



**How to use this document:** To ensure that clients are able to provide informed consent, please refer to the FAQs when formulating responses to common questions as seen on the next page. Suggested verbiage on how to introduce CIE into conversations is provided below.

**Be prepared to explain: “What is the CIE?”**

The CIE is a network of health and social service providers who have partnered together to coordinate care for persons in need of assistance. When persons opt-in to share their information with the network, Partner Agencies are able to share client information using a secure data platform and provide electronic referrals.

**Be prepared to explain: “What is the overall purpose of CIE?”**

People can often benefit from connecting to multiple service providers for their various needs. As clients and their families seek supportive services, opting into CIE can:

- reduce the amount of time persons are asked to repeat basic information when they get referred from one agency to another
- avoid being referred to programs that they already accessed
- allow case managers from different agencies to work together and provide warm handoffs and electronic referrals

**Personalize how you frame the explanation to client’s needs. See sample language:**

“I’d like to talk to you about being able to access supportive services outside of [your agency name] . Many of the service providers in this county are now working together as part of a network called the Community Information Exchange. Agreeing to share your information with this network could make it easier to match you to services such as [food programs, legal assistance, and/or clinics].”

“Agreeing to share your information with CIE can help save you time when you’re trying to access services outside of [your stay, treatment or] the services you receive here.”

“By signing this consent form, our staff would be able to work more closely with other service providers at different organizations that you’re working with and/or getting services from. This helps us get a better understanding of what programs you could likely qualify for and what programs you’re already connected to.”

“I’d like to be able to connect you with additional services to assist with\_\_\_\_\_. By signing this form, this makes it possible for us to provide electronic referrals with participating CIE Partner Agencies.

“Do you see yourself seeking other kinds of support such as food resources, utility payment assistance, child care or (fill in the blank)? If so, then connecting to CIE could help the process of seeking help more efficient. “

**Be prepared to answer common questions: See FAQs on next page**

# Authorization FAQs

## ***Who is in the CIE Network and why aren't all of the Partner Agencies listed?***

In addition to participating healthcare plans, hospitals & clinics, the CIE consists of a growing number of service providers such as food banks, legal services, housing service providers and more. The full and up-to-date list of Partner Agencies can be found at [ciesandiego.org/partners](https://ciesandiego.org/partners) at any point in time. When this authorization is in effect, a consented patient's information is permitted to be shared with any Partner Agency within the CIE network.

## ***What types of information is shared and why?***

- Contact information which allows providers to be able to follow-up with clients about services they could be eligible for e.g. name, phone number, email, address, etc.
- Demographic and eligibility related Information e.g. age, gender, race/ethnicity, Income, household size, # of children, etc.
- Limited health information related to accessing supportive services e.g. types of health insurance, primary care provider, and health conditions; although not necessarily specific diagnoses.
- Previous referrals & program enrollments- This lets providers know what kind of resources clients have tried to access so that they can follow up on whether their needs were met or further assistance is still needed.

## ***What is meant by "Information disclosed... may be re-disclosed and no longer protected under applicable privacy laws...?"***

This clause advises clients that health care providers are bound by specific laws to protect patient information and these laws may not apply to non-health care providers. However the participating agencies in CIE are bound by legal agreements and California law to ensure the protection and responsible use of shared client and patient information.

## ***What is the purpose of the sensitive information checkbox?***

This is to ensure that service providers only enter, disclose, or make referrals within CIE that pertains to this sensitive information when it is relevant to the client receiving services from CIE Partner Agencies and when the client has agreed to the sharing of this information by checking this box on the Authorization form. The client is not required to check this box to share their information with CIE. All other information disclosed to a CIE Partner Agency may still be shared while the Authorization is in effect.

## ***To ensure that a client is able to provide informed consent, avoid requesting consent in situations when the client is:***

- unable to understand the language in which the Authorization is written
- temporarily unable to provide informed consent due to trauma or a crisis situation
- incoherent or unable to understand what they are signing due to illness, mental condition or being under the influence of medication/intoxication
- 13 years or younger (Clients 14 and older over may create profiles and give permission to share their information according to Children's Online Privacy Protection Act (COPPA)).

For questions or for clarification about CIE and the Authorization form, please email [privacyquestions@211sandiego.org](mailto:privacyquestions@211sandiego.org)

