

RELEASE OF INFORMATION GUIDELINES

Specific policies and procedures related to release of information are outlined in the Administrative Policy and Procedure manual. In general, requests for release of information should be directed to the Health Information Management Department. Release of Information form number 001 is to be used for all general med/surg release of information. Form 002 should be used for release of psychiatric information. The appropriate release of information form is to be used when requesting or providing photocopies of medical record information to any of the following: Attorney; Family Member; Insurance Companies; Law Enforcement Officials; Other Healthcare providers; Patient; Physicians not on Staff; and Social and Welfare Agencies.

A properly executed release of information must include the following elements:

1. The name of the entity authorized to make the requested use or disclosure.
2. The name or other specific identification of the person(s) to whom the use or disclosure is to be made.
3. A specific description of the information to be used or disclosed.
4. A description of each purpose of the requested use or disclosure.
5. An expiration date or expiration event that relates to the purpose or use of the disclosure
6. The signature of the patient and date, with the following exceptions noted:
 - a. If patient is a minor (less than 18), must be signed by parent or legal guardian.
 - b. If patient is unable to sign because of mental or physical disability, be signed by a legally authorized representative and witnessed.
 - c. If patient is unable to sign name and uses another means to indicate approval, such mark should be witnessed.
 - d. If patient is deceased, authorization should be signed by executor of the estate. If an executor has not been, or will not be appointed, authorization must be signed by the next of kin, showing relationship to the deceased patient. If this is the case, the hierarchy should be as follows:
 1. Spouse
 2. Adult son or daughter
 3. Either parent
 4. Adult sibling
 5. Any other relative in descending order
7. A statement of the individual's right to revoke the authorization in writing.
8. A statement about the ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization.
9. A statement that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by the rule.

If a patient has been declared mentally incompetent and a guardian is appointed by the court, the guardian must sign the authorization. Request for release of information in the case of an incompetent or incapacitated patient for whom no guardian is appointed shall be referred to Administration.

Patient must give specific authorization to release medical information as it relates to HIV, sexually transmitted diseases, and/or drug/alcohol abuse.

Requests by patient/family member to view a medical record should be referred to the Director of Health Information Management. If a physician indicates in a medical record that the patient should not review a record or that reviewing the record could have a detrimental effect on the patient, the patient will not be allowed to review the record and should be referred to the physician. In this situation, a copy of the record may be released to the patient's attorney or authorized insurer upon request.

Faxing Medical Information: Medical information will not be faxed unless it is an emergency situation. Faxing for any other reason should be referred to the Director of Health Information Management.

ALL REQUESTORS FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION MUST PROVIDE AN APPROVED SOURCE OF IDENTITY VERIFICATION PRIOR TO ANY RELEASE