



# American Society of Addiction Medicine

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TREAT ADDICTION • SAVE LIVES

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Farzad Mostashari, MD, ScM

National Coordinator for Health Information Technology

Office of the National Coordinator for Health Information Technology

Attention: 2014 Edition EHR Standards and Certification Criteria

Proposed Rule

Hubert H. Humphrey Building, Suite 729D

200 Independence Ave., SW

Washington, DC 20201

**RE: Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology, 2014 Edition; Revisions to the Permanent Certification Program for Health Information Technology; HHS-OS-2012-0004; RIN 0991-AB82**

Dear Dr. Mostashari,

The American Society of Addiction Medicine (ASAM) is grateful for the opportunity to comment on the proposed standards, implementation specifications and certification criteria for electronic health record (EHR) technology.

ASAM represents nearly 3000 physicians who specialize in the treatment of addiction. Many have already incorporated health information technology (HIT) in their practices or are required to use HIT in their treatment facilities. For those either currently using HIT or considering its use in the future, one critical factor determining their adoption of this technology is its capacity to protect the confidentiality and integrity of health information for the addiction patient.

The privacy of medical records documenting all medical care is especially important. Confidentiality is the fundamental requirement for the establishment of trust when the most private details of a person's life

are revealed. Activities of addiction treatment providers are addressed by laws which recognize that these special therapeutic relationships should be protected by the strictest expectations of confidentiality. Chapter 42 of the Code of Federal Regulations, Part 2, (42 CFR Part 2) is the statute in federal law that requires that documents of addiction treatment be held to higher standards of confidentiality than even psychiatric records, and far higher than records of general medical encounters. In order to encourage the widespread adoption of EHR's among addiction treatment physician providers, it is imperative that these special protections be afforded addiction patients in all settings and by all providers; and that these protections be given special consideration as the Administration revises the certification criteria for electronic health record technology. To facilitate the ability of an EHR user to comply with 42 CFR Part 2, ASAM recommends that a standardized release of information be developed that is specific to 42 CFR Part 2 and this release and the EHR permit the collection of "offline" documentation (for example, patient notes) that would not be shared.

Again, ASAM thanks the Office of the National Coordinator for Health Information Technology (ONC) for the opportunity to submit comments regarding this important issue. We look forward to a continued collaboration with the ONC on the development and adoption of health information technology that supports increased access to alcohol and drug addiction treatment.

Sincerely,

A handwritten signature in black ink, appearing to read "Stuart Gitlow". The signature is fluid and cursive, with a stylized "S" and "G".

Stuart Gitlow, MD, MBA, MPH, FAPA

Acting President and AMA Delegate, American Society of Addiction Medicine