

IMPERIAL COUNTY BEHAVIORAL HEALTH SERVICES

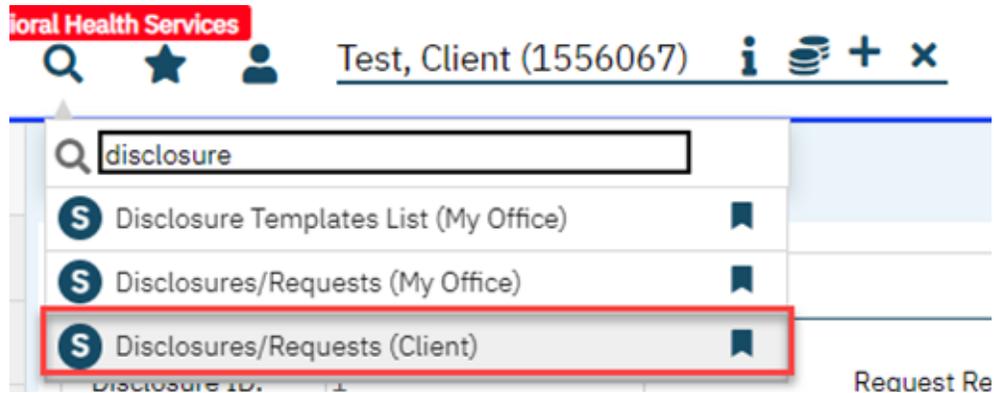
# Disclosures/Requests (Client)

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<b>Created:</b> 02/23/2023	<b>By:</b> Jessica DeChenne
<b>Updated:</b>	<b>By:</b>

**Purpose:** To keep a record of all disclosures of any record release of client information.

**Step 1** Search for the Disclosures/Requests (Client) by selecting the Search icon 



**Step 2** Click the “New” icon at the top right to create a new Disclosure Record Entry.



**Step 3** Complete all necessary fields of the Request and Disclosure Details sections

\*Review the *SmartCare Disclosure Request Details Field Definitions* and screenshots below for more information on completing each field

**Disclosure/Request Details**

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**Request Details**

Disclosure ID:  Request Received:  Current Status:

Request From:  Charges:  Payments:

Disclosure Request Method:  Assigned To:

Program:

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**Disclosure Details**

Disclosure Date:  Disclosed By:

Purpose Of Release:

Disclosure Method:

Disclosure Authorized by Releases:  Disclosed To:

Disclosed Without Authorization

Organization Name:

Delivery Type:

Name/Address:  Cover Letter Comment:

Comments:

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**Items Disclosed**

Primary Id	Name	Date	Staff
No data to display			

**SmartCare Disclosure Request Details Field Definitions:**

An asterisk (\*) following the field name indicates a *Required* field. (We may be able to customize the form to require additional fields in the future)

Field	Description
<b>Request Details</b>	
Disclosure ID	Identifies the unique number assigned by the system to the <i>Disclosure Request</i> when it is saved.
Request Received*	Use the calendar icon to select the date the <i>Request</i> was received.
Current Status*	Identifies the current status of the <i>Request</i> . Examples of options are: <ul style="list-style-type: none"> <li>· Completed - Indicates that the disclosure has been completed.</li> <li>· Invalid - Indicates that the request for disclosure is invalid.</li> </ul>

