Authorization to Release Protected Health Information (PHI) Procedure

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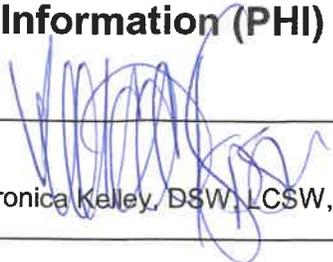
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Purpose

The purpose of this procedure is to provide operational guidance to the Department of Behavioral Health (DBH) workforce to adequately obtain and complete a valid Authorization to Release Protected Health Information (PHI) (Authorization) form and release of medical records for mental health and substance use disorder services (SUD) according to applicable requirements, laws and regulations, as referenced in the Policy.

Procedure to Release Mental Health PHI

When a client, client representative or third party requestor requires access to medical records, a written Authorization is required prior to release.

The following table describes the appropriate steps for disclosing mental health medical records:

Step	Action
1	The client, client's legal representative, or a third party requests DBH medical records.
2	DBH clinic or Medical Records staff assists with responding to request. This will include determining if the request is from the client, client's legal representative or third party requestor. If the requestor is at a DBH clinic and the medical record is closed, the clinic is responsible for assisting the client in completing the Authorization form and forwarding to Medical Records for processing (DBH-medicalrecords@dbh.sbcounty.gov).

Authorization to Release Protected Health Information (PHI) Procedure, Continued

Procedure to Release Mental Health PHI, continued

Step	Action
3	For mental health records the Authorization shall be completed by entering the following information: • Client's Name, date of birth, address, last four (4) digits of social security number, and phone number; • **(A) I hereby authorize** – Enter name or other specific identification of the person(s), or class of persons, authorized to make the requested disclosure (e.g., Department of Behavioral Health Medical Records); • **(B) To release to** – Enter the name of the individual or entity to whom the covered entity may make the requested use or disclosure; • **Two-Way Authorization**- Select the checkbox to authorize a two-way exchange of PHI between the parties listed in Section (A) and (B); • **(C) Indicate the Relationship** – Not applicable for mental health disclosures; • **Section (a)** - Select the "Mental Health" checkbox authorizing the release of mental health treatment information and obtain the client's initials in the space provided; • **Section (b)** – Select the checkbox authorizing the release of "All my health information…" and enter the date range of the records that may be used or disclosed, OR Select the checkbox authorizing the release of "Only the following types of health information", enter the date range of the records that may be used or disclosed, and select the checkbox(es) that identify the information to be used or disclosed, or select the "Other" checkbox and write in the type of information to be used or disclosed; • **Purpose Section** – Select the "client request" checkbox when the client initiates the authorization, OR Select the "Other" checkbox and list the purpose of the requested use or disclosure; Insert any limitations (if any) on the amount or type of PHI to be released; • **Expiration (Mental Health)** Section – Enter exact date that Authorization expires; *Note:* If an exact date is not provided, the Authorization will be considered invalid and no PHI can or shall be released; • **Revocation (Mental Health)** Section – Insert the address of the DBH Clinic authorized to use or disclose the client's health information; • **My Rights (Mental Health)** Section – Ensure the client reads the information provided in this section; • **Signature** Section - Obtain signature of client, date and time of signature as indicated below.

Authorization to Release Protected Health Information (PHI) Procedure, Continued

Procedure to Release Mental Health PHI, continued

Step	Action
3 (Cont.)	<table><tr><td>**If…**</td><td>**Then…**</td></tr><tr><td>Client is under age 12, or age 12 and up without legal and mental capacity</td><td>Obtain signature of parent/guardian and ensure printed name and legal relationship are stated</td></tr><tr><td>Client is age 12 and up with legal and mental capacity</td><td>Obtain signature of client</td></tr><tr><td>Client is an adult</td><td>Obtain signature of client</td></tr><tr><td>Client is adult without legal and/or mental capacity</td><td>Obtain signature of legal representative and ensure printed name and legal relationship are stated ***Note***: Proof of legal representation must be provided, such as court order.</td></tr></table>
4	All PHI that is released without a signed authorization form shall be documented on the List of Disclosures of Protected Health Information (PHI) (COM012) form and shall include the following: • The date of the disclosure; • The name of the entity or person who received the PHI and, if known, the address of such entity or person; • A brief description of the PHI disclosed; and • A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu of such statement, a copy of a written request for a disclosure. ***Note***: Manual entry on the List of Disclosures of Protected Health Information (PHI) shall be completed until electronic health record conversion.

Procedure to Release Substance Use Disorder (SUD) PHI

When a client, client representative or third-party requestor requires access to medical records, a written Authorization is required prior to release.

The following table describes the appropriate steps for disclosing SUD medical records:

Step	Action
1	The client, client's legal representative, or a third party requests DBH medical records.

