

**COMMUNITY MENTAL HEALTH CENTER  
OF EAST CENTRAL GEORGIA  
POLICY**

**SUBJECT:**                   **Provision of Accounting of Disclosures of Protected Health  
Information to Clients**  
**POLICY NUMBER:**       **PIM 3.05**  
**EFFECTIVE DATE:**       **November 7, 2003**  
**RESCISSION DATE:**

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<b>SUPERSEDES:</b> Policy # IM-26	<b>REVIEWED DATE:</b> <b>LAST REVISION DATE: June 30, 2005</b>
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**POLICY:**

It is the policy of the Community Mental Health Center of East Central Georgia (CMHC) to abide by HIPAA standards for privacy of individually identifiable health information. A client of the CMHC has the right to receive a written account of disclosures of their protected health information (PHI) made by the CMHC in the six years prior to the date of which the accounting is requested. (45 CFR § 164.528) A client may request an accounting of a period of time less than six years.

**DEFINITIONS:**

- I.     Client: Any individual who has received or is receiving services from the CMHC.
- II.    Disclosure: The release, transfer, provision of access to, or divulging in any other manner of information outside the CMHC. This includes disclosures to or by business associates of the CMHC.
- III.   Individually Identifiable Health Information: Any information, including demographic information, collected from an individual that:
  - A. Is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse; and
  - B. Related to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual and
    1. Identifies the individual, or
    2. With respect to which, there is reasonable basis to believe that the information can be used to identify the individual.
- IV.    Protected Health Information (PHI) : Individually identifiable health information that is:
  - A. Transmitted by electronic media
  - B. Maintained in any medium described in the definition of electronic media
  - C. Transmitted or maintained in any other form or medium

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- V. Designated Record Set: The Privacy Rule (45 CFR 164.524) that defines the designated record set to include any and all information in the clinical record, billing records, pharmacy records and any other records maintained by or for a covered health care provider.
- VI. Minimum Necessary Standard: Refers to the practice of limiting disclosure of protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

**The CMHC will follow the minimum necessary standard for routine disclosures.**

**PROCEDURES:**

1. The client, or the client's authorized representative, will request medical record information be released from the client's record by signing an Authorization for Release of Information form.
2. All records requests received from any site and from any source including inter-office mail will be opened daily and **stamped with the date received**. This will be the responsibility of the designated medical record support staff at each site.
3. Authorization for Release of Information: Upon receipt of the request for records, the authorization will be checked for completeness. All sections of the form should be complete to be valid.
4. Signatures Required on Authorization for Release of Information: A copy of the record may be released to any person or entity designated in writing by the client or, if appropriate, the parent of a minor, or the legal guardian or an adult or minor. A copy of the guardianship papers should be filed in the medical record. In the case of substance abuse records, a minor 12 years or older must sign to release his/her medical records.
5. An authorization form received from another agency that contains all of the information that is on the CMHC authorization form will be accepted for release of information. It cannot be used as an acceptable authorization form if any of the information is missing.
6. A faxed authorization can be accepted only if ALL of the information on the form is clear – words cannot be blurred or unreadable.
7. If the authorization is *incomplete*, the request is returned to the requestor with a cover letter ( Explanation of Enclosures) requesting that the authorization be completed or telephone the requestor explaining what is needed.

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8. If the authorization is complete and does not require an additional form to be completed or authorization by the physician, designated medical record support staff will make copies of requested documents.

