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**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORDS POLICY AND PROCEDURE**

HIPPA Overview

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) also known as the Kennedy-Kassebaum Bill, has brought many changes to behavioral healthcare. These changes include the ability to move one's health insurance coverage when one moves from one job to the next and the right to continue health insurance coverage after employment has ended. HIPAA has also provided the framework for discussions of parity between mental health insurance and general health insurance benefits.

Congress added an Administrative Simplification section to the bill. The goal of this section is to streamline the health care system through the adoption of consistent standards for transmitting uniform electronic health care claims. However, in order for this to succeed, it also became necessary to adopt standards for securing the storage of that information and for protecting individual privacy. Ultimately, the health care industry will have a standardized way of transmitting electronic claims with increased privacy and security protection for the electronic dissemination of health care information.

The HIPAA privacy rule was designed to serve as a minimum level of privacy protection. It is intended to:

1. Protect and enhance the rights of patients/clients by providing them access to their health information and controlling the inappropriate use of that information.
2. Improve the quality of health care in the United States by restoring trust in the health care system among consumers, health care professionals, and the multitude of individuals committed to the delivery of care.
3. Improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy protection that builds on efforts by states, health systems, and individual organizations and individuals.

By enacting HIPAA, Congress recognized the fact that Administrative Simplification cannot succeed if we do not protect the privacy and confidentiality of personal health information. The provision of high quality health care requires the exchange of personal, often-time's sensitive information, between an individual and their health care provider. Paramount to that interaction is the patient's ability to trust that the information shared will be protected and kept confidential. However, many patients are still concerned that their information is not protected. Among the factors contributing to this concern are: the growth and number of organizations involved in the provision of care and processing of claims; the increased use of electronic information technology; increased efforts to market health care and other products to consumers, and, the growing ability to collect highly sensitive information about a person's current and future health status.

HIPAA Information Privacy Protections are intended to: give patient/client's appropriate control over and access to their health information; set boundaries on the use and release of health records; safeguard that information; establish accountability for inappropriate use and release; and balance privacy protections with public safety.

This manual contains the CMHC HIPAA Policies & Procedures.

**CONNECTICUT MENTAL HEALTH CENTER
(CMHC)
PATIENT CARE MANUAL
MEDICAL RECORDS POLICY & PROCEDURE**

CMHC PROVISION OF NOTICE OF PRIVACY FOR PROTECTED HEALTH INFORMATION

POLICY

Every individual has a right to adequate notice of the uses and disclosures of Protected Health Information (PHI) that may be made by the CMHC and of the individual's rights and the CMHC's legal duties with respect to PHI. The CMHC shall therefore maintain a Notice of Privacy Practices for PHI. (see attached CMHC Notice of Privacy Practices For PHI.)

Guidelines/Procedures

1. The CMHC Notice of Privacy Practices will be posted in all clinical areas within CMHC, including the satellite clinics.
2. Upon admission to CMHC the CMHC Notice Of Privacy Practices document will be provided to each client via the existing CMHC admissions procedures. The admission counselor and or clinician will be responsible for reviewing the contents of this notice with the client.

The admission counselor and or clinician will also obtain the clients signature (which located on the bottom of the form) that acknowledges receipt of this document. A copy of the CMHC Notices Of Privacy document will then be placed into the clients' CMHC Medical Record (On the left-hand side of the chart). And a copy of the CMHC Notice of Privacy will be included in the CMHC Outpatient Clients' handbook, which is given to each client upon admission.

3. If a client is admitted via an emergency and or on a weekend to one of the CMHC inpatient programs then the Notice Of Privacy Practices document will be provided to each client via the existing inpatient admission procedures. A copy of the Notices Of Privacy Practices document with the client's signature acknowledging receipt will be placed into their CMHC Medical Record, on the left side of the chart. And a copy of the Notice Of Privacy Practices will be included the CMHC Inpatient Handbook, which is given to each client upon admission.
4. All active CMHC clients as of April 14th,2003, will also be provided with the CMHC Notice of Privacy Practices document. It will be the responsibility of the client's primary clinician to review the Notice of Privacy Practices document, obtain the required client's signature acknowledging receipt. This should be done at the clients first session after April 14th 2003. A copy of this will be given to the client and a copy will be placed into the clients Medical Record (on the left-hand side of the chart). The CMHC Notice of Privacy Practices will be posted on the CMHC Intranet WebPages.
5. The DMHAS Office of Health Care Information will periodically review the Notice Of Privacy Practices and if any material changes are made, promptly revise and distribute the updated Notice Of Privacy Practices to all facilities/ statewide programs. Once received it will be the responsibility of CMHC to modify the existing Notice Of Privacy Practices document and inform all active and newly admitted clients.

**CONNECTICUT MENTAL HEALTH CENTER
(CMHC)
NOTICE OF PRIVACY PRACTICES
Mental Health Programs**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

CMHC is federally mandated to maintain the privacy of your medical information and wants you to know about our practices for protecting your health information.

CMHC is required to abide by the terms of this notice. The medical information we maintain may come from any of the providers from whom you have received services. The medical information we record and maintain is known as Protected Health Information, or PHI. We will not use or disclose your PHI without your permission, except as described in this notice.

We reserve the right to change our practices and to make the new provisions effective for all medical information we maintain. Should our medical information practices change, we will amend this notice and post a notice of the changes, which will be made available to anyone upon request. This notice is effective as of April 14, 2003.

USES AND DISCLOSURES: In general, it is our policy to obtain written authorization for release of information prior to making a disclosure. You may revoke an authorization at any time, except to the extent that we have already acted on it.

We may use your Protected Health Information (PHI) without authorization for:

- **Treatment, e.g., share information with other providers involved in your care**
- **Payment, e.g., to the state Department of Administrative Services to bill for your healthcare services**
- **Healthcare operations, e.g., to internal staff for evaluation of the quality of services provided**
- **Reminding you of appointments**

Other permitted disclosures of your Protected Health Information (PHI) without authorization might include the following:

- **Disclosures required by law, e.g., to the Department of Children and Families when a law requires that we report suspected abuse or neglect**
- **Preparation of a Medical Research protocol or plan, e.g. to look at records to determine if the research project should proceed**
- **Public Health, e.g., mandated reporting of disease, injury or vital statistics**
- **To avert a serious threat to the health or safety of you or others**
- **As a response to a court order, e.g. a judge orders specific portions of your record as a result of a legal matter**
- **If deceased, limited information to coroners, medical examiners or funeral directors**

**CONNECTICUT MENTAL HEALTH CENTER
(CMHC)
NOTICE OF PRIVACY PRACTICES
Mental Health Programs**

WHAT ARE YOUR RIGHTS? YOU HAVE THE RIGHT TO:

- Request restrictions on certain uses and disclosures of your Protected Health Information (PHI)
- Receive reasonable confidential communication of PHI, e.g. contact you at a place of your choosing
- Inspect and copy your medical record by written request, with some exceptions. CMHC reserves the right to deny the request, to which you may make a further appeal
- Request an amendment of your medical record. CMHC reserves the right to deny the request, to which you may make a further appeal
- Receive an accounting of CMHC disclosures of your PHI during the six years prior to your request. Accountings of disclosures start as of April 14, 2003 and are unavailable prior to that time
- Receive a paper copy of this notice

HOW YOU CAN REPORT A PROBLEM?

