



<b>VOLUME 1: GOVERNANCE AND ADMINISTRATION</b>	Effective Date: 05/2009
<b>CHAPTER 26</b>	Revision Date: 08/2015
<b>1.26.2 RELEASE OF HEALTH INFORMATION: FAMILY OR FRIEND ACCESS PROCEDURE</b>	Attachments: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**I. PROCEDURE OVERVIEW**

This procedure provides requirements for obtaining authorization for release of health information, processing written and verbal requests for information (both with and without authorization on file), and distributing and displaying the Patient Fact Sheet.

**II. PROCEDURE**

**A. Obtaining Authorization for Release of Health Information**

1. The patient's written authorization is required for any release of health care information including release to a family member or friend, as permitted by law. The Chief Executive Officer (CEO) or designee at each institution is required to create a Local Operating Procedure (LOP) which shall designate who has oversight and describe how the institution will comply with each element of the policy and procedure. The LOP shall designate personnel and back-up personnel to check the Release of Information (ROI) Access Line at least once daily during normal business hours, respond to callers, communicate with Health Information Management (HIM) staff, and maintain the ROI Tracking Log and ROI Contact Sheets.
2. The CEO or designee shall work with the Warden to establish a dedicated telephone ROI Access Line or extension at each institution for the use of an authorized family member, friend, or legal representative to request information about significant changes in a patient's health care condition or status.

**B. Processing Written and Verbal Requests For Information**

1. All written requests for confidential patient health care information shall be referred to the HIM Supervisor or designee.
2. Verbal or telephone requests for health care information shall be referred to the ROI Access Line. The ROI Access Line recorded message will inform callers that the purpose of the ROI Access Line is for requests regarding significant changes in a patient's health care condition or status, and that health care information will only be released to the family member, friend, or legal representative who is authorized as the recipient by the patient on a California Department of Corrections and Rehabilitation (CDCR) 7385, Authorization for Release of Protected Health Information. The ROI Access Line recorded message shall request the name of the caller, mailing address, relationship to the patient, telephone number where they can be reached during regular business hours, patient's full name, CDCR identification number, date of birth, and a brief description of the health care request.
  - a. The CEO or designee is responsible for managing the ROI Access Line and ROI process. The CEO or designee shall retrieve ROI Access Line messages at least once daily on business days.

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

- b. The CEO or designee shall maintain an ROI Tracking Log and create an ROI Tracking Log Report which shows compliance with record keeping and timelines. The ROI Tracking Log Report is to be submitted on a quarterly basis to the Regional Health Care Executive.
- c. The CEO or designee, on each business day, shall work with the HIM Supervisor or designee to verify that requestors have authorization to receive health care information.

## **C. Request For Information Without Authorization On File**

1. If an ROI Access Line request to obtain information on significant changes in a patient's health care condition is received and there is no authorization on file for the requesting person, the CEO or designee shall record this in the ROI Tracking Log.
2. The CEO or designee shall notify the requestor to contact the patient to ask the patient to complete a CDCR 7385 to authorize release of information to the requesting person. The first attempted contact to the requesting person shall be completed by the end of the fifth business day. Contact information will be entered into the ROI Tracking Log.
3. If the CEO or designee cannot reach the requesting person by phone after two attempts, a letter shall be sent conveying the above information if the address of the caller is provided on the Access Line. The date and sender shall be noted on the ROI Tracking Log.
4. If a caller without authorization to receive information is asking about an emergency involving a patient, the call shall be logged in the ROI Tracking Log and the ROI Contact Sheet given to either the CEO or designee or the appropriate Clinical Chief (Chief Medical Executive, Chief of Mental Health, or Supervising Dentist) or designee for management and documentation. The ROI Contact Sheet shall be returned to the CEO or designee to record in the ROI Tracking Log.

## **D. Request For Information With Authorization On File**

1. If there is a signed authorization for the requesting person, the CEO or designee shall forward the ROI Contact Sheet to the appropriate Clinical Chief or designee who will access the health record (including a current CDCR 7385 or copy) and make a first attempt to return the call to the requesting person by the end of the fifth business day. The Clinical Chief or designee shall document the discussion in the health record. The responsible Clinical Chief or designee shall return the completed ROI Contact Sheet to the CEO or designee who will complete the ROI Tracking Log.
2. When verbally releasing health care information, the Clinical Chief or designee who is responsible for the release shall ensure that only the specific health care information that the patient has authorized to be released is given. The verbal discussion regarding patient health care information shall be documented in the health record. No information regarding visiting or the patient's location may be disclosed by any health care staff.
3. The decision to disclose patient identifiable, health related information shall be in compliance with applicable federal laws and requirements, state statutes and regulations, and California Correctional Health Care Services policies and

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

procedures. The Clinical Chief or designee shall make a reasonable attempt to verify the identity of the recipient prior to releasing any health care information.

## **E. Distribution and Display of the Patient Fact Sheet**

The Patient Fact Sheet, which provides information on the opportunity to complete the CDCR 7385, shall be distributed by health care staff to all patients during admission to any CDCR health care setting, including Outpatient Housing Unit, Skilled Nursing Facility, Correctional Treatment Center, or Hospice. The Patient Fact Sheet shall be available in all of the above areas as well as the law library. Additional locations for distributing these documents may be designated by either the CEO or designee or the Warden.

## **III. ATTACHMENTS**

- Attachment A: Patient Fact Sheet, CDCR 7385, Authorization for Release of Protected Health Information

## **IV. REFERENCES**

- California Code of Regulations, Title 22, Section 79803, Health Records Services, and Section 79807, Inmate-Patient Health Record Availability
- Health Insurance Portability and Accountability Act
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 9, Article 7, Sections 91070.8 through 91070.8.9
- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 1, Article 13, Section 13010.11, Authorized Release of Information

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

## Attachment A Patient Fact Sheet

### CDCR 7385, Authorization for Release of Protected Health Information

<b>WHAT</b>	<ul style="list-style-type: none"><li>• You have the option to have your health information shared with people and organizations of your choice. You have the right to select the type of health information that is shared.</li><li>• By completing a California Department of Corrections and Rehabilitation (CDCR) 7385, you can authorize health care staff to share your selected health care information with people or organizations which you specify. You may choose one family member or friend and a legal representative to receive verbal health care information regarding significant changes in your condition.</li><li>• If you choose not to complete a CDCR 7385, your health information WILL NOT be released to your family or representative.</li></ul>
<b>WHEN</b>	<ul style="list-style-type: none"><li>• You will receive information on how to complete a CDCR 7385 upon admission to a health care housing setting, such as a Correctional Treatment Center (CTC), Outpatient Housing Unit (OHU), or hospice.</li><li>• You may change or cancel your CDCR 7385 at anytime.</li></ul>
<b>WHERE</b>	<ul style="list-style-type: none"><li>• Request a CDCR 7385 from your institution medical records or from staff at any CDCR medical clinic, CTC, OHU, or hospice.</li></ul>
<b>NEED HELP?</b>	<ul style="list-style-type: none"><li>• Request assistance from health care staff or health records personnel.</li></ul>