

**MEMORANDUM OF UNDERSTANDING – Agreement #5600000124
Multnomah County Health Department and Cascade AIDS Project (CAP)**

**CAP Network Navigators Documentation in
Multnomah County Health Department (MCHD) Epic Electronic Health Record**

1. PURPOSE

This agreement between Multnomah County, acting by and through its Health Department (COUNTY) and Cascade AIDS Project (CAP or Contractor) establishes the terms and conditions by which CAP Network Navigators and relevant CAP management based in MCHD Health Centers may document in MCHD Epic Electronic Health Record (EHR) for shared clients.

2. GENERAL PROVISIONS

- A. COUNTY and CAP shall cooperate in the out-stationing of CAP Network Navigators at the Multnomah County Health Department HIV Health Services Center.
- B. COUNTY and CAP agree that CAP staff may have access to view and document in shared client records using the MCHD Epic Electronic Health Record (EHR). CAP staff authorized to use the Epic record are subject to all COUNTY policies related to Protected Health Information and the viewing and use of electronic health records. County policies are fully in accordance with state and federal law related to health information privacy and security.
- C. COUNTY and CAP agree to inform each other of pertinent changes in their policies, practices and staff.
- D. COUNTY and CAP will review this MOU annually, and will meet as necessary during the year for joint planning and problem solving.

3. COUNTY'S RESPONSIBILITIES

- A. COUNTY shall provide CAP Network Navigators with office space, computer and MCHD Epic EHR access.
- B. COUNTY will establish an EHR security template (role) for CAP Network Navigators appropriate for the scope of practice and role on the health care team and to accommodate documentation needs. Security administration will be compliant with HIPAA and all relevant policies.
- C. COUNTY will provide CAP Network Navigators with basic training and orientation to Epic EHR and relevant County policies governing its use.

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- D. Access to and termination of access to EHR by CAP Network Navigators will follow existing MCHD policy.
- E. Documentation in key parts of the patient record will be governed by the principles in Figure 1.1. MCHD HHSC primary care team and CAP Network Navigators will abide by these principles and are responsible for maintaining these parts of the record as described.

4. CASCADE AIDS PROJECT'S (CAP) RESPONSIBILITIES

- A. Ensure that all CAP Network Navigators placed at COUNTY adhere to COUNTY's policies and procedures related to electronic health records, including but not limited to Health Insurance Portability Accountability Act (HIPAA) rules.
- B. Ensure that all CAP Network Navigators placed at COUNTY sign and comply with MCHD's HIPAA and Confidentiality agreement set forth in Attachment A, which is incorporated herein as a part of this Agreement. In performing the responsibilities stated in this document, CAP agrees to function as a business associate of the County, and comply with the policies outlined in Attachment B, HIPAA Business Associate Agreement. CAP agrees to comply with privacy and confidentiality policies outlined at the beginning of Attachment C, Charting Encounter Guidelines for Network Navigators.
- C. Ensure that CAP Network Navigators:
 - a. Follow all policies and procedures for accessing shared client data that apply to any other patient shared across OCHIN service areas.
 - b. Document all pertinent interactions relating to their interactions with the client in the Epic EHR. Network Navigators will follow charting encounter guidelines specified in Attachment C.
 - c. Only access records for patients who are current Special Projects of National Significance (SPNS) Participants or are identified as potential, engaged or past participants.
 - d. Protect MCHD HHSC client information according to MCHD's HIPAA and Confidentiality policies.
 - e. Communicate appropriately with MCHD HHSC primary care teams.
 - i. Phone or in person contact will be made with a primary care team member for all urgent issues.
 - ii. If a patient has an urgent medical issue and a care team member is not available (after hours), contact the after hours Nurse Response (call the main clinic phone number and follow steps to reach Nurse Response) for clinical guidance or direct patient to the emergency room.
 - iii. Network Navigators will obtain authorization for release of information (ROI) from patients in order to share specific protected information

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related to mental health or addictions treatment with providers at MCHD.

- D. Designate a CAP supervisor who will be responsible for CAP Network Navigators at the COUNTY who will:
 - a. Provide supervision of CAP Network Navigators
 - b. Audit charts for compliance with these principles, and for following up with CAP Network Navigators on charting deficiencies or issues.

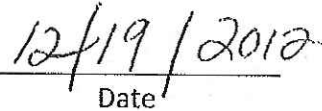
- E. Documentation in key parts of the patient record will be governed by the principles in Figure 1.1. MCHD HHSC primary care team and CAP Network Navigators will abide by these principles and are responsible for maintaining these parts of the record as described.

