

# PRIVACY 101

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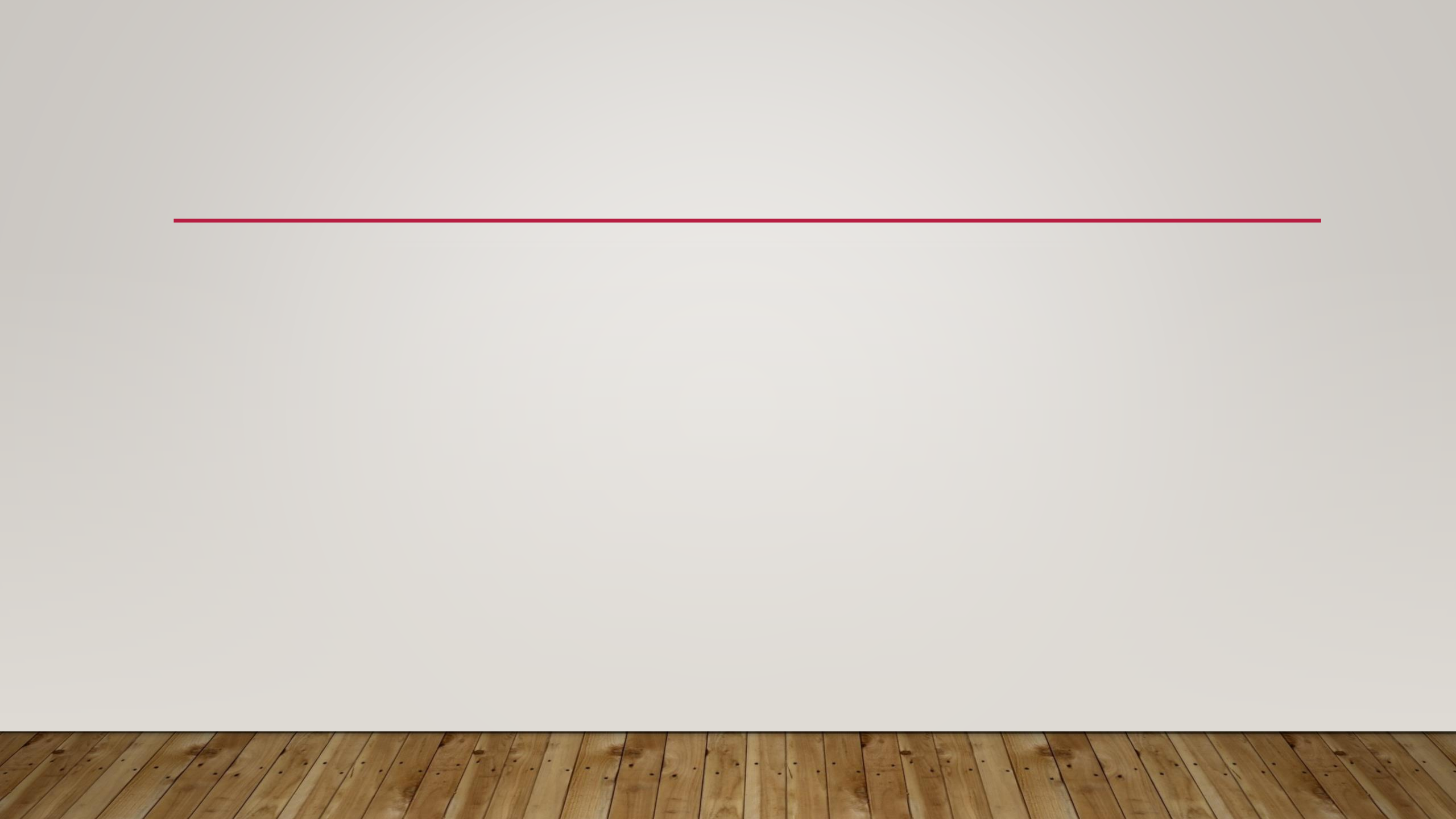
PRESENTED BY: CHRIS AMBROSE, MBA, CHC, CHPC

COMPLIANCE OFFICER FOR SAM, INC.

# MENTI

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- Are you ready?



# WHY PRIVACY TRAINING?

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- Assumption: You work for an agency that uses a variety of confidential information regarding its Individuals that is protected by federal and state privacy laws.





