an alternative type of identification, right? So, show me two credit cards, show me your birth certificate, and, know, a bank statement or, you know, like, you can come up with what that identification is.

50:11
But you are not allowed to specify what type of identification requirement or what type of identification they're required to show, right. So you can't say, I need your driver's license.

Nathan Baugh:

50:26

Next question is from Jared's Sippel and he asks our series states that his RHC is located within a critical access hospital.

50:39
Is there any change to any of these proposals given that dynamic?

Sarah Badahman:

50:47
Proposals are not just for RHCS or for all covered entities, Right? So, I just focused my conversation on what an RHC would do. But the Critical Access Hospital is has the same requirements, and because you are a provider based RHC, the Critical Access Hospital is the one responsible for your compliance more than likely.

51:08
And so, all of these rules will apply to them as well.

Nathan Baugh:

51:13
Perfect. Next question is from Teresa Kramer who asks, Can the patient take a photo with their phone showing their X-ray film or a surgical procedure?

51:24
Can they take a picture of a wound while they are under care?

Sarah Badahman:

51:29
Right, so, that is the proposal to permit that.

51:37
OK, so right now, if you want to permit it, I guess you could, but it's not, you're not required to permit it at this point.

Nathan Baugh:

51:47
Hmm, hmm, hmm?

51:51
I do wonder, too, Do patients do that now?

51:54
It's not common, Cause I certainly never, I heard of that.

Sarah Badahman:

52:00
So I had to tell you. So I am responsible for my daughter's care and when she's 25, So when I take her to the cardiologist, and she gets the summary, I do take a picture of the summary at the cardiologist, but it's the summary that they've handed her.

52:17

And it's because she keeps the paper copy. And I want a copy for my own records. And so, instead of asking for a copy, I just take my daughter's copy and take a photo of it, right.

52:26
Though there are, but I've never asked my doctor Wright her doctor to take a photo of the EMR screen, which is what I think that the OCR is saying, that will be permitted, right.

52:38
That is the difference, and I don't foresee this being a large population that's going to want that, right.

52:52
I think that, but if somebody does request it, and this does make it to the final rule, we're going to have to allow it, and that's where the problem comes, right? So, because when we're thinking about being able to take a photo, right?

53:05
So if I go into my doctor's office and I ask, you know, at the end of my appointment, and I say, OK, I want to be able to take photos of all my records from today, what happens, right?

53:17
So, you can know lot, you can't increase my, my billing code, right? If that's a level three visit, it's still a level three visit, regardless if I'm taking another 10 minutes in the office to take photos of my record.

53:29
Yeah, right.

53:30
So, in your, not allowed to charge me because that is inspection.

53:37
All right, so it is 10 minutes of me taking time from your exam room.

53:43
The OCR in the commentary of the new are these new proposed modifications stated that they should be, like patients should be allowed into the EMR records department.

53:53
I don't know if anybody from the OCR has ever been into an ATM records room, or into a clinics, recordkeeping room, that they are not set up for a patient access. Right? Right. Library. I would highly suggest, does it not doing that? But, to set up an alternative spot in our eight are in our RHC for that. Now, then, again, I don't know if anybody from the OCR has ever been to a rural Health Clinic to know that we have very small spaces.

54:28
Millimeter, hmm, for the most part, and we don't have extra room to place a patient to take photos.

54:34
So, that is going to be some, but the OCR does recognize that, so you can choose to schedule a time with the patient to allow for that.

54:45
Um, so these are things we're going to have to really think about, and create policies and processes for, and train our staff on, if this does, make it into the final rule.

54:57
So, and because we have limited time from the time the rule is published, you'll have 240 days to comply with the rule, which is not enough time to come up with a complete process and train your staff. I would start thinking about it now, just in case this does make it to the final rule.

Nathan Baugh:

55:15
Perfect.

55:16
Alright, next question is from Rebecca O'Neill to ask, Would a pain management agreement fall under Part two data?