- F. Documentation may occur through County or wireless networks at any location using CAP devices. Network Navigators must otherwise abide by HIPAA guidelines set forth by MCHD HIPAA and Confidentiality policies.

This MOU is effective upon the signature of both parties as of December 19, 2012. The termination date shall be September 30, 2017.

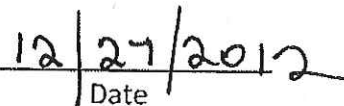


Jodi Davich
HHSC Clinic Manager
Multnomah County Health Department


Date



Mary Marshall
Interim Executive Director/Director of Finance and Operations
Cascade AIDS Project


Date

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Figure 1.1

Key part of record	Network Navigator Responsibility	HHSC Primary Care Team Responsibility	Key Related Workflow
Medication list	<p>Network Navigators will not edit the medication list.</p> <p>Network navigators will document information on what a client is and is not taking in a progress note. As well as, any medication adherence concerns or issues.</p>	<p>HHSC Primary Care team will update the medication list to reflect what the patient is currently taking at all visits and after any transition in care.</p>	<p>Medication reconciliation should be documented by HHSC Primary Care team in the progress note.</p> <ul style="list-style-type: none"> ▪ Taking as prescribed in EPIC: list medication ▪ Taking, but differently as prescribed in EPIC: Medication name, dose, and how the patient is actually taking the medication ▪ Taking but not prescribed: Medication name, dose, sig as taking and prescribing provider name/contact information/location
Problem list	<p>Network Navigators will not edit the problem list.</p> <p>Network Navigators will document information related to diagnoses on the Problem List in a progress note.</p>	<p>HHSC Primary Care team will keep the problem list updated to reflect the patient's current problems and status.</p>	<p>Any information related to diagnoses on the problem list (ED visit, etc) will be indicated in a progress note with attempt to provide additional information about:</p> <ul style="list-style-type: none"> ▪ Patient-relayed date and location of care received. ▪ Relevant information as relayed by patient in change in diagnosis or treatment plan

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History	<p>Network Navigators will not edit the History.</p> <p>Network Navigators will document new History information they learn about through working with patients in a progress note.</p>	<p>HHSC Primary Care team will keep the Medical and Surgical history updated to reflect the patient's history.</p>	
<p>Key part of record</p> <p>Inbasket</p>	<p>Network Navigator Responsibility</p> <p>All charts will be routed to HHSC Primary Care team for review after a Network Navigator enters information into the chart.</p>	<p>HHSC Primary Care Team Responsibility</p> <p>HHSC Primary Care team will review all routed charts.</p>	<p>Key Related Workflow</p> <p>These will appear in the In basket as a folder titled cc'd Charts' or 'Review Reports'.</p> <p>Urgent information will be relayed to MCHD provider teams by Network Navigators via telephone or in-person.</p> <p>See allergy toolkit for details on editing allergies.</p>
Allergies	<p>Network Navigators will not edit Allergies activity in the Allergies section of the chart.</p> <p>Network navigators will document information related to Allergies in the progress note.</p>	<p>HHSC Primary Care team will reconcile allergies and allergies/medication interactions at every visit.</p>	

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Release of Information (ROI)	Network Navigators will obtain ROI to access third party records.		If a patient discloses a care relationship with a third party, non-MCHD care team Network Navigators will try to obtain a MCHD specific ROI from the patient allowing MCHD to access third party records directly. This ROI will be faxed or sent by secure email to the HHSC Primary Care team.
HHSC Primary Care Teams	Network Navigators will not edit the PCP general.	HHSC Primary Care team will maintain the PCP general.	N/A

ATTACHMENT A

MCHD Contractor Confidentiality and Security Agreement

Instructions:

Every contractor, consultant or student working for the Multnomah County Health Department shall sign this confidentiality and security agreement. This agreement might be an addendum to the hiring contract.

Guidelines:

Contractors will appropriately safeguard protected health and other confidential information made available to or obtained by contractor. Contractors will comply with all federal and state law regarding privacy and confidentiality of the Patient and other County Records. In addition to the above, contractor shall comply with the following confidentiality and security guidelines.

