

CBHS Policies and Procedures



City and County of San Francisco
Department of Public Health
Community Programs
COMMUNITY BEHAVIORAL HEALTH SERVICES

1380 Howard Street, 5th Floor
San Francisco, CA 94103
415.255-3400
FAX 415.255-3567

POLICY/PROCEDURE REGARDING: **Confidentiality and the Release of Protected Health Information of CBHS Behavioral Health Clients**

Issued By: Jo Robinson, MFT
Director of Community Behavioral Health Services

A handwritten signature in black ink, appearing to read "Jo Robinson".

Date: September 26, 2011

Manual Number: 3.06-01
References: California Welfare
& Institutions Code Section 5328;
42 C.F.R. part 2; 45 C.F.R. part
164; DPH HIPAA Privacy and
Data Security Policies

Technical Revision. Replaces 3.06-01 of March 17, 2011

Purpose

DPH HIPAA Privacy Policies cover all relevant local, federal and state confidentiality laws (available at www.sfdph.org). This policy provides further guidance to staff on how to protect the confidentiality of protected health information of DPH behavioral health clients.

Scope

This CBHS policy applies to all staff in mental health civil service programs, affiliates, and contract programs, substance abuse treatment programs, and Private Providers Network who provide services for Community Behavioral Health Services (CBHS).

Policy

It is the policy of CBHS to comply with the confidentiality of client health information governed by the following laws, regulations, and codes:

1. Lanterman-Petris-Short Act [California Welfare and Institutions Code Section 5328]
2. Federal Regulations [Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. part 2]
3. Health Insurance Portability and Accountability Act (HIPAA); [45 C.F.R. part 164]
4. DPH HIPAA Privacy and Data Security Policies

In situations where there is a conflict or overlapping of the laws, the provider must comply with the law that has a more stringent provision. "More Stringent" means whichever law that provides the greater protection to the confidentiality of the client's health information.

When allowed by law, protected health information (PHI) may be shared for treatment purposes across disciplines and programs on a "need-to-know" basis and for the purposes of improving health outcomes.

The determination of which law applies can be complex. For assistance, call the Privacy Officer for Community Programs.

I. Definitions

“Protected Health Information (PHI)” means individually identifiable health information known, maintained or transmitted in any medium. PHI includes case management/coordination communication, medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment, results of clinical tests, and any summary of the following items: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

“Mental Health Records” means client records, or discrete portions thereof, specifically relating to evaluation or treatment of a mental disorder, and may include knowledge of the client’s general health, substance use, HIV/AIDS status, and/or STD conditions.

Treatment, Payment, and Healthcare Operations (TPO)

- **Treatment** - PHI obtained in the course of treatment by a mental health provider may be disclosed to any healthcare provider (any discipline) "who has medical or psychological responsibility for the patient" without the client’s written authorization for treatment purposes.”¹ PHI may be disclosed across disciplines and programs on a “need-to-know and minimum necessary” basis for the purposes of improving health outcomes.
- **Payment** - means activities related to being paid for services rendered. These activities include eligibility determinations, billing, claims management, utilization review and debt collection.
- **Health Care Operations** – means a broad range of activities such as quality assessment, student training, contracting for health care services, medical review, legal services, auditing functions, business planning and development, licensing and accreditation, business management and general administrative activities.

“Psychotherapy Notes” The use and maintenance of psychotherapy notes is prohibited at CBHS. For detailed information, refer to *CBHS Policy 3.06-05: Maintenance and Use of Psychotherapy Notes and Informal Memory Prompts*.

“Alcohol and drug abuse records” means client records created by substance abuse treatment programs.

“Client’s representative” means a parent or the guardian of a client who is a minor, or the guardian or conservator of an adult client, or an executor or the beneficiary of a deceased client.

II. Electronic Health Records

Providers who maintain, store and transmit client health information electronically must comply with regulations governing the safety, integrity, and confidentiality of the electronic health records. For detailed information, refer to the *DPH HIPAA Data Security Policy Brief*.

¹ Reference: W&I Code 5328(a); DPH Privacy Policy Matrix

III. User Confidentiality, Security and Electronic Signature Agreement Form

All individuals who work for CBHS and individuals who need access to DPH patient information systems must sign the “User Confidentiality, Security and Electronic Signature Agreement Form” (Attachment 1). This signed form serves to verify that an individual has been informed of the statutory obligation to maintain confidentiality and the consequence of violations.

