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## Medical/Dental Release of Protected Health Information Protocol

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**Objective:** To provide practices protecting the confidentiality, privacy, and security of all Protected Health Information in compliance with patient expectations, regulations, and community standards; including but not limited to the Confidentiality of Medical Information Act and Health Insurance Portability and Accountability Act (HIPPA.)

**Responsibility:** The Medical Records Supervisors/Privacy Officer is responsible for the maintenance of this protocol. All (*Facility Name*) Staff have a responsibility to assist in the maintenance and compliance of this protocol.

**Protocol:** *Medical Records Staff will never under any circumstances release Medical/Dental Record Information without a signed Authorization for Use and/or Disclosure of Protected Health Information Form.*

Patients may request a copy of their Medical/Dental Health Information record by completing and signing an Authorization for Use and/or Disclosure of Protected Health Information Form.

All (*Facility Name*) staff will make sure that the patient provides the following when assisting a patient with any Authorization for Use and/or Disclosure of Protected Health Information Form.

- Verifies the patient's identity by Drivers License, passport or similar picture identification. A copy of the patient identification will be attached to the signed authorization.
- Have the patient sign Authorization for Use and/or Disclosure of Protected Health Information Form, before releasing information.
- The Authorization for Use and/or Disclosure of Protected Health Information Form must be signed by a witness.
- Medical Records Staff will process all completed requests within 5-10 business days of the dated Authorization for Use and/or Disclosure of Protected Health Information Form.

The Authorization for Use and/or Disclosure of Protected Health Information Form must consist of the following:

- Handwritten by the patient or patient designee.
- The form must be dated.
- Per the Insurance Information & Privacy Protection Act - the length of time the authorization shall remain valid, will be no longer than ;

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- 30 days from the date the authorization is signed, if the request involved life, health or disability insurance.

The Patient Medical/Dental Authorization for Use and/or Disclosure of Protected Health Information Form may be signed and dated by any one of the following:

- A patient may designate a representative to access their Medical/Dental Record. The representative must have written documentation/authorization, show the required identification and complete the required Authorization for Use and/or Disclosure of Protected Health Information Form.
- A minor (under 18 years of age) needs the consent of his/her parent or legal guardian unless the minor has a right to his or her own treatment consent (see Treatment Consent policy and procedure).
- Proof of executor of estate is required if a relative/representative of a deceased patient is requesting a medical record copy along with the required identification and completion of the Authorization for Use and/or Disclosure of Protected Health Information Form.

Patient Medical/Dental Records may be transmitted to a requesting physician or facility via Facsimile Machine making sure that the transmission is confidentially directed and received after receipt of signed, dated physician/facility release of information form.

Medical Records Staff will never under any circumstances release Medical/Dental Record Information via telephone.

**Release of Obstetrics Records:** Patients that are receiving Obstetrics Care at the Health Center, who are being transferred to the delivering provider and hospital, will be provided a copy of their Medical/Dental record including HIV information as allowed in the *Patient Access to Protected Health Information Protocol*.

All (*Facility Name*) staff will make sure that the patient provides the following when assisting a patient with any Authorization for Use and/or Disclosure of Protected Health Information Form.

- Verifies the patient's identity by Drivers License, passport or similar picture identification. A copy of the patient identification will be attached to the signed

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authorization.

- Have the patient sign the Authorization for Use and/or Disclosure of Protected Health Information Form before releasing information.
- The Authorization for Use and/or Disclosure of Protected Health Information Form must be signed by a witness.

### Exception:

Patients will be limited and/or restricted to access of Mental Health Records including substance abuse and HIV testing results. The following is the process that must be following order to ensure confidentiality of the patient's health information:

1. **Psychotherapy notes (Mental Health/ Behavioral Health Record; including drug and ETOH abuse)** - when Chief Medical Officer (CMO) determines that there is a substantial risk of significant adverse or detrimental consequences to a patient seeing or receiving a copy of his or her own mental health record information, the CMO can refuse the patient access.
2. **Blood test for HIV**, information/records concerning public social services, disclosure of information/records for the Department of Health Services, (DHS), concerning state health services, communicable diseases, and developmental disabilities, require CMO review and approval prior to patient obtaining this information. The CMO can refuse access to this information.

If the CMO denies access in this manner, the CMO must document the request and reason for refusal in the patient medical record and notify the patient of the denial and their right to designate another practitioner/provider for access to the patient's records.

### References:

45 C. F. R. §§160 - 164.524(HIPAA)

California Confidentiality of Medical Information Act [Civil Code § 56 *et esq.*]

California Health and Safety Code § 123110-149

California Health and Safety Code §§ 123110, 123130;

Title 22 C.C.R.; California Code Regulation §§ 70751(b) and 71551(b)

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Section 13101 - 13424 of Title XIII (Health Information Technology for Economic and Clinical Health Act) of the American Recovery and Reinvestment Act of 2009