- Client identifiable information shall not be accessed except as needed in the course and scope of contractor's duties.
- Client information and data housed in Multnomah County Health Department facilities are the property of the Multnomah County Health Department and shall remain in County facilities unless being transferred between County facilities or Oregon State Department under specific direction from Multnomah County Health Department management.
- With the exception of data sent to Government Agencies that is regulated by law or statute, client identifiable data shall only be released with appropriate written consent from the client.
- With the exception of billing and remittance data, data transmitted outside the firewall shall be key-based data encrypted.
- Client identifiable information shall not be transmitted via e-mail without key-based data encryption.
- Client information and data shall not be left unattended in areas accessible to the public.
- Client information and data shall only be stored on PC or server that is in a locked and secured network room. Client identifiable data shall not be stored on PC hard drives.
- Information that is available to the contractor that could be deemed confidential (i.e. healthcare, personnel, finance, vendor information, patents, copyrights, etc.) shall not be shared with anyone without the express approval of the Clinic Manager.
- Any data that needs to or is planned to be stored outside Multnomah County needs to be approved by Health Information Application Support and Decision Support Management. Additionally, any data contractor has off site, with approval, should be returned to the health department at the department's discretion.

A copy of this signed form will be kept by the Clinic Manager and the original sent to the Health Department's Contracts Unit.

Dated: ___/___/___

Contractor/ Student: _____
(Signature) (Printed name)

Clinic Manager: _____
(Signature) (Printed name)

December 6, 2012

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ATTACHMENT B
Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Business Associate Compliance Requirements

A. General:

For purposes of this Contract, Contractor is County's business associate and will comply with the obligations set forth below. Contractor and County agree to amend this section if necessary to allow either party to comply with the Privacy or Security Rule.

B. Definitions:

Terms used, but not otherwise defined in this section, will have the same meaning as those terms in the Privacy Rule and Security Rule.

- *Breach*: As defined in 45 CFR 164.402 and includes the unauthorized acquisition, access, cause, or disclosure of Protected Health Information (PHI) that compromises the security or privacy of such information such that it poses a significant risk of financial, reputational or other harm to the individual.
- *Designated record set*: as defined in 45 CFR 164.402.
- *Individual*: as defined in 45 CFR 160.103 and includes a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- *Privacy Rule*: the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and part 164, subpart A and E, as amended by the HITECH Act and as may otherwise be amended from time to time.
- *Protected Health Information*: as defined in 45 CFR 160.103, limited to the information created or received by Contractor on behalf of County.
- *Required by Law*: as defined in 45 CFR 164.103.
- *Secretary*: the Secretary of the U.S. Department of Health and Human Services or designee.
- *Security Rule*: the Standards for Security of Individually Identifiable Health Information at 45 CFR Part 160 and part 164, subpart A and C.
- *Unsecured Protected Health Information*: PHI that is not secured through the use of a technology or methodology specified by the Secretary in guidance or as otherwise defined in 45 CFR 164.402.

C. Contractor's Obligations:

1. Contractor agrees to not use or disclose Protected Health Information (PHI) other than as permitted or required by this Contract or as Required by Law. Contractor further agrees to use or disclose Protected Health Information only on behalf of, or to provide services to, the County in fulfilling Contractor's obligations under this contract, and to not make uses or disclosures that would violate the Privacy Rule or violate County's Minimum Disclosure policy.
2. When using, disclosing, or requesting PHI, Contractor agrees to make reasonable efforts to limit the PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request, in accordance with 45 CFR 164.514(d), with the following exceptions:
 - a. disclosures to or requests by a health care provider for treatment
 - b. disclosures made to the individual about his or her own PHI information
 - c. uses or disclosures authorized by the individual
 - d. disclosures made to the Secretary of Health and Human Services in accordance with the HIPAA Privacy Rule
 - e. uses or disclosures that are Required by Law
 - f. uses or disclosure that are required for compliance with the HIPAA Transaction Rule
3. Contractor will be directly responsible for full compliance with the relevant requirements of the Privacy Rule to the same extent as County.
4. Contractor agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Contract.