If you feel your privacy rights have been violated, you may file a complaint with the CMHC Health Information Specialist, Beverly Clark, RHIT, (203) 974-7321, or the CMHC Privacy Officer Michael Levine, CIO, (203) 974-7570, or the State of Connecticut, Department of Mental Health and Addiction Services (DMHAS), Office of HealthCare Information (OHI) at (860) 418-6901, or the Secretary of the United States Department of Health and Human Services (DHHS), Office for Civil Rights (OCR) at: U.S. DHHS, OCR, J.F. Kennedy Federal Building – Room 1875, Boston, Massachusetts 02203. Voice phone: (617) 565-1340. TDD: (617) 565-1343. FAX: (617) 565-3809.

There will be no retaliation for filing a complaint.

WOULD YOU LIKE MORE INFORMATION?

If you have questions and would like more information, you may contact the CMHC Health Information Specialist at (203) 974-7321 or the DMHAS Office of Healthcare Information (OHI) at (860) 418-6901.

**CONNECTICUT MENTAL HEALTH CENTER
(CMHC)
NOTICE OF PRIVACY PRACTICES
Mental Health Programs**

- THE CMHC *NOTICE OF PRIVACY PRACTICES* ON THE FOLLOWING TWO PAGES DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY**
- CMHC is federally mandated to maintain the privacy of your medical information and wants you to know about our practices for protecting your Protected Health Information (PHI)
- CMHC is required to abide by the terms of the *Notice of Privacy Practices* provided on the attached pages
- **Authorized Uses and Disclosures: In general, it is our policy to obtain written authorization for release of information prior to making a disclosure. You may revoke an authorization at any time**
- **Non-Authorized Uses and Disclosures: Under certain conditions we may make disclosure of your medical information without your authorization. These conditions are listed on the attached pages**

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HOW YOU CAN ASK A QUESTION, LEARN MORE OR REPORT A PROBLEM?

CMHC urges you to read the complete CMHC *Notice of Privacy Practices* found on the attached pages of this document. The CMHC Health Information Specialist, Beverly Clark, RHIT (203) 974-7321 or the CMHC Privacy Officer Michael Levine, CIO (203) 974-7570, or the DMHAS Office of Healthcare Information (OHI) at (860) 418-6901, or the Secretary of the United States Department of Health and Human Services are ready to assist you. There will be no retaliation for filing a complaint.

I hereby acknowledge receipt of the CMHC *Notice of Privacy Practices*:

Patient/Client Signature

Date

Patient/Client Name (Please Print)

CMHC #

Witness Signature

Date

_ Patient/Client refuses to sign *Notice of Privacy Practices*: _____
(Explanation)

**CONNECTICUT MENTAL HEALTH CENTER
(CMHC)
NOTICE OF PRIVACY PRACTICES
Substance Abuse Programs**

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

CMHC is required to abide by the terms of this notice. The medical information we maintain may come from any of the providers from whom you have received services. The medical information we record and maintain is known as Protected Health Information, or PHI. We will not use or disclose your PHI without your permission, except as described in this notice.

Information regarding your healthcare, including payment for healthcare, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. §1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, CMHC may not say to a person outside CMHC that you attend the program, nor may CMHC disclose any information identifying you as an alcohol or drug abuser, or disclose any other PHI except as permitted by federal law.

We reserve the right to change our practices and to make the new provisions effective for all medical information we maintain. Should our medical information practices change, we will amend this notice and post a notice of the changes, which will be made available to anyone upon request. This notice is effective as of April 14, 2003.

USES AND DISCLOSURES:

CMHC must obtain your written consent before it can disclose information about you for payment purposes. Generally, you must also sign a written authorization before CMHC can share information for treatment purposes or for healthcare operations. However, federal law permits CMHC to disclose information without your written permission for the following:

- **Pursuant to an agreement with a person or agency that provides services to CMHC**
- **Preparation of a Medical Research protocol or plan, e.g. to look at records to determine if the research project should proceed**
- **To report a crime committed on CMHC premises or against CMHC personnel**
- **To medical personnel in a medical emergency**
- **To appropriate authorities to report suspected child abuse or neglect**
- **As allowed by a court order**

Before CMHC can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written authorization allowing it to make the disclosure. You may evoke any such written authorization in writing, except to the extent that we have already acted on it.

CONNECTICUT MENTAL HEALTH CENTER

(CMHC)

NOTICE OF PRIVACY PRACTICES

Substance Abuse Programs

WHAT ARE YOUR RIGHTS? YOU HAVE THE RIGHT TO:

- Request restrictions on certain uses and disclosures of your Protected Health Information (PHI)
- Receive reasonable confidential communication of PHI, e.g. contact you at a place of your choosing
- Inspect and copy your medical record by written request, with some exceptions. CMHC reserves the right to deny the request, to which you may make a further appeal
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(CMHC)
NOTICE OF PRIVACY PRACTICES
Substance Abuse Programs**

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I hereby acknowledge receipt of the CMHC *Notice of Privacy Practices*:

Patient/Client Signature

Date

Patient/Client Name (Please Print)

CMHC #

Witness Signature

Date

___ Patient/Client refuses to sign *Notice of Privacy Practices*: _____

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY 7 PROCEDURE**

SECTION

Release of Information
Patient Access to their PHI

POLICY

It is the policy of CMHC, in accordance with state and federal laws, that all patients/clients have the right to access, inspect or obtain a copy of their Protected Health Information (PHI) for as long as CMHC maintains the PHI. CMHC will supply a paper copy of the record not a disk format.

PURPOSE

To provide a patient with the right to access, inspect or obtain a copy of their Protected Health Information (PHI) for as long as this agency maintains the PHI.

PROCEDURE

- All requests must be submitted in writing and addressed to:
Medical Record Department
Release of Information Section, Room 212,
Connecticut Mental Health Center
34 Park St.
New Haven, CT. 06519
This includes requests by active clients located at the CMHC Satellites.
- The Medical Record Department will respond to the request by either supplying the records, or sending written notification of a denial within 30 days after receiving the request. A request for a copy of a discharged inpatient record must be deemed complete before the patient can obtain a copy of a discharged inpatient record.

The patient has the right to request an alternative method of delivery. If a copy of an inpatient record is requested, the patient will be notified that the record must be deemed complete; i.e., all reports complete and signed by the author, before a copy is provided.

