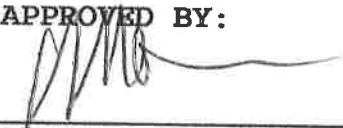


**COUNTY OF IMPERIAL
DEPARTMENT OF BEHAVIORAL HEALTH SERVICES
POLICY AND PROCEDURE MANUAL**

SUBJECT: Release of Client Information	PROCEDURE: 01-05
SECTION: Administration	EFFECTIVE DATE: 8-29-12
REFERENCE: None	PAGE: 1 of 8
AUTHORITY: Behavioral Health Director as the Local Mental Health Director and Alcohol and Drug Administrator	SUPERSEDES: 4-11-12
	APPROVED BY: 

PURPOSE: To establish a procedure for the release of client information that maintains confidentiality in accordance with applicable state and federal laws and regulations.

NOTES: A processing fee for the release of client information is applied for the following agencies. Fees are determined by a scale provided by the State of California specified in Health and Safety Code 123110.

- * State Department of Social Services
- * State Department of Rehabilitation
- * Attorney's offices
- * Client's, Parents, or Legal Guardian

When an attorney asks for a copy of his or her client's records and has a written authorization from the client and the request is pursuant to Evidence Code 1158, ICBHS is limited to the fee specified in Evidence Code 1158.

If the release is provided to an agency listed below, no fee is required:

- | | |
|---|--|
| <ul style="list-style-type: none"> * Schools, including Special Ed * Hospitals * Imperial Valley College * San Diego Regional Center * Any non-profit organization (IVROP) * All County Departments (i.e., Department of Social Services, Public Health, Probation, Public Defenders) | <ul style="list-style-type: none"> * Doctor's offices * Clinicas de Salud * I.N.S. * Dept. of Veterans Affairs |
|---|--|

According to California Health and Safety Code, Section 123110(d), any patient or former patient or the patient's representative shall be entitled to a copy, at no charge, or the relevant portions of the patient's records, upon representing to the provider a written request and proof that the records are needed to support an appeal regarding eligibility for a public benefit program. These programs are the Medi-Cal program, social security disability insurance benefits and supplemental Security Income/State Supplemental Program for the Aged, Blind, and Disabled (SSI/SSP) benefits.

According to the requirement established by HIPAA at 45 CFR 164.514(h)(1), information will not be released to anyone unless they have a right to the information. Prior to the release of information, reasonable efforts must be made to verify the identity of the person making the request and the person's right to receive the information, if the identity or such authority is not previously known to ICBHS. Once verification has been made, staff may follow the appropriate procedures for release of information. Guidelines for verifying identity and authority are provided in Policy 01-78, Verifying Identity and Authority.

HIPAA's Privacy Rule includes a right to an "accounting of disclosures" Accordingly, the department is required to provide a listing of all disclosures of a client's PHI made by ICBHS for up to six (6) years preceding the request. The accounting may exclude disclosures made by ICBHS to carry out treatment, payment and health care operations, which constitute the majority of communications. In addition, the accounting may exclude disclosures:

- a. to the client, of his or her own PHI
- b. made pursuant to an authorization executed by the individual
- c. made for the creation of a limited data set
- d. incidental to otherwise permissible disclosures

Clients are entitled to a single accounting every 12 months without charge. Additional requests within a 12-month period may be subject to a "reasonable, cost-based fee."

A release of information is considered valid when it contains the six (6) core elements and six (6) notification statements. The six core elements and six notification statements are fully defined in Policy 01-22.

Each member of the ICBHS workforce is required to comply with federal and state privacy regulations and Imperial

County Behavioral Health Services (ICBHS) privacy policies and procedures. Members of the workforce found to have violated federal privacy and state confidentiality regulations and/or ICBHS privacy policies are subject to sanctions appropriate to the nature of the violation including criminal penalties and/or departmental disciplinary actions outlined in the Employee Handbook and County Ordinance 24452. State regulations regarding confidentiality are found in Policy 01-12. Examples of actions that are in violation of the federal privacy regulations (HIPAA) are fully defined in Policy 01-60.

The Invalid and Approved Authorization for Disclosure of PHI Logs are considered confidential information and employees are responsible for safeguarding all information regarding and pertaining to a client. Confidential information should not be left on a table, desk, or counter, etc., accessible to individuals not employed by ICBHS.

DEFINITIONS: ICBHS: Imperial County Behavioral Health Services

Protected Health Information (PHI): Individually identifiable information relating to past, present, or future physical or mental health condition of an individual, provision of health care to an individual, or the past, present, or future payment for health care provided to an individual transmitted or maintained in any form or medium including oral, written, or electronic communication.

PROCEDURE:

PERSON RESPONSIBLE

ACTION

Client/Person/Entity

1. Contacts ICBHS in person, via telephone, mail, or fax to request release of client PHI.

Program Clerical Staff/
Medical Records Staff

2. Receives the request to release client PHI.
 - a. If the request is made in person, provides the requestor an **Authorization for the Use and Disclosure of Information/ Autorizacion Para Uso o Divulgacion de Informacion.**

Program Clerical Staff/
Medical Records Staff
(cont.)