ATTACHMENT B
Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Business Associate Compliance Requirements

5. Contractor agrees to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits on behalf of the County as required by 45 CFR 164 Subpart C.
6. Contractor agrees to immediately notify County of any security incident, including use or disclosure of the PHI in violation of or not provided for by this Contract of which it becomes aware.
7. Contractor will promptly notify County of a Breach of Unsecured PHI following the first day on which Contractor (or Contractor's employee, office or agent) knows or should have known of such Breach. Contractor's notification to County must:
 - a. Be made to County no later than 60 calendar days after discovery of the Breach, except where a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security;
 - b. Include the individuals whose Unsecured PHI has been, or is reasonably believed to have been, the subject of a Breach; and
 - c. Be in substantially the same form as the attached Exhibit A.
8. Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of PHI or Breach of Unsecured PHI by Contractor in violation of the requirements of this Contract.
9. Contractor agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Contractor on behalf of County, agrees to the same restrictions and conditions that apply through this Contract to Contractor with respect to such information.
10. Contractor agrees to provide access to PHI about an individual contained in a Designated Record Set within 5 working days of County's request. If an individual requests access to information directly from Contractor, Contractor agrees to forward the request to County within 2 working days of receipt. County will be responsible for any denials of requested PHI.
11. Contractor agrees to make any amendments to PHI in a Designated Record Set that the County directs or agrees to pursuant to 45 CFR.164.526 within 10 working days of County's request.
12. Contractor agrees to make internal practices, books and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by Contractor, on behalf of, County available to County or Secretary upon request of County or Secretary, for purposes of the Secretary determining County's Compliance with the Privacy Rule or the Security Rule.
13. Contractor agrees to document such disclosures of PHI and information related to such disclosures as would be required for County to respond to a request by an individual for an accounting of disclosure of PHI in accordance with 45 CFR 164.528. Contractor will make available, at a minimum, the following information: (i) the date of the disclosure, (ii) the name of the entity or person who received the PHI, and if known, the address of such entity or person, (iii) a brief description of the PHI disclosed, and (iv) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. Contractor hereby agrees to implement an appropriate record keeping process to comply with this section.
14. Contractor agrees to provide County or an Individual, within 10 working days of the request from County or individual, information collected under Item 9 of this section, to permit County to respond to a request by an Individual for an accounting of disclosure of PHI in accordance with 45 CFR 164.528.

D. Termination

1. Notwithstanding any other termination provisions in this Contract, County may terminate this contract in whole or in part upon 5 working days written notice to Contractor if the Contractor breaches any provision contained in this section, HIPAA Compliance, and fails to cure the breach within the 5 working day period; provided, however, that in the event termination is not feasible County may report the breach to the Secretary.
2. Upon termination of this Contract for any reason, Contractor will extend the protections of this section,

ATTACHMENT B
Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Business Associate Compliance Requirements

HIPAA Compliance, to any records containing PHI that contractor is required to retain under any provision of this Contract.

E. Remedies in Event of Breach

Contractor recognizes that irreparable harm will result to County, and to County business, in the event of breach by Contractor of any of the covenants and assurances contained in this Agreement. As such, in the event of breach of any of the covenants and assurances contained in Sections C above, County will be entitled to enjoin and restrain Contractor from any continued violation of Section C. Furthermore, in the event of breach of Section C by Contractor, County is entitled to reimbursement and indemnification from Contractor for County's reasonable attorneys' fees and expenses and costs, including notices the County is required to give as a result of any Breach of Unsecured PHI, that were reasonably incurred as a proximate result of Contractor's breach. The remedies contained in this Section E are in addition to (and not supersede) any action for damages and/or any other remedy County may have for breach of any part of this Agreement.

ATTACHMENT B
Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Business Associate Compliance Requirements

EXHIBIT A TO BA AGREEMENT

**NOTIFICATION TO MULTNOMAH COUNTY ABOUT A
BREACH OF UNSECURED PROTECTED HEALTH INFORMATION**

This notification is made pursuant to Section C7 of the Business Associate Agreement between:

- Multnomah County, and

- _____
(Contractor).

Contractor notifies County that there has been a breach of unsecured (unencrypted) protected health information (PHI) that Contractor has used or has had access to under the terms of the Business Associate Agreement.

Description of the breach: _____

Date of the breach: _____

Date of the discovery of the breach: _____

Number of individuals affected by the breach: _____

The types of unsecured PHI that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, or disability code): _____

Description of what Contractor is doing to investigate the breach, to mitigate losses, and to protect against any further breaches: _____

Contact information to ask questions or learn additional information:

Name: _____

Title: _____

Address: _____

Email Address: _____

Phone Number: _____

Attachment C
Charting Encounter Guidelines for Network Navigators

MULTNOMAH COUNTY OREGON	
HEALTH DEPARTMENT ADMINISTRATIVE GUIDELINES	
SECTION: Legal	NUMBER: LEG.02.03
CHAPTER: HIPAA and Confidentiality	ORIGINATED: 08/94 LAST REVIEW DATE: 04/12
TITLE: Confidentiality/Privacy of Client Information	
APPROVED BY:	CONTACT PERSON/S: C. Gates
PAGE 1 OF 2	# Attachments: 1
Applies to: All personnel	

POLICY STATEMENT:

Multnomah County Health Department, its employees, and business associates will respect and protect the confidentiality and privacy of records and information about clients. All individually identifiable information on MCHD clients in any form is confidential and private. This includes written, electronic and oral communications.

