



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 - §42-35-2.6**

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 - §42-35-2.10</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 60-day renewal - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p><input type="checkbox"/> Repeal</p> <p>Indicate ERLID of 120-day initial:</p>
<p>Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:</p>	

Final Rules		
<p><input checked="" type="checkbox"/> B1. Amendment - §42-35-3(a)</p> <p><input type="checkbox"/> C. Technical Revision</p>	<p><input type="checkbox"/> B2. Adoption - §42-35-3(a)</p> <p><input type="checkbox"/> D. Direct Final Rule - §42-35-2.11</p>	<p><input type="checkbox"/> B3. Repeal - §42-35-3(a)</p>
<p>Supersedes ERLID: 5650</p> <p>If B1 or C, please indicate new, amended, deleted, or revised sections:                  Major revisions to Sections 2.0 &amp; 4.0; other revisions throughout regulations</p>		

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8:03/10/2014  
 Date of Public Hearing - §42-35-2.8:04/14/2014  
 End of Comment Period - §42-35-2.8 :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 \_\_\_\_\_, \_\_\_\_\_