- b. If the request is made via telephone, informs requestor that the release to use or disclose protected health information must be made in writing and offers to send or fax the form.
 - c. If the request is made by fax or mail, proceeds to step 3.
3. Upon receipt of a written authorization for disclosure of PHI, date stamps the form effective the date of receipt.
4. Verifies identity and authority of the requestor.
5. Verifies status of client in Avatar.

Note: For releases received by program:

- a. If client is active, proceed to Step 6
- b. If the case is discharged, forwards the authorization to Medical Records.

For releases received by Medical Records:

- a. If client is discharged, proceed to Step 6
- b. If the case is active, forwards the release to the client's current active program.

6. Verifies that the authorization for disclosure of PHI contains the six core elements and the six notification statements.
 - a. If all requirements are met, proceed to step 7.

Program Clerical Staff/
Medical Records Staff
(cont.)

b. If the requirements are not met:

- 1) Completes an **Invalid Authorization for Disclosure of PHI** checklist identifying missing core elements and/or notification statements.
- 2) Documents on the **Invalid Authorization for Disclosure of PHI** log the following information:
 - a) Date Received
 - b) Client Name, DOB, and BC#
 - c) Name and Location of Person/Entity Requesting PHI.
 - d) Purpose of Disclosure
 - e) Missing Core Element(s) and/or Required Notification Statement(s).
 - f) Date Returned
 - g) Released By
- 3) Copies Request to Release PHI, Checklist for Invalid Authorization for Disclosure of PHI, and files copies in the client record.
- 4) Returns **Checklist for Invalid Authorization for Disclosure of PHI and Request to Release Client PHI** to the requestor.

The procedure ends here.

7. Completes Section A of the **Record Release Information** form, indicating the following:
 - a. Client's Name
 - b. BC#
 - c. Authorizing Clinician
 - d. Date
 - e. Authorization to

Program Clerical Staff/
Medical Records Staff
(cont.)

8. Attaches authorization for disclosure of PHI to the client's chart and forwards to the clinician/program supervisor.

Note: If the authorization for disclosure of PHI contains substance abuse information, a copy of the authorization is sent to the appropriate Alcohol and Drug program supervisor.

Clinician/Program
Supervisor

9. Reviews the authorization for disclosure of PHI, **Records Release Information** form, and the clinical record and prepares a packet of the information to be disclosed.

Note: Any disclosure must be limited to the information necessary to carry out the purpose of the disclosure.

10. Indicates the records to be released and signs and dates Section B of the **Records Release Information** form.
11. Returns client record and packet of information to be disclosed to program clerical or Medical Records staff.

Program Clerical Staff/
Medical Records Staff

12. Upon receipt of the packet, stamps each document authorized to be disclosed with the Confidential Information stamp (Mental Health Programs), and/or the DO NOT DUPLICATE stamp on top of the wording.

Program Clerical Staff/
Medical Records Staff
(cont.)

13. Signs and dates Section C of the **Records Release Information** form.
14. If the requestor is to be billed for the release of PHI, completes the **Records Processing Fee Statement** form.
15. Completes the **Authorization for Disclosure of PHI Log**, if appropriate, by indicating the following information:
 - a. Date Received
 - b. Client Name, DOB, and BC#
 - c. Name & Location of Person/
Entity Receiving PHI
 - d. Purpose of the Disclosure
 - e. PHI/Information Disclosed
 - f. Amount Billed, if applicable
 - g. Date Returned
 - h. Disclosed By
16. Forwards the following to the requestor:
 - a. Copy of the cover letter from requesting agency, if applicable.
 - b. Copy of the signed release of information
 - c. White copy of **Records Processing Fee Statement** form, if applicable.
 - d. Stamp copies of client PHI to be disclosed.
17. Documents the release on an **Accounting of Disclosure Log**, if applicable, located as the top sheet in the back of the first divider of the client's chart entering the following information:
 - a. Date of Release of PHI
 - b. Name and Location of Person/
Entity Receiving PHI

Program Clerical Staff/
Medical Records Staff
(cont.)

- c. PHI/Information Disclosed
 - d. Purpose of Disclosure
 - e. Disclosed By
18. Files in the client's chart the following information behind the **Accounting of Disclosure Log**:
- a. Original request for release of information
 - b. **Record Release Information** form
 - c. Canary copy of the **Records Processing Fee Statement** form, if applicable.
- Program Clerical Staff 19. Forwards the following to Medical Records:
- a. **Records Release Information**
 - b. Pink Copy of the **Records Processing Fee Statement**, if applicable
 - c. Copy of the signed authorization for disclosure of information form
- Medical Records Staff 20. Follows up on billing statement and sends requestor a **Payment Overdue Letter** after 30, 60, or 90 days as needed until payment is received.

Forms used in this procedure:

Accounting of Disclosure Log ICBHS 00-59
Approved - Authorization for Disclosure of PHI Log ICBHS 00-120
Authorization for the Use and Disclosure of Information ICBHS 00-28
Autorizacion Para Uso o Divulgacion De Informacion Invalid Authorization for Release of Protected Health Information Checklist ICBHS 00-42
Invalid - Authorization for Disclosure of PHI Log ICBHS 00-117
Payment Overdue Letter ICBHS 05-09
Record Release Information ICBHS 05-04
Records Processing Fee Statement ICBHS 05-08