

### **General feedback:**

A glossary of definitions would be helpful to avoid confusion or misinterpretation of the DSA:

- For example, what is a Governmental Participant vs a government entity? Would a county hospital be considered a Governmental Participant?
- The definition of a social services organizations should also be clarified. Are these CBOs that provide social services, or are they entities that administer social services, such as food stamps? The term should not be used interchangeably.
- Consider defining “Participant” (so that it is not confused with the individual/patient)
- Consider defining “Committee”
- Consider defining “Authorization” (if intended to be the client-level release of information)

While PHI and PII are referenced throughout, there is not a specific reference to sensitive data types (including data governed by the Lanterman-Petris-Short Act, Substance Use Disorder Data, HIV test results, or other sensitive data) that are specially protected under State or federal law.

- If these are being grouped conceptually under PHI for the DSA, then it would be helpful to clarify that in the document. However, because of the distinct authorization/disclosure/redisclosure/breach reporting requirements for these sensitive data types, it may be more useful to treat them separately in the respective sections.

### **Specific sections:**

**12.7 Law Enforcement Exception, page 12:** A deeper discussion is warranted to address a) whether criminal justice data will be exchanged in the HIE, b) whether law enforcement entities are intended or will be granted access to PHI/PII/sensitive data types, and c) for what permissible uses with what authorization(s) within the Data Exchange Framework.

**7.2, page 10:** This section seems to suggest that an entity could exchange data beyond the list of permissible exchange purposes if that additional exchange purpose was included on their client-level authorization. Flexibility beyond the permissible uses could degrade trust in the DxF and underscores the need for a standardized list of permissible exchange purposes under all applicable laws. This section also highlights the need for a standardized, client-level authorization form.

**14.2, page 11:** Entities may be hesitant to accept a client-level authorization from another entity, particularly if part 2 data are being re/disclosed. Again, a standardized, client-level authorization form would solve this issue.

**Exchange Purposes, p.8:** As mentioned during the call, please consider expanding the definition of 1. Treatment to “including but not limited to care coordination and service delivery.”