- Scheduled appointments will be made for any patient's requesting to review their record. It is advisable that the patient's review their medical record in the presence of their clinician. Medical Records will contact the clinician informing them of the patient's request. If the clinician is no longer at CMHC, the request will go to the Team Leader/ Program Director. The clinician will contact the patient to review their record. **Please Note:** The patient can only review his/her personal data. All data pertaining to other people should be removed from the record prior to the patient review. The clinician may approve the release of copies by signing off on the CMHC Form #2, "Application to Review/Copy my CMHC Medical Record" Disposition of Request. (See attached)

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY & PROCEDURE**

SECTION

**Release of Information
Patient Access to their PHI**

- A reasonable, cost-based fee of \$.65 per page for inpatient reports and \$.45 per page for an outpatient report maybe charged to attorneys, insurance companies, and for a request of copies for your own personal use.

Denial of Access

1. PHI that may not be accessed or inspected due to state and federal law are:

- a) Psychotherapy notes (follows separate rule) CMHC clinicians do not maintain psychotherapy notes;
- b) Information compiled for the use in a civil, criminal, or administrative action or proceeding;
- c) Research;
- d) Correctional Institutions;
- e) Information obtained from other healthcare providers

2) CMHC shall deny a patient access, without providing the patient an opportunity for review only in the following circumstances:

- a) When the patient agreed to the denial to participate in research that includes treatment and the patient is informed the right to access may be reinstated upon completion of the research
- b) If PHI was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

3) A patient may be denied access, provided that the patient is informed in writing and in addition is given a right have such denial reviewed by CMHC’s Healthcare Information Specialist, Privacy Officer, and DMHAS Office of Healthcare Information.

- a) A clinician may deny access if determined in their professional judgment that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person. (Section 20-17c Patients Bill of Rights) The rationale for this decision must be documented.
- b) If the PHI makes reference to another person and that access is likely to cause substantial harm to such other person
- c) If the request is made by the patient’s personal representative and a licensed health care professional has determined that such access to the patient’s personal representative is reasonably likely to cause substantial harm to the patient or another person.

CONNECTICUT MENTAL HEALTH CENTER MEDICAL RECORD POLICY & PROCEDURE

SECTION

Release of Information Patient Access to their PHI

- 4) If the patient has been denied access to their PHI, a patient has the right to have the denial reviewed by CMHC's Healthcare Information Specialist. CMHC will provide or deny access in accordance with the determination of the Healthcare Information Specialist.
- 5) If CMHC denied access to PHI, in whole or in part, CMHC will:
 - a) Make other information accessible by giving the patient access to any other PHI requested, after excluding the PHI which CMHC have a ground to deny access;
 - b) Provide a timely, written denial to the patient. The denial must be in plain language and contain:
 - i. The basis for the denial.
 - ii. A description of how the patient may exercise his/her right to have the denial reviewed by the Healthcare Information Specialist and the Privacy officer.
 - iii. A description, including contact information, of how the patient may complain to the DMHAS Office of Healthcare Information.
6. If the patient/client requests a review of the denial, The Healthcare Information Specialist and the CMHC Privacy Officer will review the decision to deny access and determine within a reasonable period of time, whether or not to deny the access.

A written notice of the determination will be provided to the patient by the Healthcare Information Specialist. The notice will contain the patient's right to a further review by the statewide Office of Healthcare Information.

The description will contain the contact information of how the patient may complain to the facility or statewide programs to the DMHAS Office of Healthcare Information.

CONNECTICUT MENTAL HEALTH CENTER MEDICAL RECORD POLICY & PROCEDURE

SECTION

Amendment to PHI

POLICY

It is the policy of CMHC to allow a patient/client to request an amendment of their Protected Health Information (PHI) for as long as CMHC maintains the information.

PURPOSE

To provide the patient/client a process to follow when requesting an amendment to his/her Protected Health Information (PHI), how the amendments are tracked and how to appeal a denial.

PROCEDURE

- The request must be submitted in writing to the:
Medical Record Department, Room 212,
Connecticut Mental Health Center
34 Park St.
New Haven, CT. 06519
- The letter must be addressed to the author of the Protected Health Information.
- The Medical Record Department will contact the author of the entry to review the patient's request for the amendment. The current Clinical Director will be contacted if the author (clinician) is no longer employed at CMHC.

Granting Amendment Requests

If the author of the entry grants the requested amendment, in whole or in part, an amendment will be made to the record. The original record will not be destroyed or obliterated. The portion to be amended must be marked with an instruction on where the amendment can be found.

The Medical Record Release of Information Specialist will inform the patient in writing that the amendment has been accepted. The Medical Record Release of Information Specialist will discuss with the patient the need for notifying all relevant persons with whom the amendment needs to be shared, including persons and business associates who previously received the specific information that was subsequently amended.

The following are the only reasons for denying a requested amendment:

- a) The hospital did not create the entry to which the amendment request is addressed.
- b) The portion to which the amendment request is addressed, is not in the medical record.

CONNECTICUT MENTAL HEALTH CENTER MEDICAL RECORD POLICY & PROCEDURE

SECTION

Amendment to PHI

- c) The portion to which the amendment request is addressed, is information to which the patient does not have a right of access.
- d) The portion to which the amendment request is addressed is accurate and complete.

If the request for amendment is denied, the Medical Record Release of Information Specialist will:

- Provide a written explanation to the patient within a reasonable timeframe explaining the reason for the denial.
- Provide in writing to the patient who to contact to appeal the denial (Healthcare Information Specialist).
- Forward a request for an appeal to the Healthcare Information Specialist.
- Provide in writing to the patient the decision of the Healthcare Information Specialist and the CMHC Privacy Officer.
- If the request for an amendment is still denied, the patient will be informed of their right to a further review by the DMHAS, Office of Healthcare Information.
- File in the medical record the request for the amendment as well as a copy of all responses provided to the patient.
- Inform the patient his/her right to address any complaints to the Patient Rights Officer, Connecticut Mental Health Center, 34 Park St., New Haven, CT 06519. The patient may also address a complaint to the Secretary of Health & Human Services.
- Track the request for an amendment in the Medical Record Information Tracking System.

**CONNECTICUT MENTAL HEALTH CENTER
(CMHC)
PATIENT REQUEST FOR AMENDMENT**

Patient Name: _____
Patient Address: _____
MPI# _____
Medical Record Number _____
SS# _____
Date of Birth: _____

I _____ request _____
Pt. Name of CMHC Affiliate

to amend my health information. I understand that CMHC requires that I put my request in writing and that I include a reason for my request. I understand that CMHC may deny my request for amendment and CMHC will notify me in writing of its decision to deny or accept my request.

I) I request that the following health information be amended:

II) My reasons for requesting the amendment to my health information include:

Date request for amendment approved: _____

III) State person (s) or organization (s) you wish to receive notification of the amended health information

Date request for amendment denied: _____

Your request for amendment has been denied for the following reason:

a) CMHC did not create the entry to which the amendment request is addressed

b) The portion to which the amendment request is addressed, is not in the medical record

c) The portion to which the amendment request is addressed, is information to which the patient does not have a right of access

d) The portion to which the amendment request is addressed is accurate and complete.