- Simplify Key Privacy Definitions in Order to Better Understand Our Obligations to Protect Our Individuals' Privacy.
- Develop a Basic Understanding of the Principles of HIPAA, the MH Procedures Act, D/A Records, and HIV/Aids Information.
- Discuss the Difference Between Required Disclosures of PHI and Permitted Disclosures of PHI.
- Discuss the Most Common Permitted Disclosures within Our Industry.
- Discuss the Basics of Authorizations to Release Professional Information.
- Review Basic Best Practices to Protect Your Individuals' Privacy
- Wrap Up

# HIPAA VIOLATION PENALTY STRUCTURE

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- **Category 1:** Minimum fine of \$100 per violation up to \$50,000
- **Category 2:** Minimum fine of \$1,000 per violation up to \$50,000
- **Category 3:** Minimum fine of \$10,000 per violation up to \$50,000
- **Category 4:** Minimum fine of \$50,000 per violation

# CRIMINAL PENALTIES FOR HIPAA VIOLATIONS

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- Tier 1: Reasonable cause or no knowledge of violation – Up to 1 year in jail
- Tier 2: Obtaining PHI under false pretenses – Up to 5 years in jail
- Tier 3: Obtaining PHI for personal gain or with malicious intent – Up to 10 years in jail



# SANCTIONS

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1. Counseling:
2. An oral or written warning:
3. Suspension:
4. Termination of employment:
5. Reporting the individual to the appropriate state board or authority when applicable:

# MENTI

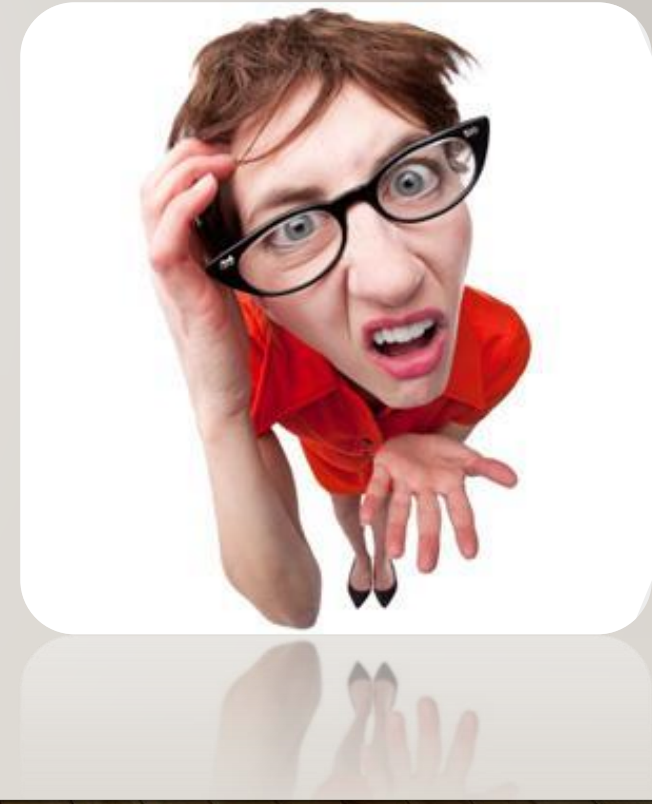
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- Why are there privacy laws

# WHAT PRIVACY RULES APPLY?

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- HIPAA
- State MH Privacy Laws
- State HIV/Aids Privacy Laws
- State & Federal Drug/Alcohol Privacy Laws
- Others



## SO... WHICH PRIVACY RULE APPLIES?

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- HIPAA sets the minimum standard by which all other Privacy rules are built upon
- Other Privacy rules set restrictions in addition to HIPAA

# WHAT ABOUT WHEN THERE IS A CONFLICT BETWEEN PRIVACY RULES?

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- Generally, the rule that provides the Individual with the most control of their record is the rule that will apply.
- Example:
  - Individual receiving MH services requests copies of the record.
    - HIPAA permits providing copies
    - State MH privacy rule only permits allowing “access” (not copies)
  - Which rule provides the Individual greater control?

# WHAT INFORMATION IS PROTECTED?

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- Health Information! Otherwise known as “Protected Health Information”

# PHI



"According to your HIPAA release form  
I can't share anything with you."

# WELL, WHAT IS PHI?

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- “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.<sup>13</sup> Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

BLAH

BLAH

BLAH

## CHRIS' EASY PHI DEFINITION

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Health Information + Identifier = PHI



# COMMON IDENTIFIERS

- Social Security Number
- Date of Birth
- Name
- Address
- And many other types of identifying information
- What about a tattoo?



# MENTI

## WHAT IS A “DISCLOSURE” OF PHI?

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## WHAT IS A “DISCLOSURE” OF PHI?

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- **HIPAA** - The release, transfer, provision of access to, or divulging in any manner of information outside the entity holding the information.

## WHAT IS A “DISCLOSURE” OF PHI?

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- **EASY** - a disclosure occurs any time PHI leaves the possession of your agency

# LEAVES THE POSSESSION OF OUR AGENCY?

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- Authorized disclosures – Individual signs an authorization
- Disclosures occurring in order to comply with a law (minimum necessary)
  - Mandated Reporting
  - Duty to Warn
- Impermissible (accidental) disclosures – Notify your chain of command
  - For example –
    - PHI is lost
    - PHI is misplaced
    - PHI is misdirected – MOST COMMON



# MENTI X 4

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- Leaving PHI visible on the seat of your car is a disclosure?
- Throwing paper that has PHI on it in the trash is a disclosure?
- Leaving your notebook containing PHI at your previous provider meeting?
- What should you do first if you become aware of an accidental disclosure of PHI?

