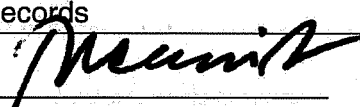


Guam Behavioral Health and Wellness Center		
TITLE: Guidelines for Release of Consumer Information, Consumer Privacy & Confidentiality	POLICY NO.: AD-MR-01	Page 1 of 4
APPLICABILITY: Medical Records		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR 10/21/2020	DATE OF ORIGINAL APPROVAL: 4/19/2020	
	DATE REVISED/VIEWED:	

PURPOSE:

To establish safeguards to preserve the privacy and confidentiality of consumer information and provide guidelines to the release of consumer medical record and protected health information.

POLICY:

- A. Guam Behavioral Health and Wellness Center (GBHWC) abides by the combined requirements of Health Insurance Portability and Accountability Act (HIPAA, 1996), Health Information Technology for Economic and Clinical Health (HITECH) Act and 42 CFR Part 2 Confidentiality of Substance use Disorder Patient Records, in ensuring the privacy, confidentiality and security of consumer's electronic medical record, and the release of consumer's psychiatric records and protected health information (PHI).

- B. GBHWC is committed to protecting the privacy of its consumer and ensures that the personal information it receive are kept confidential, safe, and secure. It shall obtain consumer consent to release information (*FAD-MR-01.1 Authorization to Release Mental Health Record*) prior to collecting, using, sharing or releasing protected health information except as permitted or required by law.
 1. Access to consumer information in the electronic behavioral health record is limited to GBHWC clinical staff, student interns involved in delivering services and administrative personnel gathering data for quality improvement and other administrative related work requiring consumer information.
 2. Any GBHWC employee found unnecessarily accessing a consumer's medical record not under his/her direct care or without administrative authority shall be given adverse action and would be liable under the Health Insurance Portability and Accountability Act (HIPAA).

- C. Original medical /psychiatric PHI records shall not be taken outside of Medical Records except upon receipt of a subpoena duces tecum, court order or for quality records review and authorized by the Director.

- D. Medical records Unit shall have no more than 30 business days to release the medial records from the date of the request.

- E. GBHWC shall verify and authenticate written signatures of attestations of legal documents, psychiatric verifications and other certifications that are released by medical records unit.

F. Release of Information without the consent of the consumer or consumer guardian is allowed in accordance with HIPAA in the following circumstances; (Reference HIPAA disclosure for guidance);

1. Consumer is requesting his own medical record.
2. Release of information to authorize personnel for treatment, Payment, Health Care Operation such as referral for other services.
3. In an emergency/ life or death situation where the individual is incapacitated, and health information is necessary for treatment (see HIPAA for additional guidance).
4. Incidental Use and Disclosure to an otherwise permitted use and disclosure (see HIPAA for additional guidance).
5. Limited Data Set for the purposes of research, public health and or health care operation such as reviewing client files to ensure high quality of service and documentation for quality improvement purposes.
6. Public Interest and Benefit Activities such as;
 - a. Required by law (including by statute, regulation or court orders).
 - b. Public Health Activities
 - c. Victims of abuse, neglect, or domestic violence
 - d. Health Oversight Activities
 - e. Judicial and Administrative proceedings
 - f. Law Enforcement Purposes; under the following six circumstances, and subject to specified conditions:
 - i. as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests;
 - ii. to identify or locate a suspect, fugitive, material witness, or missing person;
 - iii. in response to a law enforcement official's request for information about a victim or suspected victim of a crime;
 - iv. to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death;
 - v. when a covered entity believes that protected health information is evidence of a crime that occurred on its premises; and
 - vi. by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.
 - g. Serious Threat to Health and Safety: Covered entities may disclose protected health information that they believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat).
 - h. Essential Government Functions: Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs

DEFINITION:

Individually Identifiable health Information is information, including demographic data, that relates to: the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

Protected Health Information (PHI): are Individually Identifiable Health Information which is transmitted electronically or maintained in any medium. The Privacy Rule protects all "*individually identifiable health information*" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

Limited Data Set: A limited data set is protected health information from which certain specified direct identifiers of individuals and their relatives, household members, and employers have been removed.

Disclosure: The release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information. This includes PHI released verbally and as a hard copy.

Subpoena duces tecum: A "records only" subpoena requires the witness to bring specific records, documents and /or materials to court.

Authentication: The process of verifying an author's identity. Authentication shows authorship and assigns responsibility for an act, event, condition, opinion, or diagnosis.

Certification of Records: verifies that the copy of medical record provided is an exact duplicate of the original.

PROCEDURE:

- A. Medical Record guidelines for the release of information
 1. Medical Records staff shall ask the person/consumer requesting the release of information to fill out *form FADMR-01.2 Request for Release of Mental Health Records or Certification*.
 2. Medical Records staff should verify that *FADMR-01.1 GBHWC Authorization to Release Mental Health Record Form* was completed and signed by the consumer, if the person requesting the record is not the consumer.
 3. Prior to the release of records or disclosure, medical records personnel must verify the identity of the person requesting a consumer's PHI and the authority of that person to have access to the information.
 4. Consumer or person receiving the medical records/ certifications must provide a valid picture identification such as Guam ID, Driver's License and or passport.
 5. Uses and disclosure must be consistent with what the consumer has authorized on the signed authorization form. Under any such authorization medical records staff will disclose only the minimum amount of information necessary to fulfill the purpose for which the information is requested.

