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PURPOSE:

To define guidelines for the release of clinical records maintained by Open Door Community Health Centers (ODCHC).

POLICY:

Open Door Community Health Centers (ODCHC) is committed to protecting the privacy of our patients' medical records. The following policy will help ensure that the release of medical records meets Health Insurance Portability and Accountability Act (HIPAA) requirements.

- Electronic Medical Records (EMR) are viewable between ODCHC facilities. Copies of any medical records prior to EMR implementation may be released from one ODCHC health center to another, upon clinician request without a Release of Information (ROI).
- ODCHC staff, with proper ROI, will release electronic records for all facilities for which the patient was seen. Paper records will be released individually by facility for which the patient was seen.
- ODCHC will not routinely release previous (historical) records received from other providers, except to the patient.
- ODCHC releases only the chronological record of care, master problem list, medication list, plus laboratory or other diagnostic records in general; summary documents such as databases and flow sheets are not released, unless specifically requested.
- The After Visit Summary will be released to the patient through the provider, medical assistant, front desk or by mailing without the need for a Release of Information completed by the patient.
- ODCHC Medical Records staff is responsible for determining the validity of release requests. Medical Records staff will ensure that each Authorization for Use or Disclosure of Health Information received on ODCHC Form #75 meets all necessary criteria, including:
 - A specific and meaningful description of the information to be released
 - A description of the purpose of the requested release
 - Clear identification of the person or entity to whom the release is to be made
 - Expiration date or event after which time the authorization to release is no longer valid
- ODCHC requires a written, signed, current, valid Authorization for Use or Disclosure of Health Information as follows:

<i>Patient Category</i>	<i>Required Signature</i>
Adult Patient	The patient or a duly authorized representative, such as a court-appointed guardian or attorney. Proof of authorized representative required, such as a notarized power of attorney
Deceased Patient	Beneficiary or personal representative (proof of relationship required) or executor/administrator of the estate

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Un-emancipated Minor	Custodial parent, next of kin, or legally appointed guardian/attorney (proof of relationship required)
Emancipated Minor	Same as adult patient above
Behavioral health, drug, alcohol program patients/clients	Special requirements regarding release of this information
HIV/AIDS patients or patients with other sexually transmitted diseases	Special requirements regarding release of this information

- Copies of all authorization forms for records release made by ODCHC will be scanned into the patient record.
- The Medical Records Manager is responsible for this policy and associated processes ODCHC must provide to any patient, upon request, a list of all releases of records for that patient. The EMR uses a printable log.
- ODCHC provides a courtesy notification to the primary care provider (PCP) for review of certain types of records requests prior to release. The following request types forwarded to the PCP must be reviewed prior to release:
 - Patient requests copies of their own medical records
 - Patient requests direct access to their medical record
 - Records requested by attorneys, regulatory agencies or via subpoena
- Medical records staff will document in the medical record each release of record copies, using the approved workflow. Any restriction on records release, or revocation of authorization to release, will also be documented in the EMR.
- The following priorities and time frames will apply to release of information requests processed by the medical records staff:
 - Emergency requests involving immediate emergency care of the patient: Immediate processing
 - Priority requests pertaining to current care of the patient: Within one workday or as requested
 - Patient request for access to own record: By appointment within 5 workdays.
 - Subpoenas and depositions: As required
 - All other requests: Within 15 calendar days

Requirements for Valid Authorization to Release Records

- When an authorization is not provided on ODCHC Form #75, Medical Records staff will check the submitted authorization against the legal requirements specified in the California Hospital Association Privacy Manual, as detailed below:
 - Must be in writing and in plain language, either typed or handwritten by the person who signed it.

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- Should be clearly separate from other information on the same page. If the authorization is combined with other information, the signature that authorizes the release must not simultaneously authorize anything else.
- It must be signed and dated by the valid authorizing person. Identity will be verified by using any method of verification that is reasonably calculated to verify the identity of the person making the request. Some acceptable means of identification may include:
 - comparing the signature on request to the signature on file
 - requesting to see a photo ID
 - requesting a copy of the Power of Attorney
 Additional methods may include:
 - confirming personal information with the requestor (DOB, address, etc.)
 - questioning a child's caretaker to establish the relationship with the child
 - calling the requestor back and using telephone line ID
- The written authorization must include:
 - A meaningful and specific description of the information to be released
 - The name or specific identification for the entity releasing the information
 - Identification of the person(s) to whom the entity is authorized to disclose
 - A description of the use to which the released information is to be put
 - The specific date or event after which the authorization is no longer valid
 - A statement of the right of the person signing the authorization to receive a copy of it, and a statement of the individual's right to revoke the authorization
 - A statement of the individual's right to inspect the information, a statement of the individual's right to refuse to sign the authorization, and disclosure of the fact that other entities that receive records may be able to re-disclose them without prohibition under law.
- The authorization must not contain any information known by the releasing entity to be false.

REFERENCES:

California Hospital Association Privacy Manual
Civil Code Section 56.11 and HIPAA 45 CFR 164.508

ASSOCIATED DOCUMENTS:

OPS.066 Records Release (Retired)
ODCHC Form #75 Authorization for Use or Disclosure of Health Information

KEYWORD TAGS:

EHR, EMR, ROI