# ACCURATELY DIRECTING COMMUNICATIONS AND RECORDS

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- Once you confirm that you can disclose PHI
  - Verify Identity
    - Request ID
    - By phone: Request DOB, Last 4 of SSN, Address etc
    - Call the person back at the “known” phone number
    - Verify against a known signature (reasonably similar)
    - Emergency Situations: Professional Judgement



# MENTI

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- You're emailing PHI to a hospital social worker for the first time; what should you do before sending PHI?



# ACCURATELY DIRECTING COMMUNICATIONS AND RECORDS

## (CONTINUED)

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- Email – send a “test” email with no PHI first. Verify it was received.
- Mail - verify the address is correct AND CURRENT.
- Fax – send a “test” fax. Verify it was received.
- Texting – Send “test” text. Verify that it was received.
  - not recommended for PHI



# ACCURATELY DIRECTING COMMUNICATIONS AND RECORDS (CONTINUED)

## CONSIDER WHETHER DISCLOSING PHI IS EVEN NECESSARY.

- Examples:
  - Sent authorization to wrong address. Authorization included a cover letter that stated Jane Doe is “open for case management services”.
  - Sent closure letter to a Individual. Address was not confirmed as current. Discharge summary was included with the closure letter.



# MENTI

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- What is a “use” of PHI



## WHAT IS A “USE” OF PHI?

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- **HIPAA** definition - Use means, the sharing, employment, application, utilization, examination, or analysis of PHI within an entity that maintains such information.

## WHAT IS A “USE” OF PHI?

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- **Easy** definition - “use” is what is occurring with PHI when the PHI is being used inside your organization.

# USED INSIDE OUR AGENCY?

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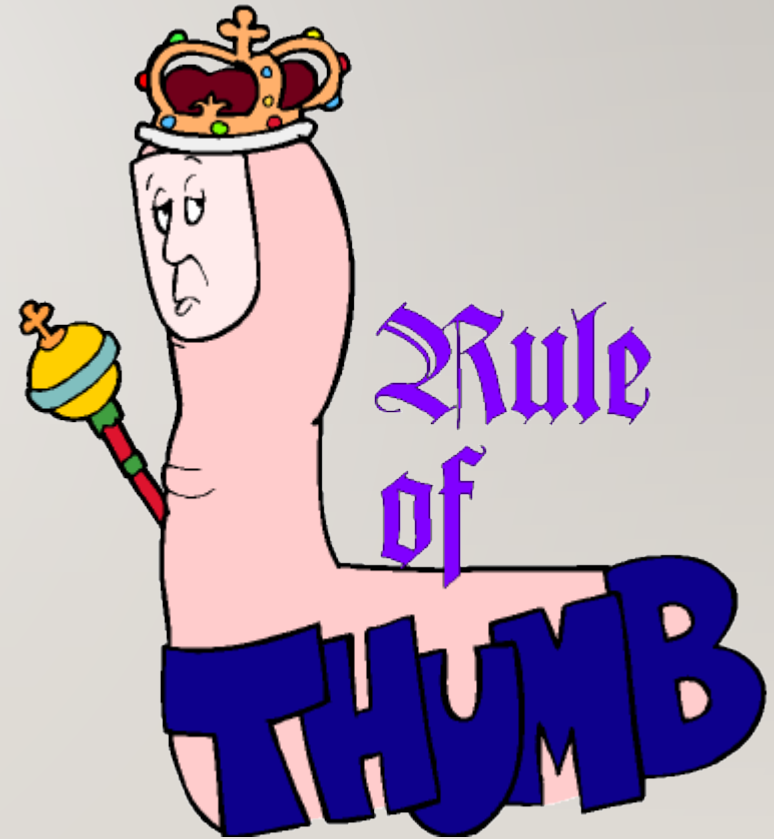
- Permissible VS Impermissible
  - Permissible – It's ok to use the PHI of Individual's when you're legitimately involved in their services.
  - Impermissible – It's not ok to use PHI if you're not legitimately involved in the Individual's services.



## USE OF PHI – RULE OF THUMB

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- You may not share PHI with anyone internal to your company if they are not involved with the individual's services.
- You may not use or examine PHI if you are not involved with the individual's services.



SNOOPING = BREACH



# BASIC PRINCIPLE OF HIPAA

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- You may not **use** or **disclose** protected health information, except
  - as HIPAA permits or requires; or
  - as the Individual who is the subject of the information (or the Individual's personal representative) authorizes in writing.

# CHRIS' BASIC PRINCIPLE OF HIPAA

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- Always use a valid authorization to exchange PHI, whenever possible:
- Why?
  - It adds transparency for the Individual to understand how their PHI is being used.
  - It greatly reduces the risk of violating any privacy law, not just HIPAA.