Sarah Badahman:

55:26
That depends.

55:29
Is that pain management agreement

55:32
um, Part of a substance use disorder treatment plan.

55:40
Right, So if you are doing it, because you are aware that that patient has struggled with opioids in the past, or you have knowledge, because somebody has said, you know, a part two entity has given you that information, then possibly, right? If it is just part of your normal practice, then no.

56:07
It will not fall under part two.

Nathan Baugh:

56:10
OK, perfect. Next question, we're putting you on the spot a little bit here but, Megan, Megan, the Hyam asks, will you do another webinar when the proposed ideas are passed? Just so, we're 100% sure of the changes

Sarah Badahman:

Of course Megan's going to ask that. Yes, Megan, I would be happy to

Nathan Baugh:

We will coordinate that maybe in October and November when this when this passes.

56:36
But I'm sure we can circle back on this topic. I think it's quite deep.

Sarah Badahman:

56:44
So I'm sure there's more, we can touch. Just the surface, So I did work with a healthcare attorney and did a lot of in-depth conversations with the health care attorney on all of these changes we have links to those recordings as well if anybody would like more in depth and the high level surface we touched on today.

Nathan Baugh:

57:03
Perfect.

57:05
Next question is from Brandi Ferg who asks, is there a list somewhere where they can review the proposed changes versus the clarifications that are in effect right now? Or is there like a good chart somewhere?

Sarah Badahman:

57:21
Not from the OCR know, However, and there are several law firms that have put together good reviews of this, so one that I particularly like, I can send you the link to it, Nathan. I don't think we can say. A specific one, but just that. Other than that, they're out there.

57:46
All right, and do a really good job of summarizing the rules, OK, definitely look, like if you know a good law firm in your area, they have probably summarized this.

Nathan Baugh:

58:03
Perfect, um.

58:04
Next question is from Tracy Ellis, and again, we're gonna go to about 315 on these questions.

58:11
And I know Sarah has said that she would try to answer questions that we don't get to via e-mail. So if we don't get to you, doesn't mean that we're ignoring you will, we'll try to get an answer to you.

58:26
Next question, though, is from Tracy, who asks, does the last section on TRS apply to all interpreter services?

58:36
Or only those that use TRS?

Sarah Badahman:

58:41
So for the new proposed modifications, it only applies to TRS.

58:49
So the section of HIPAA is for the hearing impaired, deaf, blind, and speech disability.

58:55
Right, so it is specifically for this group of, of Americans, right. So, yeah.

59:04
Yeah.

Nathan Baugh:

59:05
So I had, this is a selfish question, because it's not asked, but I have a question: How does this impact, or does it impact translation services.

Sarah Badahman:

It should, it does not impact translation services. And right now, translation services, do not fall underneath HIPAA.

59:24
Right, because yeah, OK, yeah, so.

Nathan Baugh:

59:31
So it sort of be in the same category as a TRS system.

Sarah Badahman:

59:37
I I believe, so, yes, Okra, OK.

Nathan Baugh:

59:41
Alright, next question is from Barb Freeman.

59:45
States we cannot withhold records from an individual based on their ability to pay any idea if we have any recourse for those who request the same record several times and who cannot pay?

1:00:02
So, just like someone who can't pay and they just consistently are requesting records and requesting records, her.

Sarah Badahman:

1:00:11
What a sticky wicket question, Barbara. Yeah? I'm, I'm going to be honest with you, I need to get back with you on that question. You think, can you e-mail me that question? so that I can make sure I can follow up with you and get you the response? Millimeter? Hmm. Sure. Thing, because I will tell you that some states require you to give the first copy for free.

1:00:32
So regardless, but subsequent copies you can charge for, and.

1:00:39
yeah, that's a very good question, I have never had that question posed to me before, so I need to look it up.