Client information shall be maintained in physically secure areas at all times. Access to client information shall be limited to personnel who are carrying out a necessary patient care, billing or healthcare operations function. Client information shall not be left unattended in areas accessible to unauthorized individuals. Computers used to access client information shall not be accessible to unauthorized individuals. Client records are the property of MCHD. Client records shall not be removed from MCHD facilities unless they are being transferred between facilities, being used in the field in accordance with Clinical Standard LEG.02.09, Security of Client Records When Being used Outside of an MCHD Facility, or in the archive process.

PROCEDURES:

Health Department personnel (including permanent, temporary, on-call and contract employees; volunteers; students; interns; residents):

Shall not access, use or disclose client information except as needed in the course and scope of their duties.

Shall use or disclose only the minimum amount of information necessary to provide services to clients.

Shall not discuss client information with individuals not directly involved with the client's care or health care operations.

Shall not conduct client discussions in public areas.

Shall not allow any client information to be exposed to view of unauthorized individuals.

Shall avoid sending any protected health information in emails sent outside of Multnomah County, unless encrypted.

Shall not transmit protected health information via wireless devices, unless encrypted.

Attachment C

Charting Encounter Guidelines for Network Navigators

All personnel (including permanent, temporary, on-call and contract employees; volunteers; students; interns; residents) shall read this guideline and sign the MCHD Confidentiality Statement (see Attachment) before commencing duties. Employees who violate policies and procedures regarding the safeguarding of client information are subject to disciplinary action up to and including termination and possible legal action by the client. A single violation of this guideline can lead to termination.

Last review date: April 2012

Attachment C Charting Encounter Guidelines for Network Navigators

Charting Encounters with Patients

Note: All Epic entries (encounters or otherwise) must be routed to HHSC Primary Care Teams.

- For face to face visits, email or texting contact with patients at the HIV Health Services Center, or in any medical facility, use an **Interim** encounter.
- For telephone conversations with patients use a **Telephone** encounter.
- For all touches with patients regardless of place, use a first chief complaint "**Clinical Outreach**" (easily accessed by the number 1261).
- For all touches with patients, regardless of place, use a second chief complaint of the Subject of outreach (diabetes, medications, housing, etc.).
- In the comments section, for Interim encounters only, include Place (i.e. not needed for telephone/texting/email contact).
- In the comments section for email encounters, use "Email Communication", and for texting use "Text Communication."

Place	Hospital/other medical facility (including HHSC)	Field/non-medical setting	Text	Email	Telephone
Type of Encounter	Interim	Interim	Interim	Interim	Telephone
Chief Complaint	" Clinical Outreach "	" Clinical Outreach "	" Clinical Outreach "	" Clinical Outreach "	" Clinical Outreach "
Second Chief Complaint	Subject of meeting (diabetes, medications, housing, etc.)	Subject of meeting (diabetes, medications, housing, etc.)	Subject of meeting (diabetes, medications, housing, etc.)	Subject of meeting (diabetes, medications, housing, etc.)	Subject of meeting (diabetes, medications, housing, etc.)
Comments Section – first Chief complaint	Place	Place	"Text Communication"	"Email Communication"	

Attachment C

Charting Encounter Guidelines for Network Navigators

Charting Encounters with Providers

Note: All Epic entries (encounters or otherwise) must be routed to HHSC Primary Care Teams.

- For visits with any provider (PCPs, specialists), at the HIV Health Services Center, or in any medical facility, use an **Interim** encounter (this does not include non-provider staff). For email or text communications with any provider use an **Interim** Encounter.
- For telephone conversations with any provider, use a **Telephone** encounter.
- For all consultations with any provider regardless of place, use a first chief complaint "Consultation" (easily accessed by the number 205).
- For all touches with providers, regardless of place, use a second chief complaint of the Subject of outreach (diabetes, medications, housing, etc.).
- In the comments section, for Interim encounters only, include Place (i.e. not needed for telephone/texting/email contact).
- In the comments section for email encounters, use "Email Communication", and for texting use "Text Communication."
- If the provider was in a facility outside of the HIV Health Services Center, in the body of the note, include the position of the staff person and the agency they work with, as well as all contact information.