Return the original signed form to CBHS Information Systems Access Manager: 1380 Howard Street, 3rd Floor, San Francisco, CA 94103 via interoffice or US mail. A copy is kept in the individual’s personnel file. For detailed information, refer to *CBHS Policy: 6.00-01 CBHS Electronic Signatures* and *CBHS Policy: 2.06-03 Confidentiality & Security Agreement*.

IV. Secured Delivery of Protected Health Information

Any protected health information that needs to be sent through interoffice mail, US mail, other mail, and by fax transmission must be protected with appropriate measures. For detailed information, refer to *DPH HIPAA Policy: Secured Delivery of Protected Health Information through Interoffice Mail, US Mail, Other Mail, and by Fax Transmission*.

V. Releasing Mental Health PHI for Treatment, Payment, and Health Care Operations

Authorizations are Not Needed for:

- **Treatment** - PHI obtained in the course of treatment by a mental health provider may be disclosed to any healthcare provider (any discipline) "who has medical or psychological responsibility for the patient" without the client’s written authorization for treatment purposes.”² PHI may be disclosed across disciplines and programs on a “need-to-know and minimum necessary” basis for the purposes of improving health outcomes.
- **Payment** - means activities related to being paid for services rendered. These activities include eligibility determinations, billing, claims management, utilization review and debt collection.
- **Health Care Operations** – means a broad range of activities such as quality assessment, student training, contracting for health care services, medical review, legal services, auditing functions, business planning and development, licensing and accreditation, business management and general administrative activities.

For detailed information, refer to *DPH HIPAA Compliance: Authorization for Use and the DPH Privacy Policy Matrix – Sharing Protected Health Information for Treatment Purposes*

VI. Releasing Mental Health PHI for Reasons Other than Treatment/ Payment/ Health Care Operations

Authorizations are needed for:

A signed HIPAA-compliant authorization form must be obtained from the client for each separate PHI disclosure for non-treatment purposes.

² Reference: W&I Code 5328(a); DPH Privacy Policy Matrix

Examples of non-treatment providers:

- Parole Officers
- Property managers
- Tenant's advocates
- Benefits advocates
- HSA Employment Specialists

(See Attachment 2 – Authorization for Use or Disclosure of Protected Health Information Form, MRD 04) For detailed information, refer to *DPH HIPAA Compliance: Authorization for Use or Disclosure of Protected Health Information*

Note:

- A. Prior to the release, the clinician must review and determine what information may not be released:
1. Any PHI about the client that was given in confidence by a family member or someone else other than another provider may be removed from the medical record before copying.
 2. If PHI has references of another client's name, the information must be redacted from the medical record before copying.
- B. Follow the procedure for releasing mental health records (See Attachment 3).

Research

Researchers must comply with the *DPH HIPAA Compliance: Privacy and the Conduct of Research*.

Courts

For detailed information, refer to *CBHS Policy 3.06-04: Release of Information Pursuant to a Subpoena/Court Order*.

Government Law Enforcement

For detailed information, refer to *DPH Privacy Policy: Law Enforcement Requests for Immediate Entry to DPH Community-Based Programs*.

Child Protective Service/Child Abuse Investigators

If a clinician has information that leads the clinician to suspect child abuse, the clinician must report the information. For detailed information, refer to *CBHS Policy 3.06-11: Special Situations Governing Release of Information: Child Abuse Reporting Act-Disclosure Requirements*.

Elder/Dependent Adult Abuse

If a clinician has information that leads the clinician to suspect elder or dependent adult abuse, the clinician must report the information. For detailed information, refer to *CBHS Policy 3.06-13: Special Situations Governing the Release of Information: Elder Abuse Report Requirements*.

“Tarasoff” Warnings

When the mental health client, in the opinion of the mental health clinician, presents a serious danger of violence to such person or persons, the clinician must warn the person or persons and may notify law enforcement agencies. The information released should be limited to the minimum necessary deemed to protect the person or persons. Program director/program manager should also be notified immediately. For detailed information, refer to *CBHS Policy 3.06-09: Special Situations Government Release of Information: Duty to Warn (Tarasoff Decision)*.

