


**COUNTY OF IMPERIAL
DEPARTMENT OF BEHAVIORAL HEALTH SERVICES**

POLICY AND PROCEDURE MANUAL

SUBJECT: Authorization for the Use or Disclosure of Information Processing and Billing	PROCEDURE: 01-11
SECTION: Administration	EFFECTIVE DATE: 3-22-18
REFERENCE: 45 C.F.R. Section 164.508 (b) (5) Health and Safety Code; 45 C.F.R Section 164.524 (b) & (C) 42 CFR, § 438.608	PAGE: 1 of 7
AUTHORITY: Behavioral Health Director as the Local Mental Health Director and Alcohol and Drug Administrator	SUPERSEDES: 4-14-03
	APPROVED BY: 

PURPOSE: To establish a procedure that will ensure uniformity in the processing and billing for all authorization to use and disclose protected health information (PHI).

SCOPE: The information in this document applies to all members of the workforce including employees, contract employees, volunteers, and trainees, etc., granted access to protected health information (PHI).

NOTES: Section 164.508 of the HIPAA Privacy Rule establishes the use and disclosures for which an authorization is required. ICBHS must have an authorization from individuals before using or disclosing protected health information (PHI) for any purpose not otherwise permitted or required by the HIPAA Privacy Rule.

ICBHS must ensure that copies are transmitted within (15) days after receiving a written request. [45 C.F.R Section 164.524 (b) & (C)]

DEFINITIONS: **Authorization:** Permission by an individual, his or her Personal Representative(s) for the release or use of information. An "authorization" is a written document that gives ICBHS permission to obtain and use information from third parties for specified purposes or to disclose information to a third party specified by the individual. An "authorization" allows for the use and disclosure of PHI for purposes other than Treatment, Payment, or Health Care Operations (TPO).

Disclosure: The release, transfer, provision of access to, or divulgence in any other manner, of information to any organization external to ICBHS.

HIPAA: Health Insurance Portability and Accountability Act. The federal law passed in 1996 that provides national standards for health information.

Individual: Under HIPAA, individual means the person who is the subject of PHI. In this procedure, the term "client" is used to refer to the individual.

Personal Representative: A person who has authority under applicable law to make decisions related to health care on behalf of an adult or an emancipated minor, or the parent, guardian, or other person acting in loco parentis who is authorized under law to make health care decisions on behalf of an unemancipated minor, except, where the minor, is authorized by law to consent, on his/her own via court approval, to a health care service, or where the parent, guardian, or person acting in loco parentis has assented to an agreement of confidentiality between the provider and the minor.

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.

Use: With respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within ICBHS.

Workforce: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the covered entity, is under the direct control of such entity, whether or not, they are paid by the covered entity. In this procedure, the term "employee" is used to refer to the workforce.

PROCEDURE :

PERSON RESPONSIBLE

ACTION

Client/Organization

1. Contacts ICBHS in person, via telephone or fax to authorize the release of PHI.

ICBHS Team/Medical
Records Clerical

Staff

- a. If the requests is made in person, provides requestor an **Authorization for the Use or Disclosure of Information form/ Autorización Para Uso O Divulgación de Información form.**
- b. If the request is made via telephone, informs requestor that the authorization to use or disclose protected health information must be made in writing and arranges for the requestor to pick up a form or offers to send or fax the form.

ICBHS Team/Medical
Records Clerical
Staff (cont.)

2. Upon receipt of a written authorization to use and disclose PHI, date stamps the form effective the date of receipt.
3. Verifies that the authorization is valid (see Policy 01-22, Authorization for the Use and Disclosure of Protected Health Information).
 - a. If valid, go to step 4.
 - b. If not valid, forwards the Authorization to Medical Records.

Medical Records
Clerical Staff

- 1) Upon receipt of the invalid authorization, enters date returned on the Disclosure of PHI Log.
- 2) Completes a cover letter that explains why the request is being returned and request and returns to the requestor.

Note: This is the end of the procedure for an invalid authorization.

ICBHS Team/Medical
Records Clerical
Staff

4. Verifies the identify and/or authority of the requestor. (Refer to Policy 01-78, Verification Of Identity and Authority)

ICBHS Team/Medical
Records Clerical
Staff

5. When applicable, informs the requestor that there may be a reasonable cost-based charge for making the copies

Note: The charge for copies is based by the department in compliance with Health and Safety Code Section 123110.

6. Verifies status of client in the AVATAR.
 - a. If the client is active, retains or forwards to the appropriate team center. Go to step 7.
 - b. If the case is discharged, forwards the authorization to Medical Records. Go to step 7.
7. Pulls the chart and forwards it to the clinician with the Authorization To Use or Disclose Information form/Autorización Para Uso O Divulgación De Información form and the Records Release Authorization.

Clinician

8. Reviews the authorization form and the chart.

Team/Medical Records
Clerical Staff

9. Indicates the records to be released on the Records Released Authorization.
10. Forwards the chart to the team center or Medical Records.

Team/Medical Records
Clerical Staff (cont.)

11. Makes photocopies of the authorization and information approved for release by the clinician.
12. Stamps the confidentiality statement on copies.

Team Center

13. Forwards copies to Medical Records, 202 N. Eighth St. Room 215, El Centro, for billing and mailing.

Medical Records Staff

14. Upon receipt of approved copies for release, prepares billing statement.

15. Records the authorization for use and disclosure on the Authorization for the Use or Disclosure of PHI log, recording the following:
 - a. Date received
 - b. Requestor
 - c. Name of client and BC#
 - d. Date of birth
 - e. Date returned, if not valid
 - f. Description of information disclosed.
 - g. Purpose of disclosure
 - h. Meets accounting criteria
 - i. Number of pages
 - j. Amount due, if any
 - k. Date statement sent
 - l. Date 30 day letter sent
 - m. Date 60 day letter sent
 - n. Date 90 day letter sent
 - o. Date payment received

Medical Records Staff
(cont.)

- p. Clinician making disclosure
- q. Staff processing disclosure

16. Mails copies of records to requestor or holds for requestor for pick up.

ICBHS

17. Retains document for six (6) years from the date of its creation or the date it was last in effect, whichever is later, or such longer period required by state law or other federal law.

Forms used in this procedure:

Authorization for Use or Disclosure of Information ICBHS 01-28
Autorización Para Uso O Divulgación De Información ICBHS 01-42
Records Release Authorization ICBHS 02/03/05-01