Procedure to Release Substance Use Disorder (SUD) PHI, continued

Step	Action
2	DBH clinic or Medical Records staff assists with responding to request. This will include determining if the request is from the client, client's legal representative or third party requestor. If the requestor is at a DBH clinic and the medical record is closed, the clinic is responsible for assisting the client in completing the Authorization form and forwarding on to Medical Records for processing (DBH-medicalrecords@dbh.sbcounty.gov).
3	For SUD records the Authorization shall be completed by entering the following information: • Client's Name, date of birth, address, last four (4) digits of social security number, and phone number; • **(A) I hereby authorize** – Enter name or other specific identification of the person(s), or class of persons, authorized to make the requested disclosure; • **(B) To be released to** – Enter the name of the individual or entity to whom the covered entity may make the requested use or disclosure; • **Two-Way Authorization** – Select the checkbox to authorize a two-way exchange of PHI between the parties listed in Section (A) and (B); • **(C) Indicate the Relationship (SUD Only)** – Indicate if the individual or entity selected in Section (B) is a treating provider by selecting either Yes or No in sub-section (i); • Indicate if the individual or entity Selected in Section (B) is a Third-Party Payer by selecting Yes or No, in sub-section (ii) • **(D) Health Information Exchange (HIE) or Research Institution** If the entity named in Section (B) facilitates the exchange of health information (HIE) or is a research institution, check the box for either (i) or (ii) and complete the information in the fields next to the selected check box. If (i) applies, name an individual participant. If (ii) applies, indicate an individual or entity or class of participants with a treating provider relationship. • **Section (a)** - Select the "Substance Use Disorder (SUD)" checkbox authorizing the release of SUD treatment information and obtain the client's initials in the space provided; • **Section (b)** – Select the checkbox authorizing the release of "All my health information…" and enter the date range of the records that may be used or disclosed, OR Select the checkbox authorizing the release of "Only the following types of health information", enter the date range of the records that may be used or disclosed, and select the checkbox(es) that identify the information to be used or disclosed, or select the "Other" checkbox and write in the type of information to be used or disclosed,

Procedure to Release Substance Use Disorder (SUD) PHI, continued

Step	Action
3 (Cont.)	• **Section (c)** – Select the appropriate recipient option as described in the table on p. 6. (See Attachment – "To Whom Examples"). • **Purpose Section** – Select the "client request" checkbox when the client initiates the authorization, OR • Select the "Other" checkbox and list the purpose of the requested use or disclosure; Insert any limitations (if any) on the amount or type of PHI to be released; • **Expiration (SUD) Section** – Enter date, event, or condition upon which consent will expire, which must not be longer than reasonably necessary to serve the purpose of this consent; • **Revocation (SUD)** Section – Insert the address of the DBH Clinic authorized to use or disclose the client's health information; • **My Rights (SUD)** Section – Ensure the client reads the information provided in this section; • **Signature** Section - Obtain signature of client, date and time of signature.

If…	Then…
Client is under age 12, or age 12 and up without legal and mental capacity	Obtain signature of parent/guardian and ensure printed name and legal relationship are stated
Client is age 12 and up with legal and mental capacity	Obtain signature of client
Client is adult	Obtain signature of client
Client is adult without legal and mental capacity	Obtain signature of legal representative and ensure printed name and legal relationship are stated (***Important Note***: Proof of legal representation must be provided, such as court order)

Step	Action
4	All PHI that is released without a signed authorization form (including the allowable exceptions under 42 CFR Part 2) shall be documented on the List of Disclosures of Protected Health Information (PHI) (COM012) and shall include the following: • The date of the disclosure; • The name of the entity or person who received the PHI and, if known, the address of such entity or person; • A brief description of the PHI disclosed; and • A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu of such statement, a copy of a written request for a disclosure. ***Note***: Manual entry on the List of Disclosures of Protected Health Information (PHI) shall be completed until electronic health record conversion.

Authorization to Release Protected Health Information (PHI) Procedure, Continued

SUD General Designation Option	If the general designation consent option (e.g. "all my treating providers") is selected on the Authorization to Release Protected Health Information (PHI) the following conditions must be met: • Entity must have a mechanism in place to determine with whom the client has *treating provider relationships;* • Consent forms that use the general designation must include a statement confirming the client's understanding that they must be provided, upon their request, with a list of entities to which disclosures have been made pursuant to the general designation (the list of disclosures documented on the List of Disclosures of Protected Health Information (PHI) (COM012).)
SUD Prohibition on Re-disclosure	A written statement will accompany each disclosure made with the client's written consent indicating the prohibition of re-disclosure of client's records, by the recipient (individual or entity) of the records.
Related Policy or Procedure	DBH Standard Practice Manual • Authorization to Release Confidential Protected Health Information (PHI) Policy (COM0912) • Information Notice (IN) 18-02 Updated Authorization to Release Protected Health Information (PHI) Policy, Procedure and Form
Reference(s)	• California Welfare and Institutions Code, Section 5328 • Code of Federal Regulations, Title 45, Section 160 and 164, U.S. Department of Health and Human Services, Office of Civil Rights, Federal Register, Final Rule • Code of Federal Regulations, Title 42, Part 2, U.S. Department of Health and Human Services, Federal Register, Final Rule
Questions	Questions regarding the release of PHI under circumstances not addressed in this SPM should be addressed to DBH Office of Compliance at Compliance_Questions@dbh.sbcounty.gov, (909) 388-0879.