**The CMHC limits disclosures to the minimum necessary to accomplish the intended purpose unless other information is specifically requested .**

9. Document information released on ROI Log.
10. Place cover letter ( Explanation of Enclosures) on copied information.
  - a. Check that material is “Privileged/Confidential.”
  - b. If information to be released is alcohol or drug, check both the “Privileged/Confidential” and protected by Federal Law/Regulations on the cover letter.
  - c. Information sent through mail or courier should have “Confidential” stamped on the envelope.
11. Refer any legal concerns to the Clinical Director and the site supervisor.
12. Only designated trained medical record staff at each site will release copies of medical records and additional forms

**Release of Complete Designated Record Sets**

1. All disclosures of PHI in the complete designated record set need to be accounted for upon the request of the individual. This is not limited to hard copy information but any manner of communication that discloses information, including verbal release. However, the following list of exceptions to this requirement does not require tracking or need to be accounted for upon the request of the individual:
  - A. Disclosures made for treatment, payment, and healthcare operation purposes as set out in 45 CFR 164.502.
  - B. Disclosures made to the client. (45 CFR 164.502).
  - C. Disclosures made for national security or intelligence purposes. (45 CFR 164.512 (k)(5))
  - D. Disclosures made to correctional institutions or law enforcement officials. (45 CFR 164.512 (k) (5)).
  - E. Disclosure made prior to the date of compliance with the privacy standards, meaning prior to April 14, 2003.
  - F. There are further exceptions for disclosures to health oversight agencies (see section 164.528 (a) (2) (i) et seq.).

**NOTE: The client is to be informed that a separate, specific request, included in the Release of Information form, must be made for billing and pharmacy information.**

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2. The CMHC will include the following required content in the accounting of disclosures. (CMHC #728 –When the client request his/her own record).
    - A. The name and identification number of the client whose PHI was disclosed.
    - B. Date of disclosure
    - C. Name and address, if known, of the entity or person who received the PHI
    - D. Brief description of the PHI disclosed
    - E. Brief statement of purpose that reasonably informs the client what the purpose was for the disclosure, or provide the client with a copy of the authorization, or provide the client with a copy of the written request for disclosure.
  3. If multiple disclosures are made to the same entity or person for the same reason, it is not necessary to document items (II) (A-D) for each disclosure. The CMHC may document instead the first disclosure, the frequency or number of disclosures made during the accounting period, and the date of the last disclosure in the accounting period.
  4. The CMHC has 30 days after receipt of the request for such an accounting to act on the request for an accounting of disclosure. If the CMHC had disclosed information to a business associate regarding the client requesting the accounting, then the facility through its Privacy Officer or designee must request an accounting of disclosures of the client's information from that business associate, who has 20 calendar days to provide the accounting. The CMHC may request one 30-day extension, which is allowed, but the client must be informed in writing:
    - A. Of the delay:
    - B. The reason for the delay,
    - C. The date the accounting will be provided, and
    - D. Such notification to the client or person requesting the accounting of disclosures of any delay must take place within the 60-day timeframe.
- VII. The CMHC will provide the first accounting of disclosures free of charge. Any subsequent request can be charged based on Georgia Code. Before charging a fee, the CMHC must inform the client and allow them the opportunity to withdraw or modify their request to avoid or reduce the fee. No handling fee is allowed.
- VIII. The CMHC must retain a copy of the written accounting that is provided to the client in the client's medical record.
- IX. REVIEW PROCESS: The CMHC's Privacy Officer(s) will collect information during the month of April each year beginning in 2004 for the purpose of providing feedback to the Leadership Team to determine the request for accounting of disclosures.
- X. SANCTIONS: Failure of staff to comply or assure compliance with the policy may result in disciplinary action, including dismissal.

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**ATTACHMENTS:**

- I. [Minimum Necessary Standard Routine Disclosures](#)
- II. [Authorization for Release of/Request for Information: SBHS Form #144 \(Rev. 09/05\).](#)
- III. [Request for Accounting of Disclosures of Client Protected Health Information: CMHC Form #728 Rev. \(06/05\)](#)
- IV. [Log of Disclosure: CMHC Form #732 \(06/05\)](#)
- V. [Explanation of Disclosures: CMHC Form # 806 \(06/05\)](#)
- VI. [Standard Operating Procedures for Release of Information](#)

**REFERENCE:**

- I. Public Law 104-191: 104<sup>th</sup> Congress.

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Chief Executive Officer

\_\_\_\_\_  
Date

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Chief Financial Officer

\_\_\_\_\_  
Date