VII. Releasing Substance Abuse Treatment Program PHI for Any Purpose

Programs That Fall Under These Regulations³

- Substance abuse regulations apply to substance abuse treatment programs that provide alcohol or drug abuse diagnosis, treatment, or referral for treatment; e.g., methadone programs, Ward 93 at SFGH, etc.
- Regulations do not apply to all other general medical and mental health programs that serve clients with substance abuse issues.

Authorization Needed

A signed HIPAA-compliant authorization form must be obtained from the client of a substance abuse treatment program before the substance abuse treatment program may disclose PHI to any third party. Refer to *DPH HIPAA Compliance: Authorization for Use and the DPH Privacy Policy Matrix – Sharing Protected Health Information for Treatment Purposes*. If the provider has any questions regarding the validity of the authorization, call Health Information Management (HIM) for technical assistance.

Follow the procedure for releasing substance abuse records (See Attachment 4).

Prohibition of Re-disclosure

Federal regulations require that PHI documents disclosed with the client's authorization must be accompanied by a notice (Attachment 5 – Substance Abuse Cover Letter-Notice of Prohibition of Rediscovery Form) that states further disclosure of the documents is prohibited unless the disclosure is otherwise permitted by law⁴.

VIII. Responding to Telephone Inquiries

- If the inquiry is not for treatment purposes, explain to the caller that CBHS provides mental health and substance abuse services and client information is protected by laws. Client identification information (even the fact that the client is or is not known to the program) is considered confidential and may not be disclosed.

Mental Health Treatment

- If the inquiry is made or received for coordination of treatment purposes, mental health staff may respond. It is the duty of the program staff to verify that the caller is a treatment provider (or a member of the treatment provider's team).

Substance Abuse Treatment

- PHI cannot be released without the client's authorization unless otherwise permitted by law; e.g., Medical emergencies.

³ PHI created by alcohol and drug abuse treatment programs are governed by federal statute, 42 U.S.C. Section 290dd-2, and federal regulations, "Confidentiality of Alcohol and Drug Abuse Patient Records – 42 C.F.R. part 2. California Health and Safety Code Section 11845.5 also provides special protections to information of certain drug abuse programs.

⁴ 42 C.F.R. Section 2.32

IX. Clients' Right to Access Their PHI

Any client or any client's representative has the right to inspect or obtain a copy of his or her paper and/or electronic medical records with limited exceptions as noted below. A provider must provide access to all documents in the medical record, even if the provider did not create the document. Refer to *DPH Policy: HIPAA Compliance: Patient/Client/Resident Rights Regarding Protected Health Information, Section II*.

Denial of Right to Access

Under HIPAA, the provider may deny access if the provider determines that the disclosure to the individual 1) is reasonably likely to endanger the life or physical safety of the individual or another person, or 2) is reasonably likely to cause harm to another person referenced in the information⁵.

If access is denied, the provider must inform the client of the denial. The client may request a review by the "reviewing official" at Community Behavioral Health Services.

- If the "reviewing official" agrees with the denial, the client may request a third party professional review. At this point, the "reviewing official" will notify the Privacy Officer for Community Programs.
- The reason for the denial must be documented in the progress notes.

Access of PHI through Inspection

Access must be provided within 5 working days of receiving the written request for inspection of records. Access may only be provided during business hours by appointment. The provider should accompany the client during the inspection process⁶.

Access of PHI by obtaining a copy of medical record

Copies of the requested parts of the medical record (and that have been authorized by clinician) must be handed to the client or mailed within 15 calendar days after receiving the written request⁷.

Summary in lieu of record

If the provider wishes to provide a summary of PHI, the client must agree in advance. If the client does not agree, the provider must furnish the actual records requested. The summary must be provided within 10 working days of receiving a written request⁸.

Time period may be extended to 30 calendar days if information being summarized is lengthy⁹.

Minors

If the parent or legal guardian consents for the treatment of a minor, the parent or legal guardian has the right to access the medical record. If the minor consents for treatment, (e.g., emancipated minor, self-sufficient minor, minor seeking sensitive services), only the minor has the right to access the medical record. For detailed information, refer to *CBHS policy 3.06-03: Minor Access to Medical Records*.