Nathan Baugh:

1:00:45
OK, Perfect, I'm getting this question a lot, So just people that are asking about the record fee calculator and, and, yes, we're able to share it. It's on our website, ... dot org. And we thank Sarah for providing that to us. If you go to ... dot org, and then you'll see resources.

1:01:07
Is one of the buttons. And under Resources, you'll see a page for TA webinars, and that's where all our webinars are. It's where the this recording will be posted, etcetera. And right there in Sarah's.

1:01:22
And like the section on Sarah's presentation, you'll be able to get download the Excel sheet for free.

1:01:29
So, we thank Sarah for that.

1:01:33
Next question is from leticia Edmonds.

1:01:37
How can we handle progress notes or record for patients seen for drug or alcohol alcohol abuse?

Sarah Badahman:

1:01:47
Ah, and that really depends right. So, this is a problem that we have noticed for. So, I'm just going to go to the decision tree here.

1:01:57
For RHCS, in particular that are receiving these records because our EMRs are not set up the same as like a health system, where you can property Larry, segregate the data.

1:02:12
So, what we need to do here is work with our EMR company and ensure that how you can apply rules to access to the record are there. And so, only people who have access to have the minimum necessary reason to view clinical information, have that ability. Right. So your receptionist, for example, does not need to be able to read clinic notes, right. She only needs to be able to see certain information, right. She does not need to be able to read the notes. So it need to make sure that that is set up.

1:02:50
Second, we need to make sure that we have properly flagged or ID'd that data as particularly sensitive.

1:03:00
Most EMRs will allow, allow you to flag, or tag, or somehow identify a record as increasingly sensitive.

1:03:09
So, I would ensure that, again, talk with your EMR provider to be able to provide that information to that training to you. So that you know how to mark that record. As sensitive, then make sure you've trained your staff.

1:03:22
Right. At an RHC, it is really difficult when we are lawful holders. And a lot of times, we are lawful holders of part two data. So, making sure that we have properly, even just defined within our own policies and procedures, what our minimum necessary rights are. And how we are identifying our roles and responsibilities under lawful holder. So, meaning which roles with it? So, which members of our workforce have the right to see? this information is clearly defined? Is our best defense, right?

1:03:55
So, instead of trying to overcomplicate things with all these, with getting a different EMR that allows all these fancy features and doing things beyond no way to really secure it down, which is, you know, obviously our end goal, we would love to be able to do that, but it's cost prohibitive for a lot of RHCS. So then it comes down to how we're creating our policies and our procedures to ensure that our policies and procedures are our protection.

1:04:26
Does that make sense?

Nathan Baugh:

1:04:28
I think so.

1:04:29
I think it makes sense to me, so, awesome.

1:04:33
I'm sure there's a follow-up questions that latisha might have, but we will move on to the next question, which is from Lindsey, instead.

1:04:41
Who asks, Are there guidelines guidelines for how we can share patient information with other providers, such as encrypted e-mail, specific HAI ease or mail, Right?

Sarah Badahman:

1:04:56
So, the OCR is not going to give those guidelines, but I can tell you that you are permitted to share all information.

1:05:04
So all HIPAA covered information, as well as part two, covered information with your state's HIE: Most states have an HIE.

1:05:13
So you are permitted to share information through the HIE e-mail you are permitted to share via e-mail. If you are sharing protected health information, that e-mail should be encrypted.

1:05:27
Mail. Or Conduit a PH. You can mail PH. I all day long. However. You want to the same thing with faxing. You're permitted to fax it.

1:05:37
So you need to determine how your organization, how your RHC will be doing will be disclosing the information and make sure that those processes are documented.

Nathan Baugh:

1:05:48
Perfect.

1:05:50
Thank you, Sarah. Next question is from Stephanie Horder, she says that we're working on transitioning our Notice of Privacy practices to one of the model notices on the HHS website.

1:06:04
Awesome.

1:06:05
Should we pause that?

