

The Right Door for Hope, Recovery and Wellness

Chapter Title	Chapter #		Subject #
Recipient Rights	RR		130.3
Subject Title	Adopted	Last Revised	Reviewed
<b>Disclosure of Protected Health Information (PHI)</b>	6/20/12	9/12/16	6/20/12; 3/3/14; 9/12/16; 1/4/17

## PROCEDURE

### Application

This procedure shall apply to The Right Door for Hope, Recovery and Wellness and all services operated by or under contract with it. This procedure shall serve as a guide to assure compliance with Board policy regarding Recipient Rights.

- 1.0 All requests for protected health information (PHI) must be directed to the Medical Records Department.
  - 1.1 The Medical Records Department is to be provided with the written request presented by the individual or organization requesting the PHI (any request received by mail, facsimile, or personal deliver to the office).
  - 1.2 If the requestor is present at the office, the Medical Records Department is to be contacted to obtain the request from the individual. If Medical Records staff is not available, clerical staff or the clinician is to obtain a written request from the individual, using The Right Door for Hope, Recovery and Wellness The Right Door for Hope, Recovery and Wellness Authorization and Consent for Release of Confidential Information form. The completed authorization shall be forwarded to the Medical Records Department with instruction to process the request.
  - 1.3 All phone calls pertaining to the request of PHI are to be transferred to the Medical Records Department.
    - 1.3.1 The Medical Records Department shall instruct the requestor to provide a written request, as required by the Michigan Medical Records Access Act 333.26265.
- 2.0 Requests for protected health information (PHI) must be accompanied by a valid, HIPAA and/or 42 CFR Part 2-compliant authorization, or correspond with a valid, HIPAA and/or 42 CFR Part 2-compliant authorization filed in the consumer's medical record. The authorizations, also known as Releases of Information (ROI) forms will be obtained throughout treatment as needed.
  - 2.1 A valid, HIPAA and/or 42 CFR Part 2-compliant authorization must include the following elements:

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- 2.1.1 A description of the information to be used or disclosed that identifies the specific information in a manner that is clearly understood:
- 2.1.2 The purpose of disclosure
- 2.1.3 The name of the person or persons authorizing the use or disclosure of PHI
- 2.1.4 The name of the person or organization requesting the PHI
- 2.1.5 An expiration date (no later than one (1) year from the date of signature) or event that relates to the use or disclosure of the PHI
- 2.1.6 The signature of the consumer or the consumer's personal representative and the date of the signature
- 2.1.7 A statement of the individual's right to revoke the authorization in writing and either (1) the exceptions to the right to revoke and a description of how the individual may revoke the authorization or (2) reference to the corresponding section(s) of the Notice of Privacy Practices.
- 2.1.8 A notice of the covered entity's ability or inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization.
- 2.1.9 A statement that the information used or disclosed based on the authorization may be re-disclosed by the recipient and is no longer protected under HIPAA privacy regulations unless the released information falls under 42 CFR Part 2. In the case that the information falls under 42 CFR Part 2, a statement that the information may not be re-disclosed must accompany the information.
- 2.1.10 The person authorizing disclosure must specifically authorize disclosure of alcohol and drug information.

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2.1.11 The person authorizing disclosure must specifically authorize disclosure of HIV/AIDS status.

2.2 Medical Records staff will verify the authorization is valid and complete.

2.3 Requests without valid, HIPAA and/or 42 CFR Part 2-compliant authorization will not be processed.

2.3.1 If the elements listed in 2.1 are not present, the authorization is considered invalid.

2.3.2 The invalid authorization will be returned to the requestor, along with a notice informing the requestor of the missing required elements. A copy of the The Right Door for Hope, Recovery and Wellness authorization form will be provided for completion as a courtesy to the requestor.

3.0 All disclosures of protected health information (PHI) will be processed by the Medical Records department.

3.1 The Medical Records department will disclose protected health information (PHI) from (but not limited to) the following sources:

3.1.1 Medical Records

3.1.2 Coordination of care letters

3.1.3 Written correspondence

3.1.3.1 Medical Records staff will send coordination of care letters and written correspondence on behalf of The Right Door for Hope, Recovery and Wellness staff. Clinical or clerical staff will provide the Medical Records department with the correspondence to be sent, along with the name of the recipient and the address or fax number the correspondence is to be sent to.

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- 3.2 Only the information specified for release in the authorization will be disclosed to the person or organization and corresponding address or fax number specified in the authorization.
- 4.0 All disclosures of protected health information (PHI) will be recorded by the Medical Records department staff in the Accounting of Disclosures log.
  - 4.1 The following information will be recorded in the Accounting of Disclosures log:
    - 4.1.1 The date the request for information was received by Medical Records staff
    - 4.1.2 The name of the requestor
    - 4.1.3 The consumer number and last name
    - 4.1.4 What information was disclosed
    - 4.1.5 The date of the disclosure
    - 4.1.6 The purpose of the disclosure
    - 4.1.7 The method of delivery
    - 4.1.8 Whether primary clinician approval was obtained (when necessary)
    - 4.1.9 The name of the Medical Records staff responsible for the disclosure.

References: 42 CFR Part 2, HIPAA, HITECH and the HIPAA OMNIBUS RULE

Robert S. Lathers, Chief Executive Officer	Date		