# REQUIRED DISCLOSURES

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- To the Individual
  - Or their legal personal representative
- To the Department of Health and Human Services
  - While undertaking an investigation or review
  - While engaged in an enforcement action

# CONTACT YOUR CHAIN OF COMMAND WHEN...

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- It's reasonable to suspect that:
  - Providing access or copies of the record could be of detriment to anyone.
  - State laws may have additional restrictions



# MOST COMMON PERMITTED USES AND DISCLOSURES (NOT REQUIRED)

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- Treatment – provision, coordination, management of healthcare
- Payment – obtain reimbursement for services

# MOST COMMON PERMITTED USES AND DISCLOSURES (NOT REQUIRED)

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- Opportunity to Agree or Object (MAY Disclose)
- Informal permission may be obtained by asking the Individual outright, or by circumstances that clearly give the Individual the opportunity to agree, consent, or object.



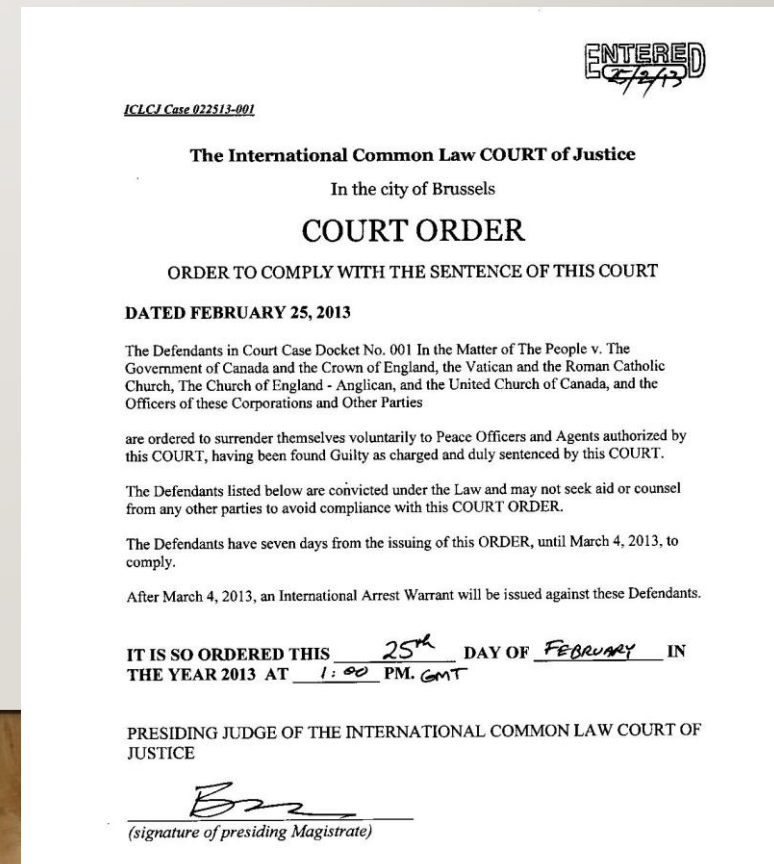
# MOST COMMON PERMITTED USES AND DISCLOSURES (NOT REQUIRED)

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- Incidental Disclosures (MAY Disclose)
  - Secondary use or disclosure that:
    - Cannot reasonably be prevented;
    - is limited in nature (minimum necessary);
    - that occurs as a result of another use or disclosure that is permitted by the Rule.
    - Reasonable safeguards to minimize risk
- Example
  - Using only the first name in the waiting room

# SUBPOENAS AND COURT ORDERS

- If you receive a subpoena or court order, provide it to your Supervisor and Privacy Staff.



# MOST COMMON PERMITTED USES AND DISCLOSURES (NOT REQUIRED)

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- Required by Law (MAY Disclose)
  - Court Order
    - Subpoenas – under many circumstances are not valid for disclosing PHI.
  - Mandated Reporting
  - Duty to Warn

# MOST COMMON PERMITTED USES AND DISCLOSURES (NOT REQUIRED)

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- Victims of Abuse, Neglect or Domestic Violence (MAY Disclose)
  - Examples
    - Police
    - Crisis (this may also fall under “treatment”)
    - Children and Youth
    - Adult Protective Services (APS)
    - ChildLine

# MOST COMMON PERMITTED USES AND DISCLOSURES (NOT REQUIRED)

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- Serious Threat to Health or Safety (MAY disclose)
  - To Prevent or lessen a serious threat to a person or the public
    - When the disclosure is made to someone they believe can prevent or lessen the threat to include the target of the threat.

YES - I WROTE IT DOWN. MOMMY  
SHOULD CALL THE DOCTOR RIGHT AWAY  
'CUZ SHE HAS ----- HOW DO YOU SPELL  
THAT BIG WORD?

