California Health & Human Services Agency
Center for Data Insights and Innovation
Data Exchange Framework Technical Advisory Committee (TAC) Meeting
Q&A Log (12:00 PM – 1:00 PM PT, June 12, 2025)

The following table shows comments that were entered into the Zoom Q&A by public attendees during the June 12, 2025, meeting:

Count	Name	Comment	Response(s)[1]
1	Marc Mar-Yohana (OtisHealth)	Hello Folks. It seems I am only available as a webinar participant (can't chat nor share video). Thanks for hosting this meeting. We (OtisHealth) are voluntary signatories to the DxF.	Thank you, Marc. Only Members of the Consent Management DxF TAC are enabled access to chat and video. Please feel free to submit comments or questions using Zoom's Q&A feature or participate in public comment towards the end of the meeting.
2	Marc Mar-Yohana (OtisHealth)	Should consent have a standard expiration or re-authorization timeframe?	
3	Marc Mar-Yohana (OtisHealth)	Should we have an automatic revocation of a child's consent after a certain age if a parent/ guardian had provided consent on the child's behalf?	

[1] Responses may have been provided by various Data Exchange Framework Technical Advisory Subcommittee Members, Guest Presenters, or Center for Data Insights and Innovation staff.

4	Mary-Sara Jones	What do you mean by mechanism? Are you asking if DxF should create/manage a solution? Or that there should be a capability within DxF (shared or otherwise)?	
5	Gevik Nalbandian (IDENTOS)	1) Let's make sure we don't ignore "Women's productive health" to the "specialized" version of consent. 2) Hans and Julie's point about the lift required by Consolidation is very valid (both jurisdictionally and technically). It's apt to consider how local policy is translated and used to do access control (enforcement) vs looking at a consolidate view for reporting/discovery purposes (separate from local-level enforcement)	

6	Mary-Sara Jones	Thinking about the standard model for consent, it may be important to explore the different applications across domains (criminal, social services, health, education, …). The data will vary and the in some cases the algorithms, or rather data standards, will also vary.	
7	John Moehrke	Please recognize that a patient with sensitive health topics WILL have a sensitive Consent terms.	
8	Marc Mar-Yohana (OtisHealth)	Could we clarify how a consent that has been modified by the person (e.g. reducing the scope of what can be shared) would be communicated to organization who may be using an older or expired consent?	

9	Marc Mar-Yohana (OtisHealth)	Could we clarify how a caregiver or proxy may have been noted as the individual who authorized the consent?	
10	Mary-Sara Jones	For part of the ontology, it will be important to have a directory for all providers that includes the services within the provider's scope - ie are they a physician, a child welfare investigator, housing coordinator, juvenile justice case worker,…? That is needed to connect to the consent determinations.	
11	Mary-Sara Jones	Consent for foster children requires knowing who has consenting authority for the child. Is it the state / county, grandma, mom, dad,…? This information is dynamic and will likely need to	

		come from the local Child Welfare agency.	
12	Gevik Nalbandian (IDENTOS)	David: I should consider "a Patient" is a "Persona" (not a state). Because a person doesn't change state , but they can be represented by different attributes depending on their setting.	
13	Mary-Sara Jones	Segmenting consent is in part about segmenting data but is more about limiting the flow of data to consented end points. In some cases it will just be a matter of not passing data to an end point. This is especially true if you think about consent within programs, as opposed to health.	

14	Mary-Sara Jones	If a person is consenting to share their behavioral health data can they limit the sharing to the providers they choose? It sounds like from the discussion that if they agree to share it is shared broadly. Is that the case?	
15	John Moehrke	what are the vectors of segmentation that are needed? Some vectors are more easy (date period, author, encounter) and clear than others (sensitivity tagging)	
16	Gevik Nalbandian (IDENTOS)	Possible consideration: Rules (Policies) for sharing can be kept as seperarate resource (and versioned) and referenced by the captured consent snapshot so the you know why the patient/guardian decided to provide or not provide consent for sharing. This way when the rules of	

		access (enforcement) changes, the original intent can be considered and applied.	
17	Mary-Sara Jones	As the consent process is defined, are you also thinking about orchestrating authorizations? For example, HIPAA applies to health care providers. There are other authorizations that apply to non clinical domains - FERPA, CJIS, and the policies of USDA, HUD, ACF, . . .	

Total Count of Zoom Q&A comments: 17