**You have the right to appeal the denial. Please address your appeal to the
Healthcare Information Specialist, Beverly Clark, RHIT, Medical Record Dept.
Connecticut Mental Health Center, 34 Park St., New Haven, CT. 06519**

Patient/Client Signature: _____ Date: _____

Signature of Authorized Representative: _____ Date: _____

Relationship: _____

Legal Documentation is required

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORDS POLICY & PROCEDURE**

SECTION

Release of Information Accounting of Disclosures of PHI

POLICY

It is the Policy of CMHC to provide an accounting of disclosures of Protected Health Information (PHI) made by CMHC in the six years prior to the date on which the accounting is requested, except for disclosures not required by law or disclosures made prior to April 14, 2003. The accounting will be provided within 60 days of receipt of the request.

PURPOSE

To track each time a patient's record is disclosed. This accounting will include the date of the disclosure, the name of the entity receiving the information, a description of the information disclosed, the purpose of the disclosure and a copy of the written request for the disclosure.

PROCEDURE

- The request for an accounting of disclosures must be submitted in writing to the Medical Record Department.
- The written request must include the patient's name, address, social security number, date of birth, dates of care, copy of photo ID with signature. If a photo ID with signature is not available, a notarized request is acceptable.
- Providers and/or Infection Control Officer will contact the Medical Record Supervisor regarding any state mandatory reporting.
- The Medical Record Department will provide an accounting of disclosures of PHI up to six years prior to the date on which the accounting is requested. Disclosures made prior to April 14, 2003 are exempt. The Medical Record Department does not include an accounting of disclosures made that were required to carry out treatment, payment, or health care operations. (See Exceptions to the rule)
- The first list of accountings a patient requests is free within a 12-month period. CMHC may charge a reasonable fee for the cost of providing additional lists.
- An accounting will be provided to the patient in writing within 60 days of receipt of the request unless a written response is provided indicating 30 additional days will be needed to prepare the information.

CONNECTICUT MENTAL HEALTH CENTER MEDICAL RECORDS POLICY & PROCEDURE

SECTION

Release of Information Accounting of Disclosures of PHI

- The Medical Record Department will retain the request and a copy of the documentation provided to the patient and it will indicate the title of the person responsible for receiving and processing the request.

Contents of the Accounting will include:

- The date of the disclosure
- The name of the entity or person who received the PHI and the address of the person
- A description of the PHI disclosed, a brief statement of the purpose or a copy of the authorization

CMHC may temporarily suspend an individual's right to receive an accounting of disclosures to a health oversight agency or law enforcement official, for the time specified by such agency or official, if such agency or official provides CMHC with a written statement that such an accounting to the individual would be reasonably likely to impede the agency's activities and specifying the time for which such a suspension is required.

Exceptions:

An accounting of the following disclosures will not be included:

- a. Disclosures made for carrying out treatment, payment and health care operations.
 - b. Disclosures made to the individual about their PHI.
 - c. Disclosures to national security or intelligence purposes; to Correctional Institutions or law enforcement officials.
 - d. Disclosures that occurred prior to the effective compliance date of 4/14/03.
 - e. Disclosures not created by the facility/statewide programs, unless the individual provides a reasonable basis to believe that the person who created the PHI is no longer available to act on the individual's request.
 - f. If the disclosure is not part of the individual's record.
 - g. If the disclosure is for psychotherapy notes.
 - h. If it is information collected and held in reasonable anticipation, or for use in, a civil, criminal, or administrative action or proceeding; or if it is a record that is subject to the Clinical Laboratory Improvements Amendments of 1988.
 - i. If the disclosure is part of a Limited Data Set
- Disclosures made as a result of a previous authorization.

SECTION

Request for an Alternative Method of Delivery for Confidential Communication of PHI

POLICY

CMHC shall respect the right of an individual to request a reasonable accommodation for receiving Protected Health Information (PHI). Reasonable accommodation may include receiving PHI at alternative locations or by alternative means. The request shall be received in writing and shall specify the alternative address or other method of contact.

PROCEDURE

- The patient must submit in writing the request for an alternative method of delivery.
- If it is determined that the request is unreasonable, the patient will be notified in writing and inform the patient of their right to file an appeal with the Healthcare Information Specialist.
- The Healthcare Information Specialist must determine, within a reasonable period of time, whether or not the request is unreasonable.
- If the request is still deemed unreasonable, the patient will be informed of their right to a further review by the DMHAS Office of Healthcare Information.
- All requests for alternative communications and their disposition will be documented

**CONNECTICUT MENTAL HEALTH CENTER
REQUEST FOR ALTERNATE COMMUNICATION OF
PROTECTED HEALTH INFORMATION**

Last Name _____ First Name _____ Medical Record # _____

Complete only the parts of this Request that are relevant to your concerns.

WRITTEN COMMUNICATIONS

Check one and complete:

- Please mail all correspondence to me at the following address.
 Please mail only _____ to the following address, and all other
correspondence to my home address.

Care of (optional) _____

Address _____

City _____ State _____ Zip _____

- Please use an envelope that does not identify mail as coming from CMHC.***

TELEPHONE COMMUNICATIONS

Telephone Calls: Check one and complete:

- Please always call me at area code _____ phone _____.
 Please call me at area code _____ phone _____ only for _____ and
call me at home for all other reasons.

Leaving Messages:

Check one:

- It is all right to leave a message for me with whoever answers the phone at that number.
 Please do not leave a message for me with anyone who answers the phone at that number.

Check one:

- It is all right to leave messages for me on the answering machine/voice mail at that number.
 Please do not leave a message for me on the answering machine/voice mail at that number.

OTHER COMMUNICATIONS (specify): _____

Signature of Client _____ Date _____

Signature of Witness _____ Date _____

Decision of Program Supervisor: _____

Signature _____ Date _____ / _____ / _____

If you disagree with this decision, you may contact CMHC's Healthcare Information Specialist at (203) _____.

Decision of CMHC Healthcare Information Specialist: _____

Signature _____ Date _____ / _____ / _____

If you disagree with this decision, you may contact the DMHAS Office of Health Care Information at 860-418-6818.

Signature of Witness _____ Date _____

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY & PROCEDURE**

SECTION

**Provision of Authorization for Use &
Disclosure of Protected Health Information**

POLICY

It is the policy of CMHC to obtain a patient/client's written authorization prior to using or disclosing their Protected Health Information (PHI) for specified purposes other than treatment, payment or healthcare operations.