Place	Hospital/other medical facility (including HHSC)	Field/non-medical setting	Text	Email	Telephone
Type of Encounter	Interim	Interim	Interim	Interim	Telephone
Chief Complaint	"Consultation"	"Consultation"	"Consultation"	"Consultation"	"Consultation"
Second Chief Complaint	Subject of meeting (diabetes, medications, housing, etc.)	Subject of meeting (diabetes, medications, housing, etc.)	Subject of meeting (diabetes, medications, housing, etc.)	Subject of meeting (diabetes, medications, housing, etc.)	Subject of meeting (diabetes, medications, housing, etc.)
Comments Section of first chief complaint	Place	Place	Text Communication	Email Communication	

Attachment C

Charting Encounter Guidelines for Network Navigators

Charting Communication with Non-Provider Staff (RN, LPN, SW, CM, etc.)

Note: All Epic entries (encounters or otherwise) must be routed to PCPs.

- For visits, texts or email with non-provider staff at the HIV Health Services Center, or in any medical facility, use **Interim** encounter.
- For telephone conversations with non-provider staff, use a **Telephone** encounter.
- For all communication with non-provider staff regardless of place, use a first chief complaint **"Exceptional needs care coordination"** (easily accessed by the number 322).
- For all communication with non-staff providers, regardless of place, use a second chief complaint of the Subject of outreach (diabetes, medications, housing, etc.).
- In the comments section, for Interim encounters only, include Place (i.e. not needed for telephone/texting/email contact).
- In the comments section for email encounters, use "Email Communication", and for texting use "Text Communication."
- In the body of the note, include the position of the staff person and the agency they work with, as well as all contact information.

Place	Hospital/other medical facility (including HHSC)	Field/non-medical setting	Text	Email	Telephone
Type of Encounter	Interim	Interim	Interim	Interim	Telephone
Chief Complaint	"Exceptional needs care coordination"	"Exceptional needs care coordination"	"Exceptional needs care coordination"	"Exceptional needs care coordination"	"Exceptional needs care coordination"
Second Chief Complaint	Subject of meeting (diabetes, medications, housing, etc.)	Subject of meeting (diabetes, medications, housing, etc.)	Subject of meeting (diabetes, medications, housing, etc.)	Subject of meeting (diabetes, medications, housing, etc.)	Subject of meeting (diabetes, medications, housing, etc.)
Comments Section – First Chief complaint	Place	Place	Text Communication	"Email Communication"	

Attachment C Charting Encounter Guidelines for Network Navigators

Charting Encounter Summary Table

Note: All Epic entries (encounters or otherwise) must be routed to HHSC Primary Care Teams.

Place or method of communication	Hospital/other medical facility (including HHSC)	Field/non-medical setting	Text	Email	Telephone
Who is touched					
Patient	Interim "Clinical Outreach" Subject of meeting (diabetes, medications, housing, etc.) Place	Interim "Clinical Outreach" Subject of meeting (diabetes, medications, housing, etc.) Place	Interim "Clinical Outreach" Subject of meeting (diabetes, medications, housing, etc.) Place	Interim "Clinical Outreach" Subject of meeting (diabetes, medications, housing, etc.) Place	Telephone "Clinical Outreach" Subject of meeting (diabetes, medications, housing, etc.) Place
PCP or any other provider (specialists)	Interim "Consultation" Subject of meeting (diabetes, medications, housing, etc.) Place	Interim "Consultation" Subject of meeting (diabetes, medications, housing, etc.) Place		Interim "Consultation" Subject of meeting (diabetes, medications, housing, etc.)	Telephone "Consultation" Subject of meeting (diabetes, medications, housing, etc.)
Any care team member, non-provider in field (RN, LPN, SW, CM, etc.)	Interim "Exceptional needs care coordination" Subject of meeting (diabetes, medications, housing, etc.)	Interim "Exceptional needs care coordination" Subject of meeting (diabetes, medications, housing, etc.)		Interim "Exceptional needs care coordination" Subject of meeting (diabetes, medications, housing, etc.)	Telephone "Exceptional needs care coordination" Subject of meeting (diabetes, medications, housing, etc.)

This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative Building a Medical Home for HIV Homeless Populations. Learn more at <http://cahpp.org/project/medheart/models-of-care>