Schizophrenia



# MINIMUM NECESSARY

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- You must make reasonable efforts to:
  - use, disclose, and request;
  - only the minimum amount of PHI;
  - needed to accomplish the intended purpose, disclosure, or request.
- Example: Detective requested Individual's IQ score. Provided the entire Individual Support Plan.

# WHEN DOES MINIMUM NECESSARY NOT APPLY?

(MOST COMMON)

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- Disclosure is for Treatment (Chris suggests using authorizations)
- Disclosure is for the Individual or the legal personal representative
- Disclosure is pursuant to an Authorization

# THE INDIVIDUAL CONTROLS THEIR RECORDS

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- Individuals have a right to access and/or obtain their records
  - Exceptions: Providing access to the record may be of detriment to anyone.Individuals have the right to request revisions to their records.
- Individuals may authorize the release of their records
- Consider what you'll write in a Individual's record before you write it.

# MENTI

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- Why do privacy laws that are specific to MH, D/A, HIV/Aids typically set restrictions in addition to HIPAA?

# MENTAL HEALTH INFORMATION

- HIPAA Applies
- State rules may add restrictions:
  - Nonconsensual release
  - Individuals' access to their records
  - Release to the courts
  - Release of Records



# DRUG AND ALCOHOL RECORDS

42 CFR PART 2 - CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

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- Any information whether recorded or not, relating to a Individual received or acquired by a federally assisted alcohol or drug program.

## MENTI X 2

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- Is noting that a Individual mentioned drinking a 6 pack a day a D/A Record?
- Is noting that a Individual drinks a 6 pack a day, when that information was taken from a discharge summary from a D/A facility, a D/A Record?

# RELEASING DRUG AND ALCOHOL RECORDS

42 CFR PART 2 - CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS  
(MOST COMMON DISCLOSURES)

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- Upon the Individual's authorization
- Per a court order
- To medical personnel to the extent necessary for treatment of a medical emergency.
- **IMPORTANT!** Your state likely sets privacy restrictions in addition to Fed D/A.
- Contact your chain of command prior to disclosing D/A Records.

# HIV/AIDS INFORMATION

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- Any information which may reasonably identify the Individual as having HIV or Aids.
  - HIPAA applies to HIV/Aids Information
  - **IMPORTANT!** Your state likely sets privacy restrictions in addition to HIPAA.
  - Contact your chain of command prior to disclosing HIV/Aids information.

# AUTHORIZATIONS TO RELEASE PROFESSIONAL INFORMATION

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- Not all authorizations are valid
  - HIPAA, MH, D/A, HIV/Aids privacy rules have slightly different requirements in order for an auth to be valid.
- “Verbal authorizations” are not valid.
  - Exception: When the Individual’s physical body condition prevents signing (2 witnesses)
- Authorizations must be for a specific purpose.
  - Beware of the “other” box.
  - Do not have Individuals sign a blank authorization to be filled in later.

# AN AUTHORIZATION UNDER HIPAA IS INVALID UNLESS IT CONTAINS EACH COMPONENT BELOW

[HTTPS://WWW.LAW.CORNELL.EDU/CFR/TEXT/45/164.508](https://www.law.cornell.edu/cfr/text/45/164.508)

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- **(I)Core elements.** A valid authorization under this section must contain at least the following elements:
- **(i)** A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
- **(ii)** The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
- **(iii)** The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.
- **(iv)** A description of each purpose of the requested use or disclosure. The statement “at the request of the individual” is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.
- **(v)** An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement “end of the research study,” “none,” or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.
- **(vi)** Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.

# HIPAA SAYS AUTHS MUST BE “SPECIFIC”?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Presence in Service           | <input type="checkbox"/> Psychiatric Evaluation                    | <input type="checkbox"/> Educational Records/Achievement Tests |
| <input type="checkbox"/> Admission/Discharge Dates     | <input type="checkbox"/> Medical History & Physical                | <input type="checkbox"/> Parent and/or Teacher Questionnaire   |
| <input type="checkbox"/> Diagnosis                     | <input type="checkbox"/> Medical Records                           | <input type="checkbox"/> Legal Status                          |
| <input type="checkbox"/> Brief Description of Progress | <input type="checkbox"/> Psychological Tests/Projective Assessment | <input type="checkbox"/> Current Medication/Medication History |
| <input type="checkbox"/> Discharge Summary             | <input type="checkbox"/> Treatment Plan & Updates                  | <input type="checkbox"/> Other: <input type="text"/>           |
| <input type="checkbox"/> Psychosocial Evaluation       | <input type="checkbox"/> Service Plan                              | <input type="text"/>   |

This information is needed for the following purpose(s) or event(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Coordinate Aftercare Treatment including Level of Care Decisions: | <input type="checkbox"/> Coordinate Educational Planning             |
| <input type="checkbox"/> Coordinate Medical Follow-up Treatments                           | <input type="checkbox"/> Coordinate Employment Training              |
| <input type="checkbox"/> Obtain Information for a More Complete History                    | <input type="checkbox"/> Obtain Reimbursement for Treatment Services |
| <input type="checkbox"/> Other: <input type="text"/>                                       | <input type="checkbox"/> Coordinate Treatment Efforts                |

Would checking all the boxes on the Authorization be “specific”?

