

Release of Clinical Information

Policy:

Morgan Support Services shall comply with all federal, state and local regulations pertaining to the release of clinical information. This includes NCAC 18D and the General Statutes of North Carolina, G.S. 122C-52 through G.S. 122C-56.

MSS staff shall not release confidential clinical information unless and until a Consent for Release form has been completed and signed by the person/legally responsible person. A person or guardian wishing to withdraw consent for release of confidential clinical information must provide the request in writing. MSS will abide by the written request except to the extent that action based on the consent has already been taken.

Information shall be provided to the next of kin or other family member, who has a legitimate role in the therapeutic services offered, or other person designated by the person or legally responsible person in accordance with G.S. 122C-55(j) through (l).

Procedure:

Informed Consent

Prior to release, clinical confidentiality and release of information shall be explained to the person/legally responsible person, to include:

1. That provision of services is not contingent upon such consent
2. The need for the release
3. The consent is voluntary
4. Special considerations for information regarding substance abuse/HIV

Consent for Release

The Clinical Director or his/her designee shall be responsible for obtaining appropriate consents upon admission during the intake process and shall be responsible for the annual review and signing of appropriate consents.

When information is requested from another facility, agency or individual, a Consent for Release form shall be completed and signed by the person/legally responsible person. The form shall contain the following information:

1. Person's name
2. Name of facility releasing the information
3. Name of the individual(s), agency(s) to whom information is being released
4. Information to be released
5. Purpose for the release

6. Length of time consent is valid (not to exceed 1 year, unless revoked by the person/legally responsible person)
7. A statement that the consent is subject to revocation at any time except to the extent that action has been taken in reliance on the consent
8. Signature of the person/legally responsible person
9. Date consent is signed

A Consent for Release form must be recorded for each agency, facility or individual (i.e. physician, psychiatrist, etc.) with whom MSS may need to exchange information who is not identified on the individual support plan as a member of the person's treatment team. The Consent for Release form shall be maintained in the person's record. When receiving consents from other agencies or facilities, a clear and legible photocopy of a Consent for Release shall be considered to be as valid as the original.

The following persons may sign a Consent for Release form:

1. A competent adult person receiving services
2. The person's legally responsible person
3. A minor person receiving services under the following conditions*:
 - a. Pursuant to G.S. 90-21.5 when seeking services for venereal disease and other diseases reportable under G.S. 130A-135, pregnancy, abuse of controlled substances or alcohol, or emotional disturbances,
 - b. When married or divorced,
 - c. When emancipated by a decree issued by a court of competent jurisdiction
 - d. When a member of the armed forces, or
4. Personal representative of a deceased person if the estate is being settled or next of kin of a deceased person if the estate is not being settled.

(*MSS Does not provide services to minors.)

Verification of Authorization

Whenever the validity of an authorization is in question, the Director shall contact the person/legally responsible person to confirm that the consent is valid. Such determination of validity of the consent shall be documented in the clinical record.

Documentation of Release

Whenever confidential information is released with consent, the Clinical Director shall ensure that documentation of the release is recorded in the clinical record.

The documentation shall include:

1. Consent for Release form
2. Date the information was released
3. Signature of the employee releasing the information

Prohibition Against Redisclosure

Information that is released by MSS shall be stamped or clearly hand-written in red ink to inform the recipient that redisclosure of such information is prohibited without the person's consent. Information released by MSS using electronic means shall include a statement that redisclosure is prohibited without the person's consent

Release to Human Rights Committee Members

Human Rights Committee members may have access to confidential information only as needed to fulfill the requirements of their involvement. The Clinical Director shall release confidential information upon written consent to the Human Rights Committee members only when such members are engaged in fulfilling their function as set forth in 10 NCAC 14G. 0207, and when involved in or being consulted in connection with the training or treatment of the person.

Notice to Person

During orientation, each person/legally responsible person shall be provided written notice that disclosure may be made of pertinent information without his/her expressed consent in accordance with G.S. 122C-52 through 122C-56. A statement of receipt and understanding of the information shall be maintained in the clinical record.

Disclosure Without Consent

Information about a person's care could be released without consent in the following situations:

1. If the health or safety of a family member or someone else is in serious danger.
2. If the court orders that we disclose information in a legal action brought against the person/family
3. If the person/family bring legal action relating to services of this agency
4. If the person has been assigned a legal guardian or if the person has authorized someone to act as power of attorney for him/her, that person may authorize release of information on the person's behalf
5. If medical records must be reviewed or audited to comply with federal regulations
6. If requested by an external advocate on the person's behalf
7. If requested by another service currently involved in the person's treatment under service coordination by the person's Care Coordinator

The person/legally responsible person shall be advised of this possibility prior to beginning services and shall sign an Acknowledgement of Receipt and

Agreement of Disclosure without Consent form. The form shall be filed in the clinical record.

Morgan Support Services shall attempt to contact the person/legally responsible person to secure consent prior to releasing the information.

If disclosure is required without written consent, it shall be documented in the clinical record and the documentation shall be signed by the employee who authorized the release of the information.

Persons Designated to Release Confidential Information

The Executive Director or Clinical Director shall be responsible for the release of confidential information, but either may delegate the authority for release to other person(s) under his/her supervision. The delegation shall be in writing.

Process

1. When MSS receives a request for release of a portion or all of a person's record, the Executive Director/designee shall ensure appropriate signatures and releases are present.
2. The requested items shall be copied, assembled and forwarded to the recipient by mail, facsimile, or in person.
3. The release request is completed, indicating to whom the information is released, specific information released, reason or purpose, release date and signature.
4. The release of record is noted in the clinical record, to include:
 - a. Name of recipient
 - b. Extent of information disclosed
 - c. Specific reasons for the disclosure
 - d. Date
 - e. Full and legible signature of the individual who disclosed the information and his/her title.
5. The release request is filed in the person's record.
6. For on-site record reviews by a person/legally responsible person or regulatory auditor, an MSS staff member shall be present to protect and preserve the record.

Supporting Forms/Documents

Consent for Release form

Clinical Confidentiality and disclosure Without Consent handout

Acknowledgement of Receipt and Agreement of Clinical Confidentiality and Disclosure without Consent form