

**Beacon Comprehensive Behavioral Health Management
Policy and Procedure Manual**

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| Policy Name: Release of Protected Health Information | HIPAA Privacy Regulations |
| Date: 11-02 Reviewed by QI Committee: 11-06, 11-07, 11-08, 11-09, 01-10, 9-10, 11-10, 11-11 Revised by QI Committee: 11-06, 11-08, 11-09, 01-10, 9-10, 11-11 | Page: 1 of 3 Policy Number: HP-8 |

Purpose: To ensure all protected health information maintained by Beacon Comprehensive Behavioral Health Management (Beacon CBHM) is not disclosed to an outside entity without written consent from the patient/legal guardian.

Definitions:

Outside Entity – Any individual or entity not involved in the authorization/registration, treatment, and payment of health services as covered under an individual’s benefit plan (e.g., non-covered provider, school district, legal advisor, employer, etc).

Disclosure – the release, transfer, access, or otherwise divulging of protected health information to an outside entity.

Policy:

1.0 Permissible Disclosures Not Requiring Written Authorization

Under the following circumstances, protected health information may be disclosed without receiving written authorization.

- 1.1 Health Care Operations – authorization/registration, co-ordination, and payment of health care services, with the following exceptions
 - 1.1.1 Disclosure for marketing or fundraising purposes
 - 1.1.2 Disclosure for services, which were entirely paid for out-of-pocket by member and for which patient requested special restriction on release of information
- 1.2 Public Health Risks – mandated reporting of child/elder abuse and/or danger to self or others.
- 1.3 Quality Management – to monitor and improve services provided.
- 1.4 Lawful Subpoena – when so ordered by a representative of the court.
- 1.5 Claims Payment – to provide reimbursement for health care services rendered.
- 1.6 Emergency Services – to develop a treatment plan and coordinate care for a patient who is imminently a danger to self or others or is gravely disabled due to a psychiatric condition.

2.0 Disclosures Requiring Written Authorization

The following procedures apply whenever the disclosure of protected health information is not covered under “permissible disclosures.”

- 2.1 A patient and/or legal guardian of a minor patient may sign a written release of confidentiality and ask that protected health information be disclosed to an outside entity.
- 2.2 This written release must contain the following:
 - 2.2.1 Name of person or agency to whom the information is to be disclosed, and

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- 2.2.2 The specific information to be disclosed, and
- 2.2.3 The purpose of disclosure, and
- 2.2.4 The date consent was signed and the signature of a witness, and
- 2.2.5 A specified time frame for which the release is in effect, and
- 2.2.6 A notification that patient can revoke release at any time, and
- 2.2.7 A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient, and
- 2.2.8 A notice that patient has received a copy upon request, and
- 2.2.9 A notice regarding reimbursement for disclosure where this occurs, and
- 2.2.10 An original signature.

3.0 Documentation

- 3.1 Beacon CBHM recommends that contracted providers use the form: “Authorization for Use or Disclosure of Personal Health Information” as this form meets all of the above requirements. If contracted providers choose to use their own form, the above information must be included.
- 3.2 An original signed copy of the form “Authorization for Use or Disclosure of Personal Health Information” should be kept in the patient’s medical record.
- 3.3 The patient/legal guardian should also be given a copy of the form “Authorization for Use or Disclosure of Personal Health Information”

4.0 Patient/Legal Guardian Requests for Disclosure

- 4.1 Whenever a patient/legal guardian requests Beacon CBHM to disclose protected health information to an outside agency, the request must be accompanied by a written signed release, preferably using the form “Authorization for Use or Disclosure of Personal Health Information”. This form may be mailed or faxed to the patient/legal guardian for completion and return.
- 4.2 At the time a written signed release for disclosure of protected health information is received, Beacon CBHM will disclose the information requested to the outside entity along with a copy of the signed form.
- 4.3 Patients can verbally designate an appointee to act on their behalf for referral, authorization/registration, case management, and claims processes. This verbal consent must be clearly documented in the medical record along with the expiration date (twelve months from date of consent). A request to release medical records to an outside entity must have a signed written consent as defined in Section 2.2.

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Reference RR-6: Confidentiality.