	<ul style="list-style-type: none"> <li>· Invsentback - Identifies that the invoice was sent back; identifies that an invoice for the disclosure has been sent to the requestor.</li> <li>· recdReply - Indicates that a reply was received from the requestor.</li> <li>· recdROI - Indicates that a <i>Release of Information</i> was received from the client.</li> <li>· sentout - Indicates that the <i>Disclosure</i> information was sent.</li> <li>· Revoked - Identifies that the release for disclosure was revoked.</li> </ul>
Request From	Identifies who initiated the request. The drop down list is populated from the client's <i>Contact List</i> in <i>Client Information</i> <b>OR</b> can be manually typed if the request is from the client themselves or any other person/entity not within client contact.
Charges	Identifies the dollar amount charge the organization is charging for the disclosure and release of information.
Payments	Identifies that the requestor has paid the charges for the disclosure.
Disclosure Request Method	Identifies the method used to submit the request for disclosure. Options are: <ul style="list-style-type: none"> <li>· Documents</li> <li>· Claims</li> <li>· Verbal</li> <li>· Other</li> <li>· Secure e-mail</li> <li>· Electronic Media</li> <li>· Patient Portal</li> <li>· Sent</li> <li>· Part Of Intervention</li> </ul>
<b>Disclosure Details</b>	
Disclosure Date*	Use the calendar icon to select the date the <i>Disclosure</i> is provided.
Disclosed By	Identifies who assembled the disclosure information and sent it to the requestor. This field defaults to the user who is signed on to SmartCare, but can be changed, if needed.
Purpose Of Release*	Identifies the reason for the Release. Options are: <ul style="list-style-type: none"> <li>· Medical Record Release</li> <li>· Other</li> <li>· Coordination of Care</li> <li>· Benefits Determination</li> <li>· Legal</li> <li>· Personal</li> </ul>
Disclosure Method*	Identifies how the disclosure information is released to the requestor. Options are: <ul style="list-style-type: none"> <li>· Document - when selected, causes the <i>Attach/Review Items Disclosed</i> button to become active.</li> <li>· Claims - when selected, causes the <i>Attach/Review Items Disclosed</i> button to become active.</li> <li>· Verbal - when selected, the <i>Attach/Review Items Disclosed</i> button remains inactive.</li> <li>· Other - when selected, the <i>Attach/Review Items Disclosed</i> button remains inactive.</li> <li>· Secure e-mail - when selected, causes the <i>Attach/Review Items Disclosed</i> button to become active.</li> <li>· Electronic Media - when selected, causes the <i>Attach/Review Items Disclosed</i> button to become active.</li> <li>· Patient Portal - when selected, causes the <i>Attach/Review Items Disclosed</i> button to become active.</li> <li>· Sent - when selected, causes the <i>Attach/Review Items Disclosed</i> button to become active.</li> <li>· Part of Intervention - when selected, causes the <i>Attach/Review Items Disclosed</i> button to become active.</li> </ul>
Disclosure Authorized by Releases	This is a customized process. The information can be supplied here from the <i>Release of Information</i> tab on the <i>Client Information</i> page, a valid ROI must be completed prior to completing the form in order to be selectable. <b>OR</b> for scenarios where an ROI is not required to release information, use the “Disclosed Without Authorization” check box.
Disclosure Date*	Use the calendar icon to select the date the <i>Disclosure</i> is provided.
Disclosed By	Identifies who assembled the disclosure information and sent it to the requestor. This field defaults to the user who is signed on to SmartCare, but can be changed, if needed.

Disclosed To*	If information is entered in the <i>Disclosure Authorized by Releases</i> field, then the person receiving the requested information is filled in this field.
Organization Name	Not currently active.
Delivery Type*	Identifies how the <i>Disclosure</i> is delivered to the requestor. Options are: <ul style="list-style-type: none"> <li>· Direct Message</li> <li>· Email</li> <li>· Fax</li> <li>· Mail</li> <li>· In Person</li> <li>· Secure e-mail</li> <li>· Electronic Media</li> <li>· Patient Portal</li> </ul>
Name/Address*	If information is entered from the client's contact information in the <i>Disclosure Authorized by Releases</i> and the <i>Disclosed To</i> fields, then the Name and Address are supplied in this field. <b>-or-</b> Manually type the Name and Address information
Cover Letter Comment	Type the cover letter text in this field. You can enter an unlimited number of characters in this field. You can spell check the text.
Comments	Type comments about this request/disclosure. You can enter an unlimited number of characters in this field.
Attach/Review Items Disclosed button	Click the <b>button</b> to find and attach documents in SmartCare to the <i>Disclosure</i> .
Attach Report button	Click the <b>Attach Report</b> button to select and attach a report created in SmartCare.
Add Redacted Disclosure button	Use this button to attach document(s) that contain redacted information. For example, you can mark out information in a paper document and scan back into the system to attach here.
<drop down list>	Use the drop down list to attach a fax cover letter
Prepare	After you use the <i>Attach and Review Items Disclosed</i> , <i>Attach Report</i> and <i>Add Redacted Disclosure</i> buttons, if needed, click the <b>Prepare</b> button for SmartCare to prepare and make your documents ready to print and send or fax.
View/Print Disclosed Items	When the documents have been prepared, click the <b>View/Print Disclosed Items</b> button to: view the items that are attached before sending electronically or faxing and/or print the documents, if you are mailing them.
Fax Disclosed Items	If you are faxing the documents, click the <b>Fax Disclosed Items</b> button. The <i>Send Fax</i> pop-up window is displayed.
<delete> icon	Use the <b>delete icon</b> to delete the record on that row.
Primary Id	The unique primary ID number that is assigned to the <i>Request</i> when it is first entered.
Name	Identifies the type of document or item that is included in the <i>Disclosure</i> .
Date	Identifies the date of the document.
Staff	Identifies the staff who prepared and sent the <i>Disclosure</i> .

**Screenshots with notes:**

**Disclosure/Request Details**

**Request Details**

Disclosure ID:

Request From:

Disclosure Request:

Program:

Either manually type the Requestor's name **OR** if the client has any Contacts in Client Information, they will automatically be listed as Requestor options to select if the Requestor is a client contact.