# SPECIFIC?

- |  |   |
|--|---|
| <input type="checkbox"/> Discharge Summary       | <input type="checkbox"/> Treatment Plan & Updates |
| <input type="checkbox"/> Psychosocial Evaluation | <input type="checkbox"/> Service Plan             |

☒ Other: \_\_\_\_\_  
\_\_\_\_\_

This information is needed for the following purpose(s) or event(s):

- |  |
|--|
| <input type="checkbox"/> Coordinate Aftercare Treatment including Level of Care Decisions: |
| <input type="checkbox"/> Coordinate Medical Follow-up Treatments                           |
| <input type="checkbox"/> Obtain Information for a More Complete History                    |
| <input checked="" type="checkbox"/> Other: _____   |

- |   |
|---|
| <input type="checkbox"/> Coordinate Educational Planning                        |
| <input type="checkbox"/> Coordinate Employment Training                         |
| <input checked="" type="checkbox"/> Obtain Reimbursement for Treatment Services |
| <input type="checkbox"/> Coordinate Treatment Efforts                           |

- Beware of the other box! This is not a “wild card”.
- If checked, the other box must also contain specific information to be released/obtained.

# SPECIFIC?

Consumer Name: John Doe Consumer DOB: 5/5/87 Last 4 of SSN: (optional) 1234

I, John Doe, authorize Service Access & Management, Inc. to release and/or obtain the types of information indicated below with the following individual and/or agency/facility: Doctor's Office

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Presence in Service           | <input type="checkbox"/> Psychiatric Evaluation                    | <input type="checkbox"/> Educational Records/Achievement Tests |
| <input type="checkbox"/> Admission/Discharge Dates     | <input type="checkbox"/> Medical History & Physical                | <input type="checkbox"/> Parent and/or Teacher Questionnaire   |
| <input type="checkbox"/> Diagnosis                     | <input checked="" type="checkbox"/> Medical Records                | <input type="checkbox"/> Legal Status                          |
| <input type="checkbox"/> Brief Description of Progress | <input type="checkbox"/> Psychological Tests/Projective Assessment | <input type="checkbox"/> Current Medication/Medication History |
| <input type="checkbox"/> Discharge Summary             | <input type="checkbox"/> Treatment Plan & Updates                  | <input type="checkbox"/> Other: <u></u>                        |
| <input type="checkbox"/> Psychosocial Evaluation       | <input type="checkbox"/> Service Plan                              |  |

This information is needed for the following purpose(s) or event(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Coordinate Aftercare Treatment including Level of Care Decisions: | <input type="checkbox"/> Coordinate Educational Planning             |
| <input type="checkbox"/> Coordinate Medical Follow-up Treatments                           | <input type="checkbox"/> Coordinate Employment Training              |
| <input type="checkbox"/> Obtain Information for a More Complete History                    | <input type="checkbox"/> Obtain Reimbursement for Treatment Services |
| <input checked="" type="checkbox"/> Other: <u></u>   | <input type="checkbox"/> Coordinate Treatment Efforts                |

# SPECIFIC?

Consumer Name: John Doe Consumer DOB: 5/5/87 Last 4 of SSN: (optional) 1234

I, John Doe, authorize Service Access & Management, Inc. to release and/or obtain the types of information indicated below with the following individual and/or agency/facility: Doctor's Office

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Presence in Service           | <input type="checkbox"/> Psychiatric Evaluation                    | <input type="checkbox"/> Educational Records/Achievement Tests                  |
| <input type="checkbox"/> Admission/Discharge Dates     | <input type="checkbox"/> Medical History & Physical                | <input type="checkbox"/> Parent and/or Teacher Questionnaire                    |
| <input type="checkbox"/> Diagnosis                     | <input checked="" type="checkbox"/> Medical Records                | <input type="checkbox"/> Legal Status   |
| <input type="checkbox"/> Brief Description of Progress | <input type="checkbox"/> Psychological Tests/Projective Assessment | <input type="checkbox"/> Current Medication/Medication History                  |
| <input type="checkbox"/> Discharge Summary             | <input type="checkbox"/> Treatment Plan & Updates                  | <input checked="" type="checkbox"/> Other: <u>Medical Records from the 2017</u> |
| <input type="checkbox"/> Psychosocial Evaluation       | <input type="checkbox"/> Service Plan                              | <u>calendar year</u>  |

