A close up of a sign

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<Insert date>

Dear HL7 Member,

The Version 2 Management Group has asked me to forward you a set of recommended corrections and modifications to the currently published **"HL7 Version 2.9 Messaging Standard**”. The referenced document can be found on the HL7 Web site under the Standards Tab > Intro to HL7 Standards > Version 2 (V2) > HL7 Messaging Standard Version 2.9

\*or\* http://www.hl7.org/implement/standards/product\_brief.cfm?product\_id=516

<Insert paragraph explaining the Work Group plans for the next ballot/publication which will incorporate the errata. See example below.>

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| Example:  A future balloted and published version of this Implementation Guide will contain these recommended changes. However, the Work Group felt that the activity in the US supporting the adoption of Meaningful Use Rules and a push for increased interoperability among providers and public health agencies warranted that this letter be sent out to insure that all who use this Implementation Guide have the most current information. |

When HL7 v2.9 was  created, the Access Restrictions segment ARV was deprecated in the body of messages and placed at the top of the messages immediately following the Message Header segment MSH as an optional, can repeat segment, {[ARV]}.  This was not applied to all messages that may contain patient related data, i.e., messages that permit the use of the Patient segment PID.

This errata is to notify that all messages that permit the use of the Patient segment PID in any form (optional/required, single/multiple, original/response) the Access Restriction segment ARV MAY be used and SHALL then be placed immediately following the Message Header segment MSH as an option, may repeat segment, {[ARV]}.  Placement anywhere else in the message is not permitted and where still noted in HL7 v2.9 considered deprecated as of HL7 v2.9.

Sincerely,

HL7 CTO