Current Status:

Payments:

Completed

Invalid

Invsentback

recdReply

recdROI

sentout

REVOKED

Update the status of the request and save each update as needed from time of receipt of request to completion.

Disclosure Details

Disclosed Without Authorization

Organization Name:

Name/Address:

Disclosed To:

TEST DISCLOSURE

If release does not require an ROI, select this box.

A valid ROI must be on file prior to completing the request, then choose from the drop-down. The "Disclosed To" will auto-fill from information on the ROI.

**Disclosure Details**

Disclosure Date: 02/16/2023  
 Disclosed By: DECHENNE,JESSICA  
 Purpose Of Release: Coordination of Care  
 Disclosure Method: Documents  
 Disclosure Authorized by Releases: IV food bank, 02/01/2023 - 02/01/2024  
 Disclosed To: IV food bank, 02/01/2023 - 02/01/2024  
 Disclosed Without Authorization  
 Organization Name: Select any Organization...  
 Name/Address: IV food bank  
 Delivery Type: Fax  
 Cover Letter Comment: TEST DISCLOSURE  
 Comments: TEST

If records will be faxed, you can add a fax cover letter comment here.

Add fax cover letter template here.

Attach / Review Items Disclosed... Attach Report... Add Redacted Disclosure... Add Cover Letter Add Cover Letter Fax Cover Letter Prepare Fax Disclosed Items...

You can disclose and print by clicking View/Print Disclosed Items button or disclose via Direct Message by clicking the Send Direct Message button

Disclosure ID: 1 Request Received: 02/16/2023 Current Status: sentout  
 Request From: Test, Mom Charges: Payments:  
 Disclosure Request Method: Patient Portal Assigned To: DECHENNE,JESSICA  
 Program: Adult Brawley MHSA FSP-02/02/2023

**Disclosure Details**

Disclosure Date: 02/16/2023  
 Disclosed By: DECHENNE,JESSICA  
 Purpose Of Release: Coordination of Care  
 Disclosure Method: Documents  
 Disclosure Authorized by Releases: IV food bank, 02/01/2023 - 02/01/2024  
 Disclosed To: IV food bank, 02/01/2023 - 02/01/2024  
 Disclosed Without Authorization  
 Organization Name: Select any Organization...  
 Name/Address: IV food bank  
 Delivery Type: Fax  
 Cover Letter Comment: TEST DISCLOSURE

Select available individual document(s) to be released.

If a redacted record needs to be released, first print/redact the document, then add the scanned redacted document from here.

Preview/Print selected documents.

When documents are ready to be printed or faxed, "Prepare" them for release and see validation at top of the screen.

Attach / Review Items Disclosed... Attach Report... Add Redacted Disclosure... Add Cover Letter View/Print Disclosed Items Prepare Fax Disclosed Items...

**Items Disclosed**

Primary Id	Name	Date
X 137346	Progress Note	02/23/2023

Electronically fax records via SmartCare once disclosure is ready to send.

**Attach/Review Documents** ?

Attach/Review Documents (75) Document Preview when selecting document(s) via the "Attach/Review Items Disclosed" button OK Cancel

**Documents** **Preview**

Client: Test, Client    Effective Date: 02/23/2023    Author: FLORES, ARELY    Status: Signed

PdfBytesHandler.axd    1 / 1    96%    [Zoom In] [Zoom Out] [Download]

ClientID: 1556067 Page 1 of 1

**Imperial County Behavioral Health Services**

**Progress Note**

**Client Name:** Client Test    **Client ID:** 1556067    **Status:** Show  
**Clinician Name:** ARELY FLORES    **Service:** Mental Health Assessment by Non-Physician

**Date Of Service:** 02/23/2023    **Start Time:** 8:30 AM    **Total Duration:** 40.00 Minute  
**Program:** Adult Brawley MHSA FSP  
**Location:** Office  
**Documentation Time:** 10 Minutes

**Problems addressed during this session**

- Homeless single person (finding)
- Recurrent major depressive episodes (disorder)
- Recurrent manic episodes, severe, with psychosis (disorder)
- Generalized anxiety disorder (disorder)
- In prison (finding)

**Send Fax** ? X

Send Fax    **Preview**    **Send**    **Cancel**

Cover Letter: Fax Cover Letter ▼

To: IV food bank

Fax Number: (442) 265-1703

From: JESSICA, DECHENNE

Subject: Record Release Test

Cover Letter Note: Disclosure Test

Preview fax here.    Once ready to fax records, click "Send".

Window will appear after selecting the "Fax Disclosed Items" button. If electronically faxing records, complete all fields on this section.

**Step 4** Update the **Current Status** as “*Completed*” and “**Save**” once disclosure has been completed.

End of process.