

RECORDS RELEASE**OPS.066**

Approved By: Chief Operations Officer	Adopted Date: 11/26/03
Distribution: All Staff	Revision Date(s): 06/11, 03/13/13

PURPOSE:

To define guidelines for the release of clinical records maintained by ODCHC facilities.

POLICY:

1. Electronic Medical Records (EMR) are viewable between ODCHC facilities. Copies of any medical records prior to EMR implementation may be released from one ODCHC facility to another, upon clinician request without a Release of Information (ROI).
2. 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.
3. ODCHC will not routinely release previous (historical) records received from other providers, except to the patient.
4. 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 data bases and flow sheets are not released, unless specifically requested.
5. ODCHC Medical Records staff is responsible for determining the validity of release requests. Medical Records staff will ensure that each Authorization for Release of Health Information received on a ODCHC Form #75 meets all necessary criteria, including:
 - a. A specific and meaningful description of the information to be released
 - b. A description of the purpose of the requested release
 - c. Clear identification of the person or entity to whom the release is to be made
 - d. Expiration date or event after which time the authorization to release is no longer valid
6. ODCHC requires a written, signed, current, valid Authorization for Release of Health Information as follows:

Patient CategoryRequired Signature

Adult patient

The patient or a duly authorized representative, such as court-appointed guardian or attorney. Proof of authorized representation required, such as notarized power of attorney.

Deceased patient

Next of kin as stated on admission face sheet (state relationship on authorization) or executor/administrator of estate.

Un-emancipated minor

Parent, next of kin, or legally appointed guardian/attorney (proof of relationship required).

Emancipated minor

Same as adult patients above.

Psychiatric, drug, alcohol
program patients/clients

Special requirement regarding release of this information.

AIDS/HIV or other sexually
transmitted disease patients

Special requirements regarding release of this information

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7. When an authorization is not provided on ODCHC Form #75, Medical Records staff will check the submitted authorization against the legal requirements specified below.
8. ODCHC must be prepared to provide to any patient, upon request, a list of all releases of records for that patient made after April 14, 2003. ODCHC's paper charts use the Records Release Log (ODCHC Form #600) for this purpose. The EMR uses a printable report log.
9. Copies of all authorization forms for records releases made by ODCHC will be scanned into the patient record.
10. It is the policy of ODCHC to provide a courtesy notification to the primary care provider (PCP) for review of certain types of records requests prior to release. The following request types are forwarded to the PCP must be reviewed prior to release:
 - a. Patient requests copies of their own medical records.
 - b. Patient request direct access to their medical record
 - c. Records requested by attorneys, regulatory agencies or via Subpoena.
11. Medical Records staff will document each release of record copies in the medical record, using the approved workflow (see attachment). Any restriction on records release, or revocation of authorization to release, will also be documented in the EMR.
12. The following priorities and time frames shall apply to release of information requests processed medical records staff:
 - a. Emergency requests involving immediate emergency care of patient: immediate processing.
 - b. Priority requests pertaining to current care of patient: within one workday or as requested.
 - c. Patient request for access to own record: by appointment within five workdays.
 - d. Subpoenas and depositions: as required.
 - e. All other requests: within five workdays.

REQUIREMENTS FOR VALID AUTHORIZATION TO RELEASE RECORDS

(under Civil Code Section 56.11 and HIPAA 45 CFR 164.508)

- Must be in writing
 - in plain language
 - either typed or handwritten by the person who signs it
- Must be clearly separate from other information on the same page
 - a standalone release document is best
 - if the authorization is combined with other information, the signature that authorizes the release must not simultaneously authorize anything else
- Must be signed and dated by a 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 verification include, but are not limited to:
 - Compare signature on request to the signature on file.
 - Requesting to see a photo ID.
 - Requesting a copy of a power of attorney.
 - Confirming personal information with the requestor, such as: date of birth; policy number; or social security number.
 - Questioning a child's caretaker to establish the relationship with the child.

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- Calling the requestor back through a main organization switchboard rather than a direct number.
- Must include all of the following:
 - Meaningful and specific description of the information to be released
 - Description of the use to which the released information is to be put
 - Name or other specific identification for the entity releasing the information
 - Name or other specific identification for the entity receiving the information
 - Specific date or event after which the authorization is invalid
 - A statement of the right of the person signing the authorization to receive a copy of it
 - A statement of the individual's right to revoke the authorization
 - A statement of the individual's right to inspect the information to be released.
 - A statement of the individual's right to refuse to sign the authorization.
 - Disclosure of the fact that other entities that receive records may be able to re-disclose them without prohibition under law.
- Must not contain any information known by the releasing entity to be false.

Approved,



Cheyenne Spetzler
Chief Operations Officer

Attachment:

Current EMR Release of Information Workflow