This information is needed for the following purpose(s) or event(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Coordinate Aftercare Treatment including Level of Care Decisions: | <input type="checkbox"/> Coordinate Educational Planning             |
| <input checked="" type="checkbox"/> Coordinate Medical Follow-up Treatments                | <input type="checkbox"/> Coordinate Employment Training              |
| <input type="checkbox"/> Obtain Information for a More Complete History                    | <input type="checkbox"/> Obtain Reimbursement for Treatment Services |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Coordinate Treatment Efforts                |

# SPECIFIC?

Consumer Name: John Doe Consumer DOB: 5/5/87 Last 4 of SSN: (optional) 1234

I, John Doe, authorize Service Access & Management, Inc. to release and/or obtain the types of information indicated below with the following individual and/or agency/facility: Fore Your Health Family Medicine

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Presence in Service           | <input type="checkbox"/> Psychiatric Evaluation                    | <input type="checkbox"/> Educational Records/Achievement Tests                  |
| <input type="checkbox"/> Admission/Discharge Dates     | <input type="checkbox"/> Medical History & Physical                | <input type="checkbox"/> Parent and/or Teacher Questionnaire                    |
| <input type="checkbox"/> Diagnosis                     | <input checked="" type="checkbox"/> Medical Records                | <input type="checkbox"/> Legal Status   |
| <input type="checkbox"/> Brief Description of Progress | <input type="checkbox"/> Psychological Tests/Projective Assessment | <input type="checkbox"/> Current Medication/Medication History                  |
| <input type="checkbox"/> Discharge Summary             | <input type="checkbox"/> Treatment Plan & Updates                  | <input checked="" type="checkbox"/> Other: <u>Medical Records from the 2017</u> |
| <input type="checkbox"/> Psychosocial Evaluation       | <input type="checkbox"/> Service Plan                              | <u>calendar year</u>  |

This information is needed for the following purpose(s) or event(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Coordinate Aftercare Treatment including Level of Care Decisions: | <input type="checkbox"/> Coordinate Educational Planning             |
| <input checked="" type="checkbox"/> Coordinate Medical Follow-up Treatments                | <input type="checkbox"/> Coordinate Employment Training              |
| <input type="checkbox"/> Obtain Information for a More Complete History                    | <input type="checkbox"/> Obtain Reimbursement for Treatment Services |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Coordinate Treatment Efforts                |

# CHILD AUTHORIZATIONS

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- Age Matters!
  - Pregnancy/STD, HIV/Aids, MH: Your state likely sets a specific age in which the individual controls the record.
  - D/A: The Individual, regardless of age, controls the record.
  - Records covered under HIPAA: the Individual controls the record at age 18.

# CHILD AUTHORIZATIONS - MH

- Specific?
- Proper Person Authorizing?

Consumer Name: Jimmy Doe Consumer DOB: 5/5/07 Last 4 of SSN: (optional) 1234

I, Father Doe, authorize Service Access & Management, Inc. to release and/or obtain the types of information indicated below with the following individual and/or agency/facility: DRMC Behavioral Health Center

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Presence in Service           | <input checked="" type="checkbox"/> Psychiatric Evaluation         | <input type="checkbox"/> Educational Records/Achievement Tests                 |
| <input type="checkbox"/> Admission/Discharge Dates     | <input type="checkbox"/> Medical History & Physical                | <input type="checkbox"/> Parent and/or Teacher Questionnaire                   |
| <input type="checkbox"/> Diagnosis                     | <input type="checkbox"/> Medical Records                           | <input type="checkbox"/> Legal Status  |
| <input type="checkbox"/> Brief Description of Progress | <input type="checkbox"/> Psychological Tests/Projective Assessment | <input type="checkbox"/> Current Medication/Medication History                 |
| <input type="checkbox"/> Discharge Summary             | <input type="checkbox"/> Treatment Plan & Updates                  | <input checked="" type="checkbox"/> Other: <u>Most recent psychiatric eval</u> |
| <input type="checkbox"/> Psychosocial Evaluation       | <input type="checkbox"/> Service Plan                              |  |

This information is needed for the following purpose(s) or event(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Coordinate Aftercare Treatment including Level of Care Decisions: | <input type="checkbox"/> Coordinate Educational Planning             |
| <input checked="" type="checkbox"/> Coordinate Medical Follow-up Treatments                | <input type="checkbox"/> Coordinate Employment Training              |
| <input type="checkbox"/> Obtain Information for a More Complete History                    | <input type="checkbox"/> Obtain Reimbursement for Treatment Services |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Coordinate Treatment Efforts                |

# CHILD AUTHORIZATIONS - MH

- Specific?
- Proper Person Authorizing?