1:06:07
Do you think they'll adjust those with the new NPP requirements?

Sarah Badahman:

1:06:13
They will adjust those with the new NPP requirements. So that's actually a really good point.

1:06:20
So the OCR also like earlier this week, they released their findings from the phase two audits that they conducted a few years ago. And they found that only 2% of covered entities have noticed the privacy practices written in clear language which is a requirement for your notice of privacy practices. So utilizing the template on the ... website is a beautiful way to make sure that your notice of privacy practices meets that requirement of clear language, meaning easy to read, and anybody can read and understand the requirements. So I absolutely advocate for the use of that, notice of privacy practices. Go ahead and do it. And then once the changes are made, then you can redo it.

1:07:08
Once the rule is final, that's my suggestion. Because if you're already making modifications to your notice of privacy practices, you probably know that there are some issues with your current one.

1:07:19
So, use the one from the OCR's website. It's a, it's a really good, notice the privacy practices, too.

1:07:28
So don't know. Do not posit it. Yeah, I love the way it's broken down into sections. It's really easy to read. It's color coded. It's nice.

Nathan Baugh:

1:07:39
OK, there you go. Next question is from Janice Bertsch.

1:07:45
She asks, What if a facility as a policy in place against photo and video recording within the facility?

Sarah Badahman:

1:07:54
You have that posted in your facility.

1:07:57
Um, I think that that's absolutely correct.

1:08:03
I think that's a good practice.

1:08:05
Like, in your waiting room area, and everything, But once you get into the exam room and the OCR, if this final rule does make it to, if this proposed modification makes it to the final rule, then you will have to lift that restriction in the exam room.

1:08:23
If a patient chooses to do it, or to the area in which you're going to permit photos or videos to be taken, right?

1:08:32
If this modification makes it to the final rule, you have to modify your restriction to prohibit use of pictures and videos.

1:08:41
You can still prohibited in non permitted areas, but you're going to have to modify that.

Nathan Baugh:

1:08:48
OK, that makes sense to me.

1:08:54
Next question is from Ashley Walden. If a patient cannot pay for records to obtain with the RHC, Steve, would the RHC still be allowed to bill them for the records service?

Sarah Badahman:

1:09:08
You're allowed to build them, but you're not allowed to withhold the records because they're not allowed to pay.

1:09:14
They're not able to pay, OK.

1:09:17
But, you could maybe still bill it for record keeping on your end.

Nathan Baugh:

1:09:22
Yes, OK.

1:09:25
OK.

1:09:27
I'm just skipping some of the questions that we've already answered.

1:09:30
OK, question, on M R fee, we use the state fee for the paper copy, and it looks like trees in Louisiana.

1:09:43
Does it need to be replaced, Louisiana Revised statute, and then she cites it for Records of Reasonable charge, not to exceed $1 per page for the first 25 pages and then 50% a page for the next 26 through 350, and then, et cetera. That makes you and your sandwich, he's going out here.

Sarah Badahman:

1:10:11
OK.

1:10:14
Here's the thing, right, so under the, you can charge the state fee.

1:10:19
But if the state fee exceeds the federal limit, you have to charge the federal limit, Right? So, a lot of times, the state fee is much higher.

1:10:30
Then, the federal limit, and so, because the OCR only allows you to charge for your time and your supplies hate and cost of postage.

1:10:43
And so, if you are estimating out, like, the number of pages, the, the cost of your supplies, the cost of your time, you know, and postage, and that is all $20.

1:10:57
But, your State limit, because you're copying, like, 2000 pages, makes your state limit, like, $100, You're only allowed to charge $20, because you're not allowed to overcharged the patient.

1:11:11
So it's the lower of the two. It's the lower of the two federal limits, which is on the record calculator.

1:11:17
It will default to the permissible, uh, fee will reflect either the federal or the state level, whichever is lower.

Nathan Baugh:

1:11:29
OK, Perfect.