GUIDELINES

1. The authorization obtained from the patient will:
 - Cover only the uses and disclosures and only the PHI stipulated in the authorization
 - Have an expiration date not to exceed six months or a specified event
 - (i.e., discharge, death)
 - State the purpose for which the information may be used or disclosed
 - Specify the recipient of the information
 - Specify CMHC as the institution releasing the information
 - Be signed by the client or his/her legal representative and if it is
 - Signed by the legal representative, it must contain a description of the
 - representative's authority to act for the client
 - Be dated after the episode record of care
 - Include a statement specifying:
 - a. That CMHC will not refuse to treat, pay for services, enroll in a health plan or refuse to provide benefits if a patient refuses to provide authorization
 - b. That the patient may inspect or request a copy of information to be used or disclosed.
 - c. That the patient may refuse to sign the authorization
 - d. That the information disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected the Title 45 CFR Parts 160 & 164
 - e. How the client may revoke the authorization
2. CMHC will provide the client with a copy of the signed authorization.
3. An authorization may be revoked at any time, except to the extent that CMHC has taken action in reliance thereon.

The revocation must be in writing

**MENTAL
HEALTH
CENTER**

P.O. BOX 1842 34 PARK STREET NEW HAVEN, CONNECTICUT 06508 TEL. 974-7129

AUTHORIZATION TO OBTAIN/DISCLOSE PROTECTED HEALTH INFORMATION

The confidentiality of this record is required under Chapter 899 of the Connecticut General Statutes as well as Title 42 of the United States Code. This material shall not be transmitted to anyone without written consent/authorization as provided in (these) statutes.

I, _____ authorize Connecticut Mental Health Center to obtain/disclose the following protected health information:

(You must specify each category to be obtained/disclosed)

Type of Information	Disclose	Obtain	Do Not Disclose	Do Not Obtain	Type of Information	Disclose	Obtain	Do Not Disclose	Do Not Obtain
Discharge/Transfer Summary					Drug & Alcohol Abuse Treatment Information				
Psychiatric/Psychological Assessment					Physical Exam/Labs				
Medical &/or Psychiatric Information relevant to HIV status					Other (Be Specific)				

(*This information has been disclosed from records whose confidentiality is protected by Federal and State law. Regulations prohibit any further disclosure of it without the specific written authorization of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is not sufficient for this purpose.)

from the medical record of

_____ (Patient's Name) (Date of Birth)

To/From (name & address of person and agency. Please list only one facility.):

The dates of treatment covered by this release are: _____

This information will be obtained/disclosed for the following purpose: _____

I understand that I may withdraw this authorization at any time prior to the release of the above Information. This authorization, if not withdrawn, will expire on _____ or 180 days from the date below if not otherwise specified.

**PLEASE RETURN INFORMATION TO THE ATTENTION OF _____
Clinician**

_____ Signature of Patient/Parent/Legal Guardian	_____ Witness Signature
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COOPERATIVE ENDEAVOR OF: THE STATE OF CONNECTICUT, DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, YALE UNIVERSITY SCHOOLS OF MEDICINE AND NURSING,
THE YALE-NEW HAVEN HOSPITAL, INC A **CONNECTICUT MENTAL HEALTH CENTER**

SECTION

Resolving Conflicting Authorizations

POLICY

It is the policy of CMHC that conflicting authorizations to disclose Protected Health Information (PHI), be identified and resolved.

PROCEDURE

1. When CMHC is presented with a conflicting authorization to disclose PHI, they will:
 - Communicate in writing to the patient/client in order to determine the individual's preference regarding the authorization to disclose PHI
 - Resolve the conflict by obtaining a new written authorization from the patient/client or have the patient cancel the authorization that is in conflict with their preference by signing the cancellation section on the authorization.

Until such time as the conflict is resolved, CMHC will defer to the most restrictive authorization.

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY & PROCEDURE**

SECTION

**Verification Requirements for Use &
Disclosure**

POLICY

It is the CMHC policy to verify the identity of a person requesting Protected Health Information (PHI) and the authority of any such person to have access to the PHI that is being requested.

PROCEDURE

1. All requests must have an authorization for release of information signed and dated by the patient. The patient signature/mark or legal guardian signature/mark is acceptable.

A request from an outside agency must contain the agency's letterhead and be addressed to the Connecticut Mental Health Center. A photocopy of a valid authorization is acceptable if it meets all the requirements for a properly completed authorization.

The signature on the authorization will be compared to a signature within the medical record to ensure validity. If the record contains no signature for comparison or if there is a reasonable doubt regarding the validity, a notarized signature will be required.

If a patient/client makes a request in person, they will need to show identification, i.e., driver's license, passport, birth certificate or a state issued identity card as proof of identity. The patient must show a picture ID to pick up records and initial and date the authorization indicating that they picked up the records.

2. If the patient is incapable of signing an authorization, the patient's legal representative may sign for the patient. A copy of the Probate paperwork must accompany the request. (Refer to the policy on Disclosure to Personal Representatives for additional information).
3. CMHC will account for all requests received for PHI and account for all disclosures of PHI in the Medical Record Information Tracking System.

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY & PROCEDURE**

SECTION

**Restrictions on the Use & Disclosure of
PHI**

POLICY

It is the policy of CMHC to respect the right of a patient/client to request a restriction or a limitation on the uses and disclosures of their Protected Health Information (PHI).

PROCEDURE

- The patient must submit a written request for a restriction or a limitation on the uses and disclosures of their PHI.
- The written request must be addressed to the Medical Record Supervisor, Medical Record Department, Connecticut Mental Health Center, 34 Park St., New Haven, CT. 06519.
- The request must be specific on what PHI is restricted for use and disclosure and who is restricted from receiving the information. The patient may request a limit on the medical information we disclose to someone who is involved in their care.
- The Medical Record Supervisor will inform the patient's primary clinician of the patient's request. CMHC is not required to agree with the request. If CMHC agrees with the request, we will comply unless the information is needed to provide emergency treatment.
- The clinician will review the patient's request and respond within a reasonable timeframe.
- If the restriction is granted, the medical record will be flagged not to disclose the specific information by placing a sticker on the chart cover. The written request will be placed on the top of the right hand side of the chart. The record will be placed in the Secured Files within the Medical Record Department. CMHC shall not use or disclose the PHI in violation of this restriction. Additionally, CMHC shall alert others who receive this information through legitimate processes of the restriction.
- CMHC may disclose PHI to a healthcare provider for the patient's emergency treatment, and in doing so, must request that the emergency healthcare provider not further disclose the information.

CMHC may terminate their agreement to a restriction if:

- The patient/client agrees to or requests the termination in writing.
- The patient orally agrees to the termination and the oral agreement is documented in the medical record.
- CMHC notifies the patient/client it is terminating the agreement and the termination is effective, with respect to PHI, after the individual is informed.

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY & PROCEDURE**

SECTION

Restrictions on the Use & Disclosure of PHI

If a restriction is denied, the Medical Record Department will:

- Notify the patient in writing that the restriction has not been accepted and their right to appeal this denial with the Healthcare Information Specialist or the CMHC Privacy Officer.
- If the patient has requested a review of a denial, the Healthcare Information Specialist and the CMHC Privacy Officer will review the decision. The Healthcare Information Specialist must determine within a reasonable period of time, whether or not to deny restriction.
- Promptly provide a written notice to the patient/client of the determination of the Healthcare Information Specialist and if the restriction is still denied inform the patient/client of their right to a further review by the DMHAS Office of Health Care Information.