6. Prior to release of records, medical records personnel, shall check all documents and authenticate the signatures of signatories and certify true copy of the records.
7. Medical records shall stamp certification once authenticated.
8. Medical Records Staff shall include an *F-AD-MR-01.3 Accounting of Disclosure Cover Letter* with an itemized list of records being released.

B. Documentation of Disclosure and Quality Improvement Purposes.

1. Medical Records staff in charge of releasing medical records shall log all medical records request, in the accounting of disclosure form (*Reference Accounting for Disclosure of PHI Policy*).
2. Medical records shall track and monitor the request from receipt through final disposition.

REFERENCES:

Summary of the HIPAA Privacy Rule; <http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/>

SUPERSEDES:

- A. Title; Policy No.; Effective date/signature date; Approving individual's name

ATTACHMENT

FAD-MR-01.1 GBHWC Authorization to Release Mental Health Records

FAD-MR-01.2 Request for Release of Mental Health Records or Certification.

FAD-MR-01.3 MRU Accounting of Disclosure Cover Letter

CONSUMER REQUEST FOR MENTAL HEALTH RECORDS & CERTIFICATION

Last Name:		First Name:			M.I.	
Birth Date:	SS#:		Former Name:			
Mailing Address:			City:	State	Zip	Telephone No.

INFORMATION TO BE RELEASED

Check what information you want to be released:

- Those portions pertaining to: Outpatient services Inpatient Services
- Verification of Disabilities Psychiatric Summary DPHSS Physicians Certification for Public Assistance
- Diagnosis Case summary Transition plan
- Medication list Treatment plan Discharge summary
-
- All Assessments -OR- Only Assessments by: -OR- Progress notes by:
- Nurse Counselor Psychiatrist
- Social Worker Psychologist Other: _____

DATES OF INFORMATION

Covering from (date) _____ to (date) _____ -OR- All past (up to 2 years), present & future information.

INCLUSION OF PRIVILEGED INFORMATION

I DO NOT authorize the release of any privileged info/Not Applicable -OR- The Confidentiality of Alcohol and Drug Abuse Patient Records Regulation 42 CFR §§2.31-35 protect the following information. If the record contains the information below, such information will only be included in this disclosure if you initial on the line. *(Initial each line)*

____ Alcohol and/or drug abuse ____ HIV/AIDs/STD related information ____ Genetic test results ____ Domestic violence
victim counseling & sexual assault counseling ____ Pregnancy/abortion

OFFICIAL USE ONLY

Date rcvd: _____ Received by: _____

DISPOSITON: Approved Denied By MRU Supervisor: _____ Date: _____

MRU are unable to identify this consumer *(Please provide additional information)*

Incomplete: Recipient's Info. Info. to be released Purpose Delivery method Signature portion

Proof of legal authority not valid/validated

Reviewable Grounds of Denial:

- The request for the entire record is not justified to accomplish the intended purpose
- Disclosure would cause endangerment of the consumer or another person
- Request made by a personal representative where disclosure likely to cause substantial harm
- Other: _____

DELIVERY METHOD

MR#:	EBHR#:	Ready for release on (Date):		
Verbal Release by:	Date:	<input type="checkbox"/> Pick up	<input type="checkbox"/> Mail	<input type="checkbox"/> Tel.
Received by Consumer:	Signature:	Date:		
Release by MRU Staff:	Signature:	Date:		



**GUAM BEHAVIORAL
HEALTH & WELLNESS
CENTER**

**790 Gov. Carlos G. Camacho Rd.
Tamuning, Guam 96913
TEL: (671) 647-5330
FAX: (671) 649-6948**

LOURDES A. LEON GUERRERO
Governor
JOSHUA F. TENORIO
Lieutenant Governor

THERESA C. ARRIOLA
Director, Acting
CARISSA E. PANGELINAN
Deputy Director

To whom this may concern,

This letter serves as an accounting of certified true copies of the original document(s) requested and approved for released by the Guam Behavioral Health and Wellness Center Medical Records Unit.

Attached herewith is/are list(s) of document(s):

Item No.	Document Description

NOTICE: Prohibition on Re-disclosure: Protected by HIPAA and the confidentiality of the Drug & Alcohol Abuse Patient Record Regulation 42 CFR §2.31-2.35. The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains.

Prepared by: _____
MRU Staff

Date: _____

Approved by: _____
MRU Supervisor

Date: _____



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TEL: (671) 647-5330 FAX: (671) 649-6948

REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy Title: Guidelines for Release of Consumer Information, Consumer Privacy & Confidentiality

Policy No: AD-MR-01

Initiated by: Cydsel Toledo

Date	Signature
8/21/2020	

Barsen Adelbai
Management Analyst III- Medical Records Unit Supervisor

Date	Signature
10.14.20	

Ms. Arnie Unpingco LCSW, LPC
Child Adolescent Services Division Administrator

Date	Signature
8/21/2020	

Reina Sanchez, M.A
Clinical Administrator

Date	Signature
8/21/2020	

Dr. Ariel Ismael
Medical Director

Date	Signature
9-25-2020	

Leonora Urbano MSN, RN-BC
Nursing Administrator

Date	Signature
10/16/2020	

Carissa Pangelinan
Deputy Director

DO# 101620-0074

