



Department of Health Information Management POLICY AND PROCEDURE

POLICY NUMBER: 1031

VERSION: 1

SUBJECT: AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

PURPOSE: To provide guidelines for the appropriate handling of authorizations for release of information.

POLICY

The patient's medical records are the property of High Desert Regional Health Center.

Disclosure of confidential information shall be made only upon receipt of a properly executed authorization signed by the patient or the patient's legal representative, in order to ensure compliance with State law and HIPAA regulations, which mandate the protection of patient's rights to confidential treatment of records pertaining to his/her care.

Disclosure of information for the purpose of treatment, payment or operations does not require written authorization.

PROCEDURE:

I. REQUEST OF INFORMATION

A. Properly executed, valid authorization must:

1. Be written.
2. Describe what is to be released.
3. State that the patient authorizes the release the information.
4. Be dated and have a valid expiration date.
5. Be signed by the patient, legal representative if patient is a minor, or next of kin if patient is deceased.
6. Be signed by two (2) witnesses if signature is an "X."

B. Submission of Request:

1. The authorization form may be completed in the Health Information Management (HIM) office during business hours.
2. An outside facility form or handwritten authorization may be completed and mailed or faxed, provided all the necessary information is included.

C. Verification of Patient Identity:

1. Picture ID and their blue card, or
2. Picture ID and date of birth or SSN, to verify MRUN

II. HIM PROCEDURE:

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- A. When submitted in person, the patient is informed of the:
 - 1. Photocopy fee: \$0.25 per page
 - 2. Processing time for copying: Up to ten (10) working days.

- B. The HIM staff will log request into the computer within 24 hours of receipt.

- C. Upon receipt of the chart, the signature on the authorization will be verified with the signature in the chart. If the signature doesn't match or the authorization is not completed correctly, the HIM staff will correspond with patient via mail, requesting the appropriate information.

- D. All minor children must have their parent sign the authorization. If the parent has a different name than the child, the parent must verify some demographic information (i.e., DOB, Address, social security number, etc.) and provide identification.

- E. If the child is in foster care, supporting documentation must be attached to the authorization or be filed in the chart before the information can be released to the person with legal custody.

- F. To ensure continuity of care, when a patient is being treated at another medical facility information can be released via fax upon receipt of a signed authorization or request on letterhead from the facility. If the patient is unable to sign due to medical condition the authorization may be signed by a physician but must indicate that the patient is unable to sign. Information can be discussed via telephone by the technical staff or medical staff.

- G. When faxing information, only requested information is faxed when the patient is actually at another facility being treated.

- H. Written authorization is not required when the request is from the following:
 - 1. High Desert affiliated Health Centers
 - 2. Public/ Private Community Partners
 - 3. Fiscal Intermediaries (CBO, HBOC, etc.)
 - 4. Professional Risk Management
 - 5. Medical Facility for continuity of care
 - 6. Subpoena

- A. Review of a patient's chart without the patient's authorization is acceptable for the following due to Treatment, Payment, or Operations (TPO):
 - 1. Staff with a business purpose to review
 - 2. Medical Director
 - 3. Medical Advisory and Credentials Committee members
 - 4. State Department of Health licensing
 - 5. CMA surveyors and other Medicare/ Medi-Cal representatives
 - 6. Fiscal Intermediaries
 - 7. USC Cancer Surveillance Program

- I. PATIENT'S REQUEST TO VIEW MEDICAL RECORD

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As of 1/1/1983, California AB610 authorized patient's access to their health records.

If the patient requests to view their records:

- A. They must make an appointment with the HIM staff, who will be present during the inspection.
- B. HIM staff may assist the patient in locating specific information within the record but under no circumstances are they to interpret medical information.
- C. If the patient wishes to contest, change or add information to the health record, they will complete the appropriate form, and the patient statement will be filed in the record under the "OTHER" tab. The provider of record will be made aware of the information.