**EXCHANGING INFORMATION WITH OUT-OF-STATE PROVIDERS**

**Policy Number: [Enter]**

**Effective Date: [Enter]**

1. **Policy:**
   1. **Purpose**

This policy establishes guidelines to be followed by *[Organization]*’s workforce when exchanging patient health information with out-of-state providers.

* 1. **Policy Implementation—General Rule**

Both *[Organization]* and an out-of-state provider are subject to federal laws, such as HIPAA. However, *[Organization]* and an out-of-state provider are subject to different state laws.

*[Organization]* must comply with Minnesota law when disclosing patient information to an out-of-state provider. Conversely, the out-of-state provider must comply with its state law when disclosing patient information to *[Organization]*.

* 1. **Releasing Information to an Out-of-State Provider**

*[Organization]* must comply with Minnesota law when releasing information to an out-of-state provider. *[Organization]* staff should refer to policy [enter], Consent to Use and Disclose Health Information under Minnesota Law, for more information about disclosures under Minnesota law.

* 1. **Obtaining Information from an Out-of-State Provider**

An out-of-state provider is required to comply with its state law when it releases information to *[Organization]*. This may cause operational barriers for *[Organization]*, as the out-of-state provider may be subject to rules and requirements that *[Organization]* is not familiar with.

It is ultimately the out-of-state provider’s responsibility to understand and comply with its state law when disclosing information to *[Organization].* However, to the extent it is feasible, *[Organization]* staff should facilitate the exchange when it is in the best interests of the patient. This may involve discussing the privacy laws applicable to the out-of-state provider, assessing whether *[Organization]*’s Template Authorization Form would satisfy those requirements, and otherwise assisting the out-of-state provider with meeting its state law requirements (for example, by reviewing the out-of-state provider’s consent form with the patient and facilitating signature).

**Privacy Laws in Other States.** While*[Organization]* and out-of-state providers are all subject to federal privacy laws, such as HIPAA, state privacy laws vary. Some states do not have a separate state law governing the confidentiality of health information that is more restrictive (i.e., protective of patient privacy) than HIPAA. In those states, the disclosure from the out-of-state provider to *[Organization]* could occur in accordance with HIPAA. For example, the out-of-state provider could release the patient’s records, without patient authorization, to *[Organization]* for treatment purposes.

However, some states have privacy laws that are more protective than HIPAA. Minnesota is one example. Out-of-state providers from these states must comply with its state law when disclosing information to *[Organization]* (as well as in using information received from *[Organization]*).

1. **Procedure:**

Prior to exchanging health information with out-of-state providers, *[Organization]* staff must comply with the following:

* 1. *[Organization]* staff must comply with Minnesota law when releasing information to an out-of-state provider;
  2. When *[Organization]* seeks to obtain information from an out-of-state provider, staff should:
     1. Connect with the out-of-state provider to discuss the state privacy requirements applicable to the out-of-state provider;
     2. Assess whether disclosure is permitted without patient consent or authorization;
     3. If consent or authorization is required, assess whether *[Organization]* has a signed Authorization form on file that would satisfy the out-of-state provider’s state law; and
     4. Otherwise facilitate the exchange, if doing so is in the best interests of the patient.