The Medical Record Department will keep a log of all denials on restrictions. On an annual basis, these denials will be reviewed to verify consistency and adherence with best practice standards.

**CONNECTICUT MENTAL HEALTH CENTER
REQUEST FOR RESTRICTIONS OF
PROTECTED HEALTH INFORMATION**

Last Name _____ **First Name** _____ **Medical Record #** _____

I, _____ hereby request the following restriction on my Protected Health Information

Signature of client named above _____ date _____

and/or _____ Signature of
conservator or other legal representative _____ date _____

Signature of witness _____ date _____

Decision of Program Supervisor:

- Your request to restrict this person from access to PHI:
- has been approved and is effective as of the date of my signature below.
 - has not been approved because _____.

Signature _____ Date ____ / ____ / ____

If you disagree with this decision, you may contact CMHC's Healthcare Information Specialist at 203-_____.

Decision of CMHC Healthcare Information Specialist: _____

Signature _____ Date ____ / ____ / ____

*If you disagree with this decision, you may contact:
The DMHAS Office of Health Care Information at 860-418-6818.*

SECTION

**Use & Disclosure of Protected Health Information
Without Authorization**

POLICY:

It is the policy of CMHC in certain situations, a patient/client's information may be released without obtaining written authorization from the patient.

CMHC may disclose Protected Health Information (PHI) without authorization in the following situations:

- 1) Public Health activities and purposes
- 2) Addressing concerns about victims of abuse or neglect
- 3) Health Oversight activities
- 4) Deceased individuals
- 5) To avert a serious threat to health
- 6) Specialized government functions
- 7) Correctional Institutions
- 8) Workers Compensation
- 9) Whistleblowers
- 10) Workforce member crime victims
- 11) To a coroner or a medical examiner if the person is deceased
- 12) To State of Connecticut Bureau of Collections, exclusively for the purpose of collecting for psychiatric services rendered at CMHC and limited to the name, address, dates of treatment and fees for services. The release of information will be the responsibility of the Medical Record Supervisor and Utilization Management.
13. For the purpose of CMHC research preparatory and quality assurance activities where the patient's identity is not disclosed.
14. To be utilized in the review process for various accreditation agencies, i.e, JACHO, Medicare, Department of Public Health activities

When information has been released in the above situations, except for Research and the review process, the CMHC staff members responsible for the release shall document in the medical record on the Disclosure Tracking Log or through a Progress Note the following information:

- 1) The date the information was released
- 2) The person to whom the information was released
- 3) The reason the information was released
- 4) The reason written consent could not be obtained
- 5) The nature and details of the information released.

CONNECTICUT MENTAL HEALTH CENTER MEDICAL RECORD POLICY & PROCEDURE

Public Health Agency

CMHC may disclose PHI for the following public health activities and purposes:

1. A public health authority that is authorized by law to receive such information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of public health authority, to an official of a foreign government Agency that is acting in collaboration with a public health authority.
2. A public health authority or other appropriate government authorized by law to receive reports of child abuse or neglect
3. A person subject to the jurisdiction of the Food & Drug Administration
4. A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if CMHC or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.

Victims of Abuse, Neglect or Domestic Violence

CMHC may disclose PHI about individuals:

- 1) Whom they reasonably believe to be victims of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.
If CMHC discloses the PHI, they will promptly inform the individual that such reports have been or will be made, except if:
 - a) The staff a CMHC, in the exercise of professional judgment, believes informing the patient/client would place him/her at risk of serious harm; or
 - b) CMHC would inform a personal representative, and reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the patient/client.
- 2) As required by law including laws that require the reporting of certain types of wounds or other physical injuries, or in compliance with a court order.

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY & PROCEDURE**

SECTION

**Use & Disclosure of Protected Health Information
Without Authorization**

Health Oversight Activities

To other persons or agencies (to which the patient has been referred by CMHC staff) for the purpose of diagnosis or treatment of the patient. In this situation, the clinician must document the fact that he/she has informed the patient/client that the information has been released and the date of release. CMHC may disclose PHI to a Health Oversight Agency for the oversight activities authorized by law, including audits, civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

Judicial or Administrative Proceedings

CMHC may disclose PHI in the course of any judicial or administrative proceedings in response to an order of a court or administrative tribunal, provided that CMHC discloses only the PHI expressly authorized by such order.

Deceased Individuals

CMHC may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.

CMHC may disclose PHI to funeral directors, as necessary, to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, CMHC may disclose the PHI prior to, and in reasonable anticipation of, the individual's death.

CMHC may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose facilitating organ, eye or tissue donation and transplantation.

To Avert a Serious Threat to Health

CMHC is permitted to use and disclose PHI, if CMHC believes, in good faith, the use or disclosure:

- 1) Is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual person or the public; and,
- 2) Is to a person or persons reasonably able to prevent or lessen the threat; including the target of the threat; or

CONNECTICUT MENTAL HEALTH CENTER MEDICAL RECORD POLICY AND PROCEDURE

- 3) Is necessary for the law enforcement authorities to identify or apprehend an individual:
 - a) Because of a statement by an individual admitting participation in a violent crime that CMHC reasonably believes may have caused serious physical harm to the victim; or
 - b) Where it appears from all the circumstances that the individual has escaped from a correction institution or from lawful custody.

CMHC are not permitted to use or disclose the PHI, if the information is learned by CMHC's program:

- 1) In the course of treatment, counseling, or therapy, the affect the propensity to commit the criminal conduct that is the basis for the disclosure; or
- 2) Through a request by the individual to initiate or to be referred for the treatment, counseling, or therapy.

Specialized Government Functions

CMHC may use and disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, if the appropriate military authority has published by notice in the Federal Register the following information:

1. Appropriate military command authorities; and,
2. The purpose for which the PHI may be used or disclosed.

CMHC may use and disclose the PHI of individuals who are foreign military personnel to their appropriate foreign military authority for the same purposes for which uses and disclosures are permitted for Armed Forces personnel under the notice published in the Federal Register.

CMHC may disclose PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act (50 U.S.C. 401, et seq) and implementing authority (e.g., Executive Order 12333).

CMHC may disclose PHI to authorized federal officials for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S. C 2709 (a)(3), or to the conduct of investigations authorized by 18 U.S.C. 871 and 879.

CONNECTICUT MENTAL HEALTH CENTER MEDICAL RECORD POLICY & PROCEDURE

Correctional Institutions

CMHC may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual PHI about such inmate or individual, if the correctional institution or such law enforcement represents that such PHI is necessary for:

1. The provision of health care to such individual;
2. The health and safety of such individual or other inmates
3. The health and safety of the officers, employees or others at the correctional institution;
4. The health and safety of such individual and officers or other persons, responsible for the transporting of inmates or their transfer from one institution, CMHC , or setting to another;
5. Law enforcement on the premises of the correctional institution; and
6. The administration and maintenance of the safety, security, and good order of the correctional institution.

