



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
 Nellie M. Gorbea, *Secretary of State*

Rules and Regulations Filing Form

1. Agency Name and Address

Health, Department of

Cannon Building

2. Title of Rule

Rules and Regulations Pertaining to the Regional Health Information Organization and Health Information Exchange [R5-37.7-HIE]

3. Statutory Source of Authority

RIGL Chapter 5-37.7

4. Concise Explanatory Statement - §42-35-2.3

The purpose of the proposed amendments is to update the standards pertaining to protection of individual health care information and security requirements that must be implemented by the Health Information Exchange (HIE)

5. Type of Filing

Emergency Rules	
<p>A1. Emergency 120-day initial - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment of ERLID:</p> <p><input type="checkbox"/> Repeal of ERLID:</p>	<p>A2. Emergency 90-day renewal - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p>Indicate ERLID of 120-day initial:</p>
<p>Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):</p>	

Final Rules			
<p><input checked="" type="checkbox"/> B1. Amendment</p> <p>Supersedes ERLID: 5650</p>	<p><input type="checkbox"/> B2. Adoption</p> <p>Repeals ERLID:</p>	<p><input type="checkbox"/> B3. Repeal</p> <p>Expires ERLID: 0</p>	<p><input type="checkbox"/> C. Technical Revision</p>
<p>If B1 or C, please indicate new, amended, deleted, or revised sections: Major revisions to Sections 2.0 & 4.0; other revisions throughout regulations</p>			

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1):03/10/2014
 Date of Public Hearing - §42-35-3(a)(2):04/14/2014
 End of Comment Period:04/14/2014

7. Agency Additional Information - Web Page

http://

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

 Name

 Title

 Notary Public
 Subscribed and sworn before me
 this _____ day of _____, _____