⁵ 45 C.F.R. § 164.524(a)(3)(i); Cal. Health & Safety Code §123115(b)

⁶ 45 C.F.R. § 164.524 (c) (3); Cal. Health & Safety Code § 123110(a)

⁷ 45 C.F.R. § 164.524 (c) (3); Cal. Health & Safety Code § 123110(b)

⁸ 45 C.F.R. § 164.524 (c) (3); Cal. Health & Safety Code § 123130 (a)

⁹ 45 C.F.R. § 164.524(b) (2), (c) (3); Cal. Health & Safety Code § 123130(a)

X. Restriction on Use of Substance Abuse Information

Any substance abuse treatment program documents obtained through the client's own access may not be used by others to criminally investigate or prosecute the client¹⁰.

XI. Client Requests for an "Accounting of Disclosures"

Accounting of Disclosures is a log maintained in each client's medical records for logging PHI that has been disclosed for reasons OTHER than treatment, payment, or operations. Also excluded are mandatory CPS/APS reportings. *For detailed information, refer to HIPAA Compliance Patient/Client/Resident Rights Regarding Protected Health Information*

- Accountings must be provided to clients within 60 calendar days of the client's request. HIM staff will assist program staff in how to respond to such request.
- The client may not be charged for the first request within any 12-month period, but may be charged a cost-based fee for subsequent requests within that 12-month period, provided the client has been advised of the fee and has the opportunity to withdraw the request to avoid the fee. For more information, refer to *DPH Policy: HIPAA Compliance: Patient/Client/Resident Rights Regarding Protected Health Information, Section IV.*

XII. Sanctions

Violations of HIPAA privacy and security standards may result in:

- Disciplinary action;
- Disciplinary action/revocation by licensing boards;
- Fines; \$1000 for each violation due to "reasonable cause and not to willful neglect" (with a maximum penalty of \$100,000); \$10,000 for each violation due to willful neglect that is corrected (with a maximum penalty of \$250,000).
- Criminal prosecution; and/or
- Termination

Attachments:

Attachment 1 - User Confidentiality, Security and Electronic Signature Agreement Form
Attachment 2 - Authorization for Use or Disclosure of Protected Health Information Form, MRD 04
Attachment 3 - Procedure for Releasing Mental Health Medical Records
Attachment 4 - Procedure for Releasing Substance Abuse Medical Records
Attachment 5 - Substance Abuse Cover Letter-Notice of Prohibition of Redisclosure
Attachment 6 - Request for Access to Medical Record Form, MRD 01
Attachment 7 - Request for the Release of Information Log, MRD 13
Attachment 8 - Response to Request for Confidential Information

Related Policies:

CBHS Policy 2.06-03: Confidentiality & Security Agreement
CBHS policy 3.06-03: Minor Access to Medical Records
CBHS Policy 3.06-04: Release of Information Pursuant to a Subpoena/Court Order
CBHS Policy 3.06-05: Maintenance and Use of Psychotherapy Notes and Informal Memory Prompts

¹⁰ 42 C.F.R. Section 2.23

- CBHS Policy 3.06-09: Special Situations Government Release of Information: Duty to Warn (Tarasoff Decision)
- CBHS Policy 3.06-11: Special Situations Governing Release of Information: Child Abuse Reporting Act-Disclosure Requirements
- CBHS Policy 3.06-13: Special Situations Governing the Release of Information: Elder Abuse Report Requirements
- CBHS Policy 6.00-01: CBHS Electronic Signatures
- DPH HIPAA Compliance: Privacy and the Conduct of Research
- DPH HIPAA Compliance: Authorization for Use and the DPH Privacy Policy Matrix – Sharing Protected Health Information for Treatment Purposes
- DPH HIPAA Compliance: Authorization for Use or Disclosure of Protected Health Information
- DPH HIPAA Compliance: Patient/Client/Resident Rights Regarding Protected Health Information
- DPH HIPAA Policy: Data Security Policy Brief
- DPH HIPAA Policy: Secured Delivery of Protected Health Information through Interoffice Mail, US Mail, Other Mail, and by Fax Transmission
- DPH HIPAA Privacy Policy: Law Enforcement Requests for Immediate Entry to DPH Community-Based Programs

Contact Person: Manager, Health Information Management, 255-3488

Distribution:

- CBHS Policies and Procedures are distributed by the Office of Quality Management for Community Programs
- Administrative Manual Holders
- CBHS Programs
- SOC Managers
- BOCC Program Managers
- CDTA Program Managers
- HIM Staff