Shared Government Services

DMHAS' State Administered General Assistance program may disclose PHI relating to eligibility for or enrollment in the program, to another Agency administering a government program providing public benefits, if the sharing of eligibility or enrollment information between the agencies, or the maintenance of such information in a single or combined data system accessible to the agencies, is required or expressly authorized by statute or regulation.

Workers Compensation

CMHC may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Whistleblowers

CMHC programs are not considered to have violated the privacy of a patient/client, with respect to disclosing Protected Health Information (PHI), if a member of its workforce or a business associate disclose PHI, provided that:

- 1) The workforce member or business associate believes in good faith that the staff at CMHC has engaged in conduct that is unlawful or otherwise violates professional or clinical potentially endangers one or more patients, workers, or the public; and
- 2) The disclosure is to:
 - a. A Health Oversight Agency or Public Health Authority that is authorized by law to investigate or otherwise oversee the relevant conduct or conditions of the staff a CMHC or to an appropriate health care accreditation organization for the purpose of reporting that allegation of failure to meet professional standards or misconduct; or

CONNECTICUT MENTAL HEALTH CENTER MEDICAL RECORD POLICY & PROCEDURE

- b. An attorney retained by or on behalf of the workforce member or business associate, for the purpose of determining the legal options of the workforce member or business associate, with regard to the conduct described above.

Workforce Member Crime Victims

CMHC is not considered to have violated the right of a patient/client if a member of its workforce, who is the victim of a criminal act, discloses PHI to a law enforcement official, provided that:

- 1) The PHI disclosed is about the suspected perpetrator of the criminal act; and
- 2) The PHI disclosed is limited to the following:
 - a. Name & Address
 - b. Date & place of birth
 - c. Social Security number
 - d. ABO blood type and Rh factor
 - e. Type of Injury
 - f. Date & Time of treatment
 - g. Date & Time of death, if applicable; and
 - h. A description of distinguishing physical characteristics, including height, weight, gender, race, hair & eye color, presence or absence of facial hair (beard or moustache), scars and tattoos.

SECTION

Minimum Necessary Standard

POLICY

It is the CMHC policy to make efforts that shall limit the use, disclosure, and all requests for patient/client Protected Health Information (PHI), to the minimum necessary that is needed in order to accomplish the intended purpose.

PROCEDURE

External Disclosures:

- All PHI must be limited to the information reasonably necessary to accomplish the intended purpose.
- The request must contain the purpose, what should be disclosed, who is requesting the disclosure and how long a time period is granted for the use of PHI.
- The Medical Record Supervisor or the Healthcare Information Specialist may review all requests on an individual basis to verify the validity of the request.
- CMHC shall limit requests for PHI from other facilities or covered entities to that which is reasonably necessary to accomplish the purpose for which the request is made.

Internal Communications:

- Individual identifiable health information is not to be displayed in public areas, on white boards, or rosters in hallways where the public or other patients would have ready access.
- Oral communications in public areas necessary to carry out treatment should be kept to a minimum. CMHC will make every effort to prevent others from intercepting the information.

Employees shall have access to only the minimum necessary PHI that is needed in order to fulfill their duties. All functional job descriptions will include the level of access.

SECTION

**Release of Information
Disclosures to Personal
Representatives**

POLICY

It is the policy of CMHC if a person has the legal authority to act on behalf of a patient/client in making decisions related to healthcare, CMHC shall treat such person as a personal representative with respect to Protected Health Information (PHI) If an executor, administrator, or other person has the legal authority to act on behalf of a deceased patient/client or of the patient/client's estate, CMHC shall treat such person as a personal representative with respect to the patient/client's PHI.

Legal representation may be awarded to Conservator of the Person appointed by a Probate Court, a Durable Power of Attorney for Healthcare Decisions, or a Court Appointed Guardian. If there is no appointed or other legally recognized representative, in certain situations next of kin may be permitted to consent to the disclosure of the patient/client's medical record.

CMHC may decline to treat a person as a personal representative of a patient/client if:

1. CMHC has a reasonable belief that the patient/client may be subjected to domestic violence, abuse, or neglect by such person.
2. Treating such person as the personal representative could endanger the patient/client.
3. CMHC in the exercise or professional judgment, decides that it is not in the best interest of the patient/client to treat the person as the patient/client's personal representative

Procedure for Release of Patient Information to Legal Representatives of Incompetent patient/clients:

1. A properly completed and signed authorization must be submitted in writing. A copy of the Probate Court papers must accompany the request.
2. **Patient information may be released to the legal representative of a deceased patient's estate or next of kin if a legal representative has not been appointed.**

Procedure for Release of Patient Information to Legal Representatives of Deceased Patient/Clients or Next of Kin:

1. A properly completed and signed authorization must be submitted in writing.
2. The legal representative must provide legal documents demonstrating their responsibility for the estate.

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY & PROCEDURE**

SECTION

**Release of Information
Disclosures to Personal Representatives**

3. Proper next of kin identification must be submitted with the request, i.e., birth certificate, marriage license. The Court deems that the next of kin is in the following succession: spouse, adult children, adult parents, adult siblings.

**Procedure for release of Patient Information to Parents of Minors and
Non-Custodial Parents:**

1. A properly signed and dated authorization must be submitted in writing.
2. If the patient is not of legal age (18), the parent or legal guardian may request their PHI unless the patient is considered to be emancipated (through marriage or for another reason), the patient may sign for himself/herself.

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY & PROCEDURE**

SECTION

Uses & Disclosures for Research

POLICY

It is the policy of CMHC to use or disclose Protected Health Information (PHI) for research purposes in full compliance with all applicable state and federal laws and regulations. The confidentiality rights of the patient/client are held in the highest regard by CMHC at all times.

PROCEDURE:

CMHC may use or disclose PHI for research if at least one of the following criteria is met:

- 1 Obtain documentation that an alteration to or waiver, in whole or in part, of the individual authorization has been approved by the Institutional Review Board (IRB)
- 2 Need to obtain from the researcher representations that:
 - a. Use or disclose information solely to review PHI as necessary to prepare a research protocol or for similar purposes preparatory to research
 - b. No PHI is to be removed from CMHC in the course of the review
 - c. The PHI for which use or access is sought is necessary for the research purpose.
- 3 CMHC will obtain from the researcher:
 - a. Representation that the use or disclosure is sought solely for research on the PHI of decedents
 - b. Documentation, at the request of CMHC, of the death of such individuals
 - c. Representation that the PHI for which use or disclosure is sought is necessary for the research purposes

For a use or disclosure to be permitted based on documentation of approval of an alteration or waiver, the documentation must include all of the following:

- 1 A statement identifying the IRB and the date on which the alteration or waiver of authorization was approved
- 2 A statement that the IRB has determined that the alteration or waiver, in whole or in part, of authorization satisfies the following criteria:
 - The use or disclosure of PHI involves no more than minimal risk to the individuals
 - The alteration or waiver will not adversely affect the privacy rights and the welfare of the individual
 - The research could not practicably be conducted without the alteration or waiver.