Consumer Name: Suzzy Doe Consumer DOB: 6/23/99 Last 4 of SSN: (optional) 5678

I, Father Doe, authorize Service Access & Management, Inc. to release and/or obtain the types of information indicated below with the following individual and/or agency/facility: DRMC Behavioral Health Center

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Presence in Service           | <input checked="" type="checkbox"/> Psychiatric Evaluation         | <input type="checkbox"/> Educational Records/Achievement Tests                 |
| <input type="checkbox"/> Admission/Discharge Dates     | <input type="checkbox"/> Medical History & Physical                | <input type="checkbox"/> Parent and/or Teacher Questionnaire                   |
| <input type="checkbox"/> Diagnosis                     | <input type="checkbox"/> Medical Records                           | <input type="checkbox"/> Legal Status  |
| <input type="checkbox"/> Brief Description of Progress | <input type="checkbox"/> Psychological Tests/Projective Assessment | <input type="checkbox"/> Current Medication/Medication History                 |
| <input type="checkbox"/> Discharge Summary             | <input type="checkbox"/> Treatment Plan & Updates                  | <input checked="" type="checkbox"/> Other: <u>Most recent psychiatric eval</u> |
| <input type="checkbox"/> Psychosocial Evaluation       | <input type="checkbox"/> Service Plan                              |  |

This information is needed for the following purpose(s) or event(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Coordinate Aftercare Treatment including Level of Care Decisions: | <input type="checkbox"/> Coordinate Educational Planning             |
| <input checked="" type="checkbox"/> Coordinate Medical Follow-up Treatments                | <input type="checkbox"/> Coordinate Employment Training              |
| <input type="checkbox"/> Obtain Information for a More Complete History                    | <input type="checkbox"/> Obtain Reimbursement for Treatment Services |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Coordinate Treatment Efforts                |

# WHAT'S THE PROBLEM?

Consumer Name: Suzie Doe Consumer DOB: 3/17/2002 Last 4 of SSN: (optional) 3579

I, Mom Doe, authorize Service Access & Management, Inc. to release and/or obtain the types of information indicated below with the following individual and/or agency/facility: Fore Your Health

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Presence in Service           | <input type="checkbox"/> Psychiatric Evaluation                    | <input type="checkbox"/> Educational Records/Achievement Tests           |
| <input type="checkbox"/> Admission/Discharge Dates     | <input type="checkbox"/> Medical History & Physical                | <input type="checkbox"/> Parent and/or Teacher Questionnaire             |
| <input type="checkbox"/> Diagnosis                     | <input type="checkbox"/> Medical Records                           | <input type="checkbox"/> Legal Status                                    |
| <input type="checkbox"/> Brief Description of Progress | <input type="checkbox"/> Psychological Tests/Projective Assessment | <input type="checkbox"/> Current Medication/Medication History           |
| <input type="checkbox"/> Discharge Summary             | <input type="checkbox"/> Treatment Plan & Updates                  | <input checked="" type="checkbox"/> Other: <u>Pregnancy Test Results</u> |
| <input type="checkbox"/> Psychosocial Evaluation       | <input type="checkbox"/> Service Plan                              |  |

This information is needed for the following purpose(s) or event(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Coordinate Aftercare Treatment including Level of Care Decisions:  | <input type="checkbox"/> Coordinate Educational Planning             |
| <input type="checkbox"/> Coordinate Medical Follow-up Treatments                            | <input type="checkbox"/> Coordinate Employment Training              |
| <input type="checkbox"/> Obtain Information for a More Complete History                     | <input type="checkbox"/> Obtain Reimbursement for Treatment Services |
| <input checked="" type="checkbox"/> Other: <u>To assist with pregnancy related supports</u> | <input type="checkbox"/> Coordinate Treatment Efforts                |

# WHEN DO BREACHES OCCUR? GENERALLY...

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- When PHI is disclosed to the wrong person outside of your company and the person has the ability to view the PHI.
- Breaches can also occur internal to your company.
  - Generally, when a staff uses PHI for an unrelated work and/or personal purpose. AKA: Snooping

# GENERAL RULES TO OPERATE WITHIN

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- Any Individual information is confidential, not just PHI
- Don't allow access to Individual information to those not involved with the individual, to include your own staff.
- Do not exchange Individual information in public areas
- The amount of PHI you keep “on you” should be reasonable and minimal.
  - Example: CM leaves entire notebook filled with PHI at the homeless shelter
  - Example: Multiple CM's accumulated at least 7 months of Individual records

# MENTI

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- An Individual calls you when you're in the office and your coworkers are in close proximity. What should you do?
- While at an appointment, you're unable to find the Individual's records that you brought. What should you do?
- You're wondering how an Individual is doing who used to be on your case load. Is it ok to view the records?

# GENERAL RULES TO OPERATE WITHIN

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- Any Individual information is confidential, not just PHI. Do not discuss extraneous information about the Individual with anyone.
- Don't allow access to the Individual's information to those not involved.
- Do not exchange Individual information in public areas
- Remain aware of who can view or hear Individual information
- Minimum Necessary is key! (Does not apply with a valid Authorization).

*Thank you*

