Safeguarding client Protected Health Information (PHI) when requesting eSHARE Technical Assistance

**Note:** Never send Protected Health Information (PHI) when you request eSHARE TA—All PHI incidents will be logged and your supervisor will be notified.

What is Protected Health Information as it pertains to eSHARE?

Protected Information includes, but is not limited to the following:

- Client/Patient names (First, Middle, Last, Alias, Nicknames)
- Client/Patient date of birth
- Client/Patient chart or membership numbers
- Client/Patient address

This information may be visible on an eSHARE screen or within an eSHARE report when you log in securely at your agency. eSHARE authorized users are privy to Protected Health Information at their agencies. When requesting eSHARE technical assistance by email or phone, do not relay protected information about client/patients to the DOHMH. Such communication is considered a breach of PHI and all incidents will be logged.

Breaches of PHI can occur if a user were to do the following:

- Send screenshots with client PHI visible
- Send an attachment that is a spreadsheet with hidden rows or columns containing PHI
- Send an email attachment with client PHI
- Phone conversation with client PHI

To avoid sending PHI, send only a client’s eSHARE Client System ID number. You can find this client system ID on the client search screen as well as the client’s Common Demographic form in eSHARE. eSHARE Technical Assistance does not require the PHI indicated above in order to troubleshoot any eSHARE technical problem. **If you mistakenly send PHI, you must do the following:**

- Notify the recipient of the information that they must delete the communication.
- Inform the party to delete the received copies, the original email from the ‘Inbox’ folder and then delete it from the ‘Deleted’ folder as well.
- Notify any others of the same procedure where the information may have been forwarded or shared.
- Delete the same information from your desktop email system as well.
Congratulations to all agencies that submitted an Ryan White Services Report from eSHARE!

- All reports were submitted by the Monday, March 25, 6 pm deadline.
- A total of 38,558 clients were reported (total number, not unique clients)
- Preliminary completeness rates look very good – final results will be presented in an upcoming RSR Results webinar in early May.

- Julia Cohen

Deleting a Closure

eSHARE TA often receive provider requests to delete a ‘Reopen’ status enrollment record if the client’s enrollment was accidentally closed and then reopened again.

**Important!** If you CLOSED an enrollment accidentally, **DO NOT** re-open the enrollment as this will lock you out of entering services between the ‘Closed’ and ‘Reopen’ date. Instead, you can just **DELETE** the closure altogether and it will be as if you never closed the enrollment in eSHARE.

How do you delete a enrollment closed by mistake?

- Click on the pencil button 🖊 to edit the ‘Enrollment Details’
- Once the enrollment details page is loaded, click on ‘Click here to show history’
- Click on ‘Delete Closure’ button as shown below:

For additional assistance regarding enrollment issues, please contact eSHARE TA at

eshareinfo@health.nyc.gov or (347) 396-7401
**Why do we collect demographic data?**

Demographic data collection is important to track group differences in health status or service utilization, in order to ultimately reduce or eliminate disparities in health care.

The federal Office of Management and Budget (OMB) sets the standards for collection of demographic data. These standards were reviewed in 2017 but collection of these data remain a challenge.

This tip sheet is designed (with recommendations from the federal and New York State government), to provide guidance for collecting and reporting demographics for Health Department contracts, in situations where the best approach may not be obvious.

The recent changes to the eSHARE Common Demographics form were made to increase response rates, validity, and reliability, and also to meet new requirements set by our federal funding agencies while also aligning with the current best practices.

**Self-Identification**

Self-identification is the preferred means of obtaining an individual’s demographic information. The collector should not tell an individual how they should be classified.

Using the client’s preferred pronouns is another way of showing respect.

Q. What should I do if a client declines to self-identify or is unable to provide an answer at the time of data collection?

A. Providers may enter the necessary information based on existing records or provider understanding if a client declines to self-identify. Previous records and provider understanding may be used only if a client refuses or is unable to self-identify.

**Resources:**


Ethnicity & Race  To provide flexibility and ensure data completeness and quality, ethnicity and race should be asked separately. Specifically, when self-reporting or other self-identification approaches are used, ethnicity is asked first, AND THEN race.

