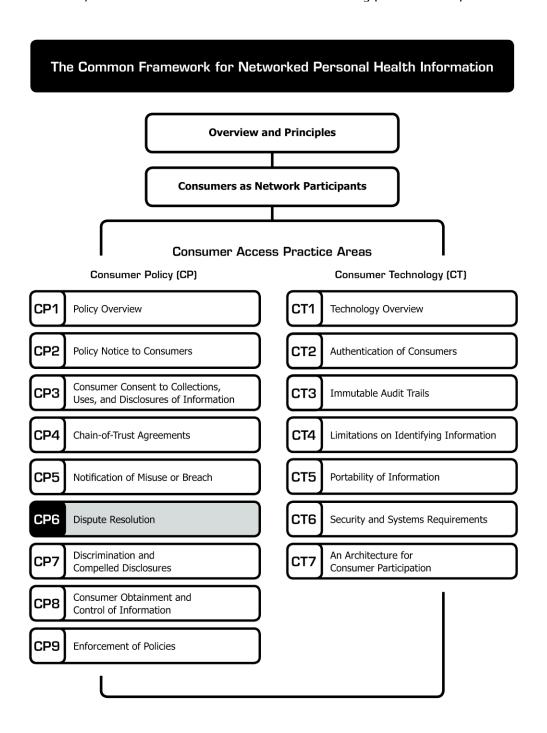


The document you are reading is part of the *Connecting for Health* Common Framework for *Networked Personal Health Information*, which is available in full and in its most current version at http://www.connectingforhealth.org/.

This framework proposes a set of practices that, <u>when taken together</u>, encourage appropriate handling of personal health information as it flows to and from personal health records (PHRs) and similar applications or supporting services.

As of June 2008, the Common Framework included the following published components:



## Dispute Resolution\*

**Purpose:** If they have concerns about their PHR or related services, consumers should have a transparent and easy-to-use process to resolve questions or disputes, such as:

- Misuse or breach of data. (See <u>CP5</u>: Notification of Misuse or Breach.)
- Disputes about privacy or data collection, handling, uses, or disclosures.
- Disputes claiming unfair or deceptive business practices.
- · Data quality or matching errors.

Examples of trust-building mechanisms include but are not limited to the following:

- Online negotiation: PayPal's online Resolution Center<sup>1</sup> is an example of a service that enables buyers and sellers to negotiate and resolve disputes. If they fail, the case escalates to a PayPal claim, which the company investigates and resolves.
- Ombudsman: Used frequently in governments and industries such as journalism, an ombudsman is designed to be a neutral office charged with hearing and investigating complaints from the public.
- Call centers: In some organizations, existing call centers may serve to handle questions or disputes from consumers.

\* Connecting for Health thanks Josh Lemieux, Markle Foundation, for drafting this paper.

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This practice area addresses the following **Connecting for Health** Core Principles for a Networked Environment\*:

- 6. Data quality and integrity
- 8. Accountability and oversight
- 9. Remedies
- \* "The Architecture for Privacy in a Networked Health Information Environment," **Connecting for Health**, June 2006. Available at: <a href="http://www.connectingforhealth.org/">http://www.connectingforhealth.org/</a> commonframework/docs/P1\_CFH\_Architecture.pdf.

Consumers ideally will have a clear and logical pathway with effective options to raise and resolve disputes. At minimum, consumers should be provided with information to set realistic expectations about the service's practices for responding to complaints, as well as let consumers know where else they might effectively address their concerns. For example, if a consumer believes there is an error in data imported into her PHR from a Health Data Source, the consumer ideally will have easy access to information about how to contact that Health Data Source to request a correction, and at minimum should be able to easily identify who that Health Data Source is. (See CP8: **Consumer Obtainment and Control of** Information, Area 3: Requests to Amend or Dispute Entries.)

## Recommended Practice:

PHRs and Consumer Access Services should set clear expectations for how consumers may address complaints. Ideally, PHRs and Consumer Access Services will provide clear and logical pathways for consumers to address and resolve complaints. Installing an ombudsman to accept and manage user disputes in a fair and convenient manner is one such mechanism.

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\*Note: State and Federal employees participate in the Personal Health Technology Council but make no endorsement.