1:11:32
I'm just trying to identify We will probably have time for maybe one more question.

1:11:40
And I'm just going to pick one here that I think is new territory from Stacy Holland.

1:11:46
Sure.

1:11:48
He said that, while she makes a statement, this does not pertain to the new update. We had a probe probation officer call asking for the results of a Cove in 19 test for a patient.

1:12:00
I reiterated to her that we cannot share that information with her, because it is not considered continuation of care, unless the judge where to subpoena for the records. Is this correct?

Sarah Badahman:

1:12:13
That depends, right. So, a probation officer.

1:12:18
So the patient is no longer incarcerated?

1:12:22
It seems like data.

1:12:25
I'm seeing that would depend, because sometimes.

1:12:30
Hmm.

Nathan Baugh:

1:12:32
E-mail?

Sarah Badahman:

1:12:34
Yeah, yeah, I mean, because I need to, I'm looking, I'm thinking back because we had a case like this not too long ago, where, as part of the, because the patient was paroled, which is why they have a parole officer. So, they weren't released at the time, You know, they didn't serve their full

sentence and so, as part of the parole, the patient had to agree to, like substance use disorder treatment, right. So, they had to go to an at 30 day inpatient treatment facility, and that treatment facility was required to share records with the court through the parole officer.

1:13:12
And, uh, the parole officer had all the proper authorizations from the court to submit those.

1:13:21
So, again, it's really going to depend, but, then, again, we also have the right under HIPAA to disclose certain PH high to law enforcement For certain reasons. right? So, to identify a few fugitives so, you can give them the address You can tell them they have an appointment tomorrow.

1:13:46
So, there is So, it really depends on what the purpose of this is.

1:13:50
So, it would be really interesting to learn more about this specific instance before I can give a lot of helpful information for termination.

Nathan Baugh:

1:14:00
Yeah, OK, well, we're at 315, so We'll close the questions there, but as I mentioned, I think Sarah Opera two go through many of the questions that we weren't able to get through and provide e-mail responses, and we're so well It's not a guarantee that you'll get a response, but we'll do our best sir. Would you mind going to the very final slide?

Sarah Badahman:

1:14:26
Absolutely, sorry, I like to go around. Oops, that's fine.

Nathan Baugh:

1:14:31
So, of course, I'd like to thank everyone for attending today's webinar, and especially of course, Sarah Badahman for her presentation.

1:14:39
And I'd also like to thank the Federal Office of Rural Health Policy for sponsoring the RIT Technical Assistance Webinar Series. Again, we encourage others who may be interested. Please encourage others who may be interested to register for the webinar series at our website, which again is in ... dot org. or the RH I hope, website.

1:15:04
In addition, we welcome you to e-mail me with your thoughts and suggestions for future topics at Nathan.baugh@narhc.org.

1:15:16
And please be sure to put RHC webinar topic in the e-mail subject line for our Certified Rural Health Clinic professionals.

1:15:24
The CEU code, which is on the screen right now, is D F, W.

1:15:32
4 M, again, that is D F W four M. That is for

1:15:40
Are CRHCP professionals. When we schedule the next webinar, which webinar, which is actually scheduled for next Tuesday, February second, I think there will be an e-mail going out tomorrow on that, and it will be on HPSA.

1:15:56
The topic HPSA not HIPAA, don't get confused. HIPAA was today.

1:16:01
HPSA is going to be next Tuesday.

1:16:04
So be on the lookout for that e-mail and we have some other topics.

1:16:13
So, there's, I know there's been a lot of stuff, lot of webinars this year, but that's because the demand policy changes happen quite soon. There's been a lot of them last year, so just keep them, keep an eye out for those e-mails to get the schedule of our next webinars, and, again, huge.

1:16:33
thank you, finally, of course, to Sarah, and that will conclude today's presentation OK, thank you guys, so much thank you, Sarah.