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY & PROCEDURE**

SECTION

**Uses & Disclosures Required by Law for
Research**

- The research could not practicably be conducted without access to and use of the PHI
- The privacy risks to individuals whose PHI is to be used or disclosed are reasonable in relation to the anticipated benefits, if any, to the individuals and the importance of the knowledge that may reasonably be expected to result from the research
- There is an adequate plan to protect the identifiers from improper use and disclosure
- There is an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers, or such retention is otherwise required by law
- There are adequate written assurances that the PHI will not be reused or disclosed to any other person or entity, for authorized oversight of the research project, or for other research for which the use or disclosure of PHI would be permitted.

A brief description of the PHI needed, describing which use or access has been determined to be necessary by the IRB, will be required.

A statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review procedures, as follows:

An IRB must follow the requirements of the Common Rule, including the normal review procedures (7 CFR 1c. 108(b), 10 CFR 745.108 (b), 14 CFR 1230.108(b), 15 CFR 27.108(b), 16 CFR 1028.108(b), 21 CFR 56.108(b), 22 CFR 225.208(b), 24 CFR 60.108(b), 28 CFR 46.108(b), 32 CFR 219.108(b), 34 CFR 97.108(b), 38 CFR 16.108(b), 40 CFR 26.128(b), 45 CFR 46.108(b), 45 CFR 690.108(b), or 49 CFR 11.108(b)); or, The expedited review procedures (7 CFR 1c. 110, 10 CFR 745.110, 14 CFR 1230.110, 15 CFR 27.110, 16 CFR 1028.110, 21 CFR 56.110, 22 CFR 225.110, 24 CFR 60.110, 28 CFR 46.110, 32 CFR 219.110, 34 CFR 97.110, 38 CFR 16.110, 40 CFR 26.110, 45 CFR 46.110, 45 CFR 690.110, or 49 CFR 11.110); and, the documentation of the alteration or waiver of authorization must be signed by the chair or other member, as designated by the chair of the IRB.

CONNECTICUT MENTAL HEALTH CENTER

Request for Access to Protected Health Information for a Research Purpose

I hereby request to review individual identifiable health records for the following research purpose (please indicate one of the four purposes below):

1. Research project approved by an IRB, with individual subjects' written authorization granted.

- Copy of the IRB approval attached
- Copy of each subject's authorization attached

2. Research project approved by an IRB, with individual subjects' written authorization waived by IRB (MJR1)

- Copy of IRB approval attached
- Copy of Action of IRB/Privacy Board signed by Chair or designated member attached

3. Research project requiring only decedent information. I represent that (researcher must check all)

- The use or disclosure I am requesting is solely for research on the PHI of decedents.
- I understand that I will be required to provide documentation of the death of such individuals, if requested.
- The protected health information I am seeking is necessary for research.

Description of research _____

4. Protected health information is required for activities preparatory to research. I represent that (must check all)

- Use or disclosure is sought solely to review protected health information as necessary to prepare a research protocol or for similar purposes preparatory to research.
- The protected health information for which use or access is sought is necessary to prepare research protocol or other activity preparatory to research
- No protected health information will be removed from CMHC in the course of the review

CONNECTICUT MENTAL HEALTH CENTER
Request for Access to Protected Health Information for a Research Purpose

Description of proposed research _____

Signature of Researcher

Date of Request

Facility and Department

Phone Number

YSM or YSN full-time Faculty

CMHC Attending Physician

Signature of Attesting Individual

Date

Facility & Department

Position

Phone Number

Type of health information to which access is requested (medical records, lab information, etc.) and proposed review site:

- Electronic records, database (s) to be interrogated
- Paper records: site of review (faculty and dept.)
- Imaging studies: site of review (faculty and dept.)
- Other

Please describe your request below if the Medical Record Department or Information Systems Department needs to generate the list for you. Otherwise, please attach the list of the records you are requesting.

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY & PROCEDURE**

SECTION

**De-Identification of Protected Health
Information for
Research & Healthcare Operations**

POLICY

It is the policy of CMHC to de-identify Protected Health Information (PHI) as warranted by the request for disclosure.

PROCEDURE

CMHC shall determine that health information is not individually identifiable only if:

1. A person with appropriate knowledge of, and experience with generally accepted statistical and scientific principles, determines that the risk is very small that the information could be identifiable and documents the methods and results of the analysis that justify such determinations; or
2. The information identifiers of the patient/client or relatives, employers or household members of the patient/client, are removed.

The identifiers include:

- a. Names;
 - b. All geographic subdivisions including address and zip code;
 - c. All dates, except year, including birth date, admission date, discharge date, date of death;
 - d. Telephone numbers;
 - e. Fax numbers;
 - f. Electronic mail addresses;
 - g. Social Security numbers;
 - h. Medical record numbers;
 - i. Health plan beneficiary numbers;
 - j. Account numbers;
 - k. Certificate/license numbers;
 - l. Vehicle identifiers and serial numbers, including license plate numbers;
 - m. Device identifiers and serial numbers;
 - n. Web Universal Resource Locators (URL's)
 - o. Internet Protocol (IP) address numbers;
 - p. Biometric identifiers, including finger and voice prints;
 - q. Full face photographic images and comparable images;
 - r. Any other unique identifying number, characteristic, or code; and,
3. There is no actual knowledge that the information could be used alone or in combination with other information to identify a patient/client who is a subject of the information.

CMHC may assign a code or other means of record identification to allow information de-identified under this section to be re-identified by CMHC provided that:

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY & PROCEDURE**

SECTION

**De-Identification of Protected Health
Information for
Research & Healthcare Operations**

- The code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual; and,
- CMHC will not use or disclose the code or other means of record identification for any other purpose, and do not disclose the mechanism for re-identification.

CMHC shall assign an individual responsible for determining that the information that is finally released, complies with all aspects of this policy.

CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY & PROCEDURE

SECTION

Limited Data Set

POLICY

It is the policy of CMHC to utilize a Limited Data Set (LDS), whenever possible, while performing research and healthcare operation activities. The LDS will not contain any of the direct identifiers of the individual, relatives, employers, or household members Protected Health Information (PHI) as indicated in the items listed below.

- Names
- Postal address information, other than town or city, state, and zip code
- Telephone number
- Fax numbers
- Electronic mail addresses
- Social Security numbers
- Medical Record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate and/or license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometrics identifiers, including finger and voice prints; or
- Full-face photographic images and comparable images

**CONNECTICUT MENTAL HEALTH CENTER
MEDICAL RECORD POLICY & PROCEDURE**

When utilizing patient records (electronic or physical) for review of healthcare operations or research, CMHC may attempt to use de-identified information where possible. If this is not practical, then CMHC will use a LDS. If an LDS cannot be used and the project is a research project, the project should be performed under an Institutional Review Board. If a LDS cannot be used and the project is a review of healthcare operations, then the full patient record can be used, but solely for the purpose of the review.