

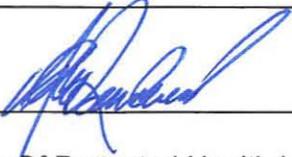


County of San Bernardino Department of Behavioral Health

INFORMATION NOTICE 11-13

Date: 07/20/2011

To: Department of Behavioral Health (DBH) Staff and Contract Agencies

From: Allan Rawland, Director 

Subject: Authorization For Release Of Protected Health Information (PHI)

Introduction During a recent review of the current Authorization process for DBH, the DBH Office of Compliance determined several changes were needed to bring the form up-to-date and to comply with state law.

Expiration Date California law mandates the Expiration Date field be completed and cannot be left blank. If a specific date is not entered, the Authorization is not considered valid and DBH cannot process the request of the client to release protected health information.

Verifying the Expiration Date Effective the date of this notice, DBH staff shall verify the [Authorization For Release Of Protected Health Information \(PHI\)](#) form has a valid expiration date when receiving the form from a client. If the client leaves the Expiration Date field blank, staff accepting and/or processing the Authorization must advise the client the Authorization cannot be processed, and no PHI shall be released unless a valid expiration date is provided.

Important Note: If a medical chart has an Authorization For Release Of Protected Health Information form without an expiration date, the Authorization is considered invalid. No PHI may be disclosed until a valid Authorization is obtained.

Updates The following updates were made to the Authorization For Release Of PHI form:

- Addition of the client's address and telephone number
- Change word from sex to gender
- Limitation of the client's social security number to the last four (4) digits

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Updates
(continued)

- Removal of the primary healthcare checkboxes and HIV test results
 - Requirement to enter an expiration date with a note regarding the inability to process the request
 - Clarification regarding the revocation or cancellation of the Authorization
 - Addition of witness printed name
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Reference

California Civil Code, Section 56.11(h)
Title 45, Section 164.508 (Health Insurance Portability and Accountability Act (HIPAA) of 1996)

Questions

Questions regarding this Information Notice shall be directed to the DBH Office of Compliance at (909) 382-3083 or by email Compliance_Questions@dbh.sbcounty.gov.