City and County of San Francisco – Department of Public Health

User Confidentiality, Security and Electronic Signature Agreement Form

Revised 062510 DPH Privacy Board – 415-255-3706

Individuals with access to confidential information and information systems (PCs, network, internet, e-mail, telephones, pagers, fax machines, etc.) of the San Francisco Department of Public Health have a legal and ethical responsibility to protect the confidentiality of personal, medical, financial, personnel, and protected health information, and to use that information and those systems only in the performance of their jobs. When my signature or co-signature is required for "a financial, program, or medical record" under California or Federal law, California or Federal regulation, or organizational policy or procedure," my user ID and password together shall constitute an electronic signature. The following applies to confidential DPH information accessed, received or sent in any format, including digital, paper, voice, facsimile, electronic signatures, etc.

I understand and agree to the following terms and conditions:

- 1. I will only access, discuss, or divulge confidential DPH information as required for the performance of my job duties. Providers may need to use all of an individual's health information in the provision of patient care. However, access to protected health information for other purposes must be limited based on job scope and the need for the information.
2. I will not download or maintain patient information on my privately-owned portable devices. If using a DPH- or UCSF-provided and password-protected device, I will delete patient information (and empty it from my computer's recycle bin) promptly when it is no longer needed to fulfill my job responsibilities.
3. DPH information systems maintain internal logs of applications and data accessed, indicating who viewed, added, edited, printed or deleted information. I may be asked to justify my use of specific information contained in or managed by DPH information systems.
4. Individuals requiring access to DPH information systems will be given a user ID and password. It is my responsibility to maintain the confidentiality of patient and other information to which I have access. I agree to keep my user IDs and passwords secret and secure by taking reasonable security measures to prevent them from being lost or inappropriately acquired, modified or otherwise compromised, and to prevent unauthorized disclosure of, access to, or use of them, or of any media on which information about them are stored. If I suspect that my user ID or password has been stolen or inappropriately acquired, lost, used by an unauthorized party, or otherwise compromised, I will immediately notify the appropriate Information Systems Help Desk and request that my electronic signature be revoked.
5. The hardware, software, data, and outputs of DPH information systems are the property of the DPH and must be appropriately licensed for installation on a DPH computer. I will obtain prior authorization from a DPH information systems administrator before installing personal software on a DPH computer. DPH has the right to review and remove personal or unlicensed software and data on any DPH computer or information system.
6. Non-adherence to this Agreement may result in disciplinary action up to and including termination of employment or contractual relationship with DPH.
7. Violation of state and federal laws regarding patient privacy may subject me to substantial monetary penalties and/or make me the subject of a civil or criminal action pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the California Medical Information Act, the Welfare and Institutions Code, and other federal and state privacy laws.
8. NOTE for individuals whose entries are "signed" electronically: For the purposes of authorizing and authenticating electronic health records, my electronic signature (my user-ID plus my password) has the full force, effect, and responsibility of a signature affixed by hand to a paper document. My electronic signature establishes me as the signer or co-signer of electronic documents. My electronic signature will be valid for the length of time specified in the DPH Password Security Policy (or the database administrator, whichever is shorter) from date of issuance, or earlier if it is revoked or terminated per the terms of the user agreement. Prior to the expiration date, I will receive a system alert when my password is due to expire and be given the opportunity to renew it. Setting a new password related to user's-ID (electronic signature) renews the terms of this agreement.

Table with 3 rows and 2 columns: USER NAME (PRINT) / USER SIGNATURE, USER DEPARTMENT/PROGRAM / DATE SIGNED, APPROVER NAME (PRINT) / APPROVER SIGNATURE/TITLE / DATE SIGNED

Return completed, signed forms to CBHS Information Systems Access Manager: 1380 Howard Street, 3rd Floor, San Francisco, CA 94103 via interoffice or US mail.



City and County of San Francisco
Department of Public Health
 COMMUNITY BEHAVIORAL HEALTH SERVICES

**AUTHORIZATION FOR USE OR DISCLOSURE OF
 PROTECTED HEALTH INFORMATION**

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with California and federal law concerning the privacy of such information. **Failure to provide all information marked with an asterisk(*) may invalidate this authorization.**

Name of Client*: _____ Date of Birth*: _____

I authorize* _____ to disclose health
 (Name, title, & address of person or organization)*

information obtained in the course of my diagnosis and treatment for the **purpose of:*** _____
 and shall be limited to the following types of information – I recognize that if I am disclosing my health information to someone who is not legally required to keep it confidential, it may be redisclosed and may no longer be protected. California law requires that recipients refrain from redisclosing such information except with my written authorization or as specifically required by law.

