



Policy Name:	Record Release Process	Date Revised:	9/2017
Purpose:	Steps for Releasing Youth Information	Board Approval:	9/2017

Step 1: Obtain a written request for client information.

It's important to note that **until a written request is received, you can neither confirm nor deny the client's enrollment status at GNB.** This applies to both current and past enrollment records. Written requests for records in the form of a valid Authorization to Release Information must be obtained prior to disclosing ***any*** information.

Step 2: Verify that all required components have been listed on the written request and that those components are complete and legible.

In order for a Release of Information form to be considered complete, it **must** contain specific pieces of information, listed below (see appendix 1).

- Client with full legal name
- Date of the Request
- Name/Entity with whom information will be disclosed
- Information to disclose – as specific as possible
- Date parameters of information requested
- Restrictions to disclosures
- Purpose of disclosure
- When the authorization expires
- Signature of Authorized Representative (relationship indicated when appropriate)

If any components are missing, the QA Staff will contact the requesting party and have the information completed. The request cannot be processed until all of the required pieces of information have been obtained and are accurate. The QA Staff should **not** inform the party of the correct information. The party must be able to provide that information through his/her own means. We can release only PHI that was created within the dates that are requested.

Step 3: Locate the client record and confirm dates of enrollment.

Several data points should be matched to ensure the correct record has been located. These include full legal name, date of birth, social security number, client county record number, date of enrollment, program, and authorized representative.

Step 4: Verify the signature of the authorized representative.

Check that the signatures of the authorized representative on the request match those that are on the clients' consent forms. If they do not match or are difficult to distinguish a match, the QA Staff should contact the requestor and ask them to provide identification which shows his/her signature. State identification, driver's license, passport and military ID are examples of acceptable proof of identification.

Step 5: Identifying the information to be released.

The QA Staff will carefully read the request. Decisions about what information should be released must be based on what is requested on the Release of Information form. The QA Staff will exercise prudent judgment on limiting the information that is disclosed. A conservative approach is exercised so that the minimum amount of information that is needed to comply with the request is provided. This is called following the "minimum necessary" requirement.

In most situations, a summary of the requested information should be written by the clinician or the supervisor based on the individualized purpose of the disclosure. If the clinician or supervisor is unable to produce a summary, the QA Staff will locate the information that would complete the request and should coordinate a review of those documents by the clinician or supervisor. When reviewing the information to be released, the clinician or supervisor should look through every page to determine what information should be released. The purpose of this review is to ensure that the documentation to be released includes the information requested and *only* the information requested. When reviewing the pages, the clinician or supervisor will look for information that falls outside the scope of the request and redact it as appropriate.

The clinician or supervisor should summarize and/or the QA Staff should only send information explicitly requested. If entire documents are being released, copies must be made and the original document returned to the chart. Only information for the identified client should be released. If there is mention of any other client's name in a document, it cannot be released until the page or name of the other client is removed.

In some cases, there may be clinical information that the treatment team believes is not in the client's best interest to share. This determination must be based on a current assessment of the emotional stability of the client. If they are not able to assess the client's current stability, then we should consider releasing all requested information. If it is decided to limit the information, it must document a justified rationale for the limitation. This must be documented in writing by the Director and attached to the release of information form that will be filed with the chart.

Information that addresses physical health information, HIV or substance abuse information must be separately and explicitly requested. **Unless it is specifically requested, this information must be redacted or not included in any summaries or documents released.**

Step 6: Identify the method of delivery.

Through every step of the release process, it's important to maintain safeguards to protect the client's PHI. This includes during the process of delivering the information. The information should be sent directly to the intended party without interruption or transfer between different parties. The most common methods of delivery include fax, encrypted e-mail, and mail.

Passwords for an encrypted document should be sent in a separate follow-up e-mail than the attached encrypted file and with a different subject line. Please avoid the subject line "password."

Emails to outside entities should never include full client names or other protected information in the body of the message. Any protected information must be in an encrypted attachment.

Once the PHI has been received according to the instructions of the recipient, the agency cannot be held responsible if that information is then distributed to another party. However, it is best practice to remind the individual receiving the information that it is provided for their use only and should not be transferred to a third party.

Only QA Staff are authorized to release documentation outside of the agency.

Step 7: Track the disclosure on the Disclosure Log.

As documented in GNB's Privacy Practices, HIPAA requires providers to provide clients with an accounting of all PHI disclosed from their chart if it requested from the client or authorized representative. All written disclosures of PHI should be tracked on the Disclosure Log by the QA Staff. A log is filed in each client's chart.

Step 8: File the request.

All requests, including external requests and signed authorizations, must be filed in the client's record.

If there are any questions or concerns regarding what information can be released or if it should be released, the QA Staff should consult with his/her supervisor for guidance.