Chapter Title	Chapter #		Subject #
Recipient Rights	RR		130.3
Subject Title **Disclosure of Protected Health Information (PHI)**	Adopted 6/20/12	Last Revised 12/3/2019	Reviewed 6/20/12;3/3/14; 9/12/16;1/4/17; 12/3/2019; 3/15/21; 4/21/22; 3/31/23

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 anyone other than the person served or their legal representative requesting PHI (any request received by mail, facsimile, or personal deliver to the office).

1.1.1 Persons served may request a copy of their record without signing a Behavioral Health Consent Form. This includes Substance Use Records

1.1.1.1 The person will be provided with a cover letter stating what information is being disclosed.

1.1.1.2 This disclosure will be logged in the disclosure log in the person's medical record.

1.1.1.3 Prior to providing the records to the person served, identification (some form of photo ID or a clinician is available to confirm identification) is to be provided to confirm the person served is the one receiving the records.

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 will make a copy of the requestors driver license and provide to medical records. Then clerical will send an email to medical records stating requested information from person served or legal

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representative. Email must include valid phone number for medical records to contact with questions/concerns.

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 medical record of the person served. The authorizations, also known as Behavioral Health Consent 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:

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.

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2.1.6 The signature of the person served or the personal representative of the person served 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 coordinate 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.

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

2.1.11.1 Consent form must state specific release for HIV/AIDs and or Sexually Transmitted Infections (STI) or this information will be redacted from the provided records.

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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 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 electronic medical record (EMR).

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

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4.1.2 The name of the requestor

4.1.3 The person served number and 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 The name of the Medical Records staff responsible for the disclosure.

5.0 Exceptions for disclosure of Protected Health Information (PHI) without a consent form.

5.1 Refer to MDHHS Legislation flow chart for exceptions on the below.

5.1.1 Coordination of care
5.1.2 Payment for services rendered
5.1.3 Deidentified information for research
5.1.4 Duty to warn situations – threats of serious or imminent harm made by an individual
5.1.5 Mandatory Reporting – elder/child abuse or neglect
5.1.6 Medical Emergencies
5.1.7 De-identified information for financial audits
5.1.8 De-identified information for program evaluation
5.1.9 Specific Court Orders
5.1.10 For coordination of care with a community mental health service provider in the Mid-State Health Network Affiliation. SUD/HIV/AID/STI information will be excluded unless release specifies.

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5.2 The disclosure of substance use disorder (SUD) information requires the use of a behavioral health standard consent form/MDHHS-5515 (or equivalent), unless the disclosure falls under any one of the following:

- 5.2.1 Medical emergencies
- 5.2.2 De-identified information for research
- 5.2.3 De-identified information for financial audits
- 5.2.4 De-identified information for program evaluation
- 5.2.5 Specific court orders (i.e., to determine if an individual is under treatment; treatment hearings for minors)

6.0 The Altarum Legislation Grid created for MDHHS will be utilized by Medical Records.

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

Kerry Possehn, Chief Executive Officer	Date		