

Department: Health Information Management (HIM)

Policy Number: HHS-4127-HIM **Attachments:** _____

Policy Title: Release of Information

Date: 12/12 **Revised:** _____

Approved by:  **Date:** 3/13/13

Policy Statement:

The Mille Lacs Band Health Services recognizes the need to provide a uniform method for receiving, reviewing and processing requests for patient information regarding the confidentiality and release of medical records.

POLICY:

1. To assure that all patient information is maintained in strict confidence and never released to other persons or agencies except as provided for by applicable Federal or Band law.
2. To protect patient's rights to privacy

RELEASE OF INFORMATION: WITH PATIENT CONSENT

PURPOSE:

To provide a uniform method for receiving, reviewing and processing requests for patient information which the patient has consented to have released to third parties (i.e. insurance companies, attorneys at law, other providers, etc.) Unless specifically told otherwise, when requested by outside consultants, MLBHS will send a two-year history of patient's medical information, which includes medical records and a summary of care. Additional medical information will be available upon request.

PROCEDURE:

1. The Medical Records Supervisor is responsible for assuring confidentiality of the patient's medical record.
2. Records are released only after the HIM department has received an "Authorization for Use or Disclosure of Medical Records" (IHS 810) form, signed by the patient or his/her legal representative or guardian.
 - a. The Authorization must state specifically, the records requested and the reason for the request
 - b. Authorization may be signed by the legal representative or guardian in the case of a minor child or other persons legally adjudicated incompetent or who have appointed a legal representative.
 - c. The Authorization must also contain:

- Full name and address of the facility releasing the information
 - Full name, address, and phone number of the facility requesting the information.
 - Name of the specific person within the requesting facility to whom the records are to be sent.
 - Full name, address and phone number of the patient
 - Specific dates for the record requested
 - Purpose for the record release
3. If all of the above conditions are met:
 - a. Pull the patient's record/Print EHR encounter
 - b. Copy the records for the requested time period/print EHR encounter
 - c. File the original request/authorization with initials when it was sent and entered into the Release of Information Package in the RPMS system.
 4. Only copies of the requested record may be released from the facility unless originals are requested by valid court order
 - a. Only the Commissioner of Health & Human Services or the Health Director may authorize the release of an original records, and then only upon receipt of a valid court order.
 - b. Originals must be hand delivered to the court and surrendered only after the Clerk of Courts signs receipt.
 - c. The Commissioner of Health Director will first investigate the validity of the request for originals and petition the court to to accept a notarized copy.
 - d. Only specific records, requested in writing, will be copied and forwarded. Unless otherwise specified, records will be copied for only the past calendar year.
 5. All records will be stamped "Records are not for Re-Release." The receiving agency may NOT release them to another agency.
 6. Records may be FAXED under the following circumstances:
 - The request for patient medical records is received in writing. The Clinic employee contacts the requesting agency and informs them of the exact time records will be FAXED and the requestor is waiting at their FAX machine to receive the records.

RELEASE OF INFORMATION: TO THE PATIENT

PURPOSE:

To assure that individual patient records are accessible to that patient and staff handles such requests in a uniform and consistent manner and the patient is not provided with information in the record which might be injurious to the individual.

PROCEDURE:

1. If an individual requests access to his or her medical record, the request shall be directed to the HIM Staff. The individual must verify his/her identity if not personally known at the facility.
2. The medical record shall be reviewed by the a qualified health professional to determine if any information in the medical record might be injurious to the individual; if so, direct access will not be granted. A qualified health professional may review the contents of the records with the individual. If it is determined that access will not have an adverse effect, the individual may be allowed to review his/her own record. An appointment shall be made for the review.

DISCLOSURES OF MEDICAL RECORDS OF MINORS:

1. A minor may be granted access to his/her own medical record in accordance with the provisions of 45 CFR 5b.6)c) (2). In order to protect the privacy of a minor, no individual shall be granted direct access to a minor's medical record. Parents have no right to access information or consent to release information contained in documentation of medical events which a minor consented to as allowed under State law, e.g., treatment for alcohol or drug abuse; examination or treatment for sexually transmitted disease.

Parents requesting notification of, or access, to records of minors cannot be given direct notification or access. Parents seeking notification of or access to, a minor's medical record must verify his/her relationship to the minor, and must verify his/her own identity. A parent or guardian must designate a family physician or other health professional (other than a family member) to whom the record will be sent. The physician or health professional to whom the record is sent will be asked to consider the effect of the disclosure on the minor before making the record available to the parent or guardian.

Reasonable efforts will be made to inform the minor that his/her medical records have been sent to a physician or health professional.

ATTACHMENTS Authorization For Use of Disclosure of Health Information

REFERENCES:

Privacy Act of 1974
HIPPA

RECISSION N/A

DISTRIBUTION All Departments