First ask, “Are you Hispanic or Latino/a?” or “Do you identify as Hispanic or Latino/a?” REGARDLESS of the answer to the question, continue onto the next question by asking, “With which racial category or categories do you self-identify?”

Examples:

- A client self-identifies as non-Hispanic and as American Indian and White. The client is reported in the “non-Hispanic” category in Ethnicity and both “American Indian/Alaskan Native” and “White” Categories for Race.

- A client self-identifies as Hispanic and Mexican both as their ethnicity and race. They do not self-identify with any of the 5 racial categories listed. This client is reported in the “Hispanic” category in Ethnicity, with the Hispanic detail option “Mexican, Mexican-American, Chicano/a” selected and “Other” category in race. accompanied by an optional write-in of their choosing.1

1 Options of “Other” or “Declined” will be reported as missing data for client Race in the Ryan White Services Report.

Current Gender Identity & Sex Assigned at Birth

Current Gender Identity refers to a person’s innate, deeply felt psychological identification as a man, woman, combination of both, or some other gender which may or may not correspond to the sex assigned to them at birth.

Sex Assigned at Birth refers to the sex assigned (generally by medical personnel) at birth based on appearance of the external genitalia.

Intersex refers to people who are born with any variation of sex characteristics that may not fit traditional conceptions about male or female bodies.
Sexual Orientation

**Sexual Orientation** refers to our physical and/or emotional attraction to the same and/or other gender(s). Read question without responses because terms that some people apply to themselves may be perceived by others to be offensive or insulting. As with all identities, utilize terms people use to describe themselves.

**Pansexual** describes a person whose romantic and/or sexual attraction has no gender boundaries; people may also choose to describe themselves as pansexual to acknowledge attraction to various genders beyond the traditional binary of “male” or “female.”

**Queer** is sometimes used as an inclusive term for people whose identity, presentation, or sexual practices resist societal expectations. Historically derogatory, “queer” is now used by some LGBTQ people as a political term or as an individual identity.

**Questioning** refers to those uncertain of or re-examining their sexual orientation or their gender identity.

**Asexual** describes a person who experiences little or no sexual attraction to others.

**Pansexual** describes a person whose romantic and/or sexual attraction has no gender boundaries; people may also choose to describe themselves as pansexual to acknowledge attraction to various genders beyond the traditional binary of “male” or “female.”

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**Best Practices...**

1. Ask the question in an open and non-judgmental manner
2. Ask the questions with a clear voice, and display open body language
3. Follow the client’s lead with regards to maintaining eye contact or not
4. Look up from the computer screen when asking these questions
5. Be patient in allowing the person to respond
**Updated eSHARE Training Schedule**

- The training schedule does not include off-site trainings, or service category specific trainings.

- The schedule is not final, and changes can be made anytime so it is best you check our CVENT training website on the eSHARE dashboard to ensure the schedule is updated.

- For any eSHARE training questions, please contact us at esharetraining@health.nyc.gov

<table>
<thead>
<tr>
<th>Date</th>
<th>Training Type</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>April 19, 2019</td>
<td>eSHARE Canned Reports</td>
<td>This training is designed for eSHARE users familiar with the eSHARE Canned Reports and with a basic familiarity with MS Excel. Course will cover using the VLOOKUP function and Pivot tables to manipulate reports in MS Excel.</td>
</tr>
<tr>
<td>April 24, 2019</td>
<td>eSHARE Ryan White End-User</td>
<td>This training is designed for Ryan White (non-testing) service providers, and will cover the client demographics form, enrolling clients into the program, completing the intake assessment, and data entry of services in eSHARE including individual and group services and anonymous events (where applicable).</td>
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<tr>
<td>April 29, 2019</td>
<td>eSHARE Prevention End-User</td>
<td>This training is designed for Prevention service providers, and will cover the client demographics form, enrolling clients into the program, completing the baseline assessment, and data entry of services in eSHARE including individual, referrals, group services and anonymous events (where applicable).</td>
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<tr>
<td>May 20, 2019</td>
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