- Discharge Summary
- Assessment
- Treatment Plan of Care
- Physician's Orders
- Progress Notes
- Other (Specify) _____
- Results of Lab Tests
- Results of Psychological or Vocational Testing
- Educational Assessment and Behavioral Reports
 (including school observation & educational testing)
- Substance Abuse Treatment

Send to*: _____
 (Name, title, & address of person or organization authorized to receive the information)

My Rights: I understand that authorizing the disclosure of this health information is voluntary. I may refuse to sign this authorization. I may revoke this authorization at any time. Revocation must be in writing, signed by me or on my behalf by someone with the legal authority to do so and delivered to CBHS or other facility. My revocation will be effective upon receipt, but will not be effective to the extent that CBHS may have acted in reliance upon this authorization prior to revocation. I have a right to obtain a copy of this authorization. I may not be denied treatment, payment, enrollment in a health plan, or eligibility for benefits if I refuse to sign.

Expiration*: This authorization will automatically expire in 90 days from the date of execution unless a different end date or event is specified: _____ **or immediately upon fulfillment.**
 (date/event)

* _____ * _____
 Date Signature (Client/Patient/Parent/Guardian/Conservator) Relationship if not Client/Patient

o Interpreter used _____

Witness (Required if Client/Patient unable to sign)

Notes:
 * A separate authorization is required to authorize the disclosure or use of **psychotherapy notes**.
 If this authorization is for the disclosure of **substance abuse** information, the recipient may be prohibited from disclosing the information under 42 C.F.R. part 2.

Attachment 3

Procedure for Releasing Mental Health Medical Records

Requests for Mental Health Medical Records

- A. Upon receipt of the request, the program/provider/HIM staff will log the request and determine the validity of the authorization (Attachment 7 – Release of Information Log). If the program/provider has any questions regarding the validity of the authorization, contact HIM staff for technical assistance.
 1. Invalid authorization – The program/provider/HIM staff will prepare the reply to the requestor (See attachment 8 – Response Letter).
 2. Valid authorization – The program/provider/HIM staff will search Avatar and Insyst to see if client is known to CBHS.
- B. Prior to the release, the clinician/provider must review and approve documents and notes in Avatar (if applicable), Clinician Gateway (CG) (if applicable), and the paper medical record (if applicable) to determine what information may not be released.

Examples:

 1. Any PHI about the client that was given in confidence by a family member or someone else other than another provider may be removed from the medical record before copying.
 2. If PHI has references of another client's name, the information must be redacted from the medical record before copying.
- C. The clinician/provider prints the information in CG and Avatar.
- D. If the release involves any copying of the paper medical record, the clinician/provider must instruct the administrative/designated staff as to what information is to be copied by clipping or removing information that may not be released.
- E. The clinician/provider must document the release on the progress note by indicating the date of the disclosure, the purpose of disclosure, the type of information disclosed, and the name of the entity/ person who received the information.
- F. The administrative/designated staff is responsible for compiling copies, placing the authorization in the client's medical record, mailing, and completing the Request for Information Log (Attachment 7). **A COPY OF THE INFORMATION THAT IS SENT TO THE REQUESTOR SHOULD NOT BE IN THE MEDICAL RECORD.**
- G. If the clinician/provider is no longer working at the program, the program director or the designee is responsible for reviewing the documents and notes in Avatar (if applicable), Clinician Gateway (if applicable), and the paper medical record (if applicable) before disclosing the information to the requestor.

Time Required for Processing Written Requests

Requests for medical records should be responded to promptly whether the request can be complied with or not.

Attachment 3

Fees

- \$15.00 clerical cost incurred in locating and preparing the medical records.
- Actual copying costs, not to exceed 10 cents per page.
- Actual postage charges.

Professional Photocopy Services

The professional copy service is acting as the agent of the attorney and is subject to all confidentiality laws. A valid authorization must be obtained from the client before the copy service is allowed to come to the facility. Prior to copying, the clinician/provider must review and determine what information can/cannot be released.

