



<b>VOLUME 1: GOVERNANCE AND ADMINISTRATION</b>	Effective Date: 05/2009
<b>CHAPTER 26</b>	Revision Date: 08/2015
<b>1.26.1 RELEASE OF HEALTH INFORMATION: FAMILY OR FRIEND ACCESS POLICY</b>	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**I. POLICY**

Patients may authorize the release of their health care information. The California Department of Corrections and Rehabilitation (CDCR) 7385, Authorization for Release of Protected Health Information, documents a patient’s desires regarding the release of such information.

If a patient wishes and consents, a family member or friend may request and receive an update when there is a significant change in a patient’s health condition. A patient is limited to one authorized family or friend to be the recipient of health care information regarding significant changes in the patient’s condition. An additional authorization of a legal representative to receive verbal information will be honored.

To authorize the release of health care information, the patient must complete a CDCR 7385. This form, along with instructions on how to complete it, can be obtained by the patient’s written request to Health Information Management (HIM). A CDCR 7385 and instructions can also be obtained in the medical clinics and in health care settings.

Any CDCR 7385 authorization can be updated, changed, or revoked by written request of the patient at any time. A CDCR 7385 will remain in force until its expiration date or until notice is received by HIM that it is revoked, at which time it will be removed from the health record. Revocation requests shall be promptly forwarded to HIM.

Upon admission to a health care housing setting such as a Correctional Treatment Center, Outpatient Housing Unit, Skilled Nursing Facility, or Hospice, patients shall be given the Patient Fact Sheet which informs them of the opportunity to complete a CDCR 7385. Patients may also elect to complete a CDCR 7385 during Primary Care Provider encounters. The CDCR 7385, instructions, and Patient Fact Sheet shall be available in these areas.

A patient’s (or their personal representative’s) authorization is considered valid if it contains at least the following elements:

1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
2. The name or other specific identification of the persons(s) authorized to make the requested use or disclosure.
3. The name or other specific identification of the person(s) to whom California Correctional Health Care Services (CCHCS) may make the requested use or disclosure.
4. A description of each purpose of the requested use or disclosure and the specific uses and limitations on the use of the health information by the persons or entities authorized to receive it. The statement “at the request of the individual” is a sufficient description of the

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purpose when a patient initiates the authorization and does not, or elects not to, provide a statement of the purpose.

5. An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure after which disclosure is no longer authorized.
6. Signature which serves no other purpose than to execute the document and date. If the authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the individual must also be provided.
7. A statement that the patient has the right to revoke the authorization in writing and a description of how the individual may revoke the authorization.
8. A statement that CCHCS may not condition treatment on whether the patient signs the authorization.
9. A statement concerning the potential for the information disclosed to be subject to redisclosure by the recipient and no longer protected by state and/or federal law.
10. A statement advising the patient of their right to receive a copy of the authorization.
11. The authorization must be in writing in at least 14 point type and must be clearly separate from any other language present in the same document.

The CDCR 7385 satisfies the above requirements and should be used for disclosures pursuant to patient authorization. Other Release of Information (ROI) Authorization forms may be accepted if they conform to all of the requirements in this policy.

An authorization is considered defective and invalid if any material information in the authorization is known to be false by CCHCS, CDCR or its employees, or if any of the following defects exists:

1. The expiration date has passed.
2. The authorization has not been filled out completely or lacks a required element.
3. The authorization is known to have been revoked.

## II. PURPOSE

To inform patients that they may authorize the release of their health care information; to establish a process for a family member, friend, or legal representative to request verbal information regarding significant changes in a patient's health care condition or status; and to specify the institution's responsibilities in the process of authorization and release of health care information to a family member, friend, or legal representative.

## III. RESPONSIBILITIES

- A. The Chief Executive Officer or designee has overall responsibility to create a Local Operating Procedure for implementing and sustaining this policy in the institution. 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 the authorized family member, friend, or legal representative to obtain health care information about significant changes in the patient's condition or status. The CEO or designee is responsible for managing the ROI Access Line requests for release of health care information and for tracking and reporting.
- B. The HIM supervisor or designee, under the authority of the CEO or designee, is responsible for reviewing and processing all written requests for release of health information. The

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HIM supervisor is responsible for ensuring that requests for patient health information from a family member, friend, or legal representative are accompanied by a CDCR 7385, or that a valid "Release of Information" authorization for the requesting party is on file.

- C. The appropriate Clinical Chief (Chief Medical Executive, Chief of Mental Health, or Supervising Dentist) or designee is responsible for releasing verbal health care information regarding significant changes in a patient's condition to the authorized family member, friend, or legal representative, as permitted by law.

## 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, Inmate Medical Services Policies and Procedures, Volume 6, Health Information Management