Attachment 4

Procedure for Releasing Substance Abuse Medical Records

Requests for Substance Abuse Medical Records

- A. Upon receipt of the request, the program/provider will log the request and determine the validity of the authorization (Attachment 7 – Release of Information Log). If the program/provider has any questions regarding the validity of the authorization, contact HIM staff for technical assistance.
1. Invalid authorization – The program/provider will prepare the reply to the requestor (Attachment 8 – Response Letter).
 2. Valid authorization – The program/provider will search Avatar and Insyst to see if client is known to CBHS.
- B. Prior to the release, the provider must review notes in Avatar (if applicable) and the paper medical record (if applicable) to determine what information may not be released.
- Example:
If PHI has references of another client's name, the information must be redacted from the medical record before copying.
- C. The provider must document the release on the progress note by indicating the date of the disclosure, the purpose of disclosure, the type of information disclosed, and the name of the entity/ person who received the information.
- D. The provider/designee is responsible for compiling copies, placing the authorization in the client's medical record, mailing, and completing the request log (Attachment 7).
- Note: A COPY OF THE INFORMATION THAT IS SENT TO THE REQUESTOR SHOULD NOT BE IN THE MEDICAL RECORD.
- E. If the provider is no longer working at the program, the program director or the designee is responsible for the release of information and documents the release on the progress note with the required information as listed above in B.

Time Required for Processing Written Requests

Requests for medical records should be responded to promptly whether the request can be complied with or not.

Fees

- \$15.00 clerical cost incurred in locating and preparing the medical records.
- Actual copying costs, not to exceed 10 cents per page.
- Actual postage charges.



City and County of San Francisco
Department of Public Health
Community Programs
Office of Quality Management

Health Information Management
1380 Howard Street, Room 436
San Francisco, CA 94103
(415) 255-3488 Fax(415) 252-3001

**Substance Abuse Treatment Program
Notice of Prohibition of Rediscovery**

Date: _____

Name of Client: _____

Name of Counselor/Clinician: _____

The information has been disclosed to you from records protected by federal confidentiality rules (42C.F.R. part 2) per client's authorization form signed and dated, _____.

The federal rules prohibit you from making any further disclosure of the information/documents unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 C.F.R. part 2.

Thank you.



City and County of San Francisco
 Department of Public Health
 Community Programs
 Office of Quality Management

Health Information Management
 1380 Howard Street, Room 427
 San Francisco, CA 94103
 (415) 255-3488 Fax(415) 252-3001

REQUEST FOR ACCESS TO MEDICAL RECORD

Client Name: _____

Date of Birth: _____

I hereby request that _____ to
 (name and address of program/provider)

provide access to my paper and/or electronic health record.

I request this access: (check one)

- Self
- Parent of the minor client
- Guardian of the minor client*
- Conservator of the person
- Attorney-in-fact under durable power of attorney for health care law*
- Beneficiary/personal representative of deceased client*
- Other: (specify) _____

Type of access requested is: (check one)

- Personal inspection of the record
- Copies of the record, as follows: (check one)
 - Entire record
 - Part of the record (describe): _____

Name (please print): _____

Address: _____ Phone: _____

Signature: _____ Date: _____

*Please furnish a copy of your appointment papers with this request.

MRD 01 rev. 3-8-11



City and County of San Francisco
Department of Public Health
Community Programs
Office of Quality Management

Health Information Management
1380 Howard Street, Room 436
San Francisco, CA 94103
(415) 255-3488 Fax(415) 252-3001

DATE:

RE:

DOB:

Dear

A request to release information regarding the above-named individual has been received. We can neither confirm nor deny that the above-named person has been a client in our facility.

WE ARE UNABLE TO COMPLY WITH THIS REQUEST BECAUSE:

_____ We are unable to find a record on this client. Please provide more information.

_____ Pursuant to state and federal law, records which contain information pertaining to the diagnosis or treatment of psychiatric, alcohol or drug related disorders are subject to strict confidentiality. The records you seek may contain information which falls within this category, and we cannot release the records to you without specific written authorization by the client. Enclosed is an authorization which may be completed by the client to authorize release of any such records.

_____ Other:

If we can be of further assistance, please call me at (415) 255-3488. Thank you.

Sincerely,

Alice Lee, MPH
Manager, Health Information Management

Enclosure