

# CHAPTER 41

## Release of Health Information: Mental Health

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### I. POLICY

Health Record Services (HRS) shall provide written evidence that confidential patient mental health information has been disclosed within the statutory requirements since it is afforded special confidentiality protections. Disclosure of patient identifiable information shall be upon a properly executed patient authorization, which is written, dated, and signed. If the requested information specifically relates to the patient's participation in outpatient treatment with a psychotherapist, and the release is otherwise permitted by law, a written request must be received.

Each authorization to release mental health information to the patient shall be approved or denied by the mental health professional. Each denial shall be documented in the patient's unit health record (UHR) reflecting the reasons for denial. A separate written authorization shall be required for EACH disclosure of patient-related mental health information. Compliance with the request and release of information shall be recorded. Each patient authorization to disclose information shall be promptly incorporated into the patient's UHR.

### II. PROCEDURE

A. For all requests for release of mental health information received by mail or executed in person, health records staff shall:

1. Ensure that the "Authorization for Release of Health Care Record" meets the following basic requirements:
  - a. Full name (first, middle, last), birth date, and CDC number of the patient.
  - b. Name of the physician or institution that is to release the information.
  - c. Name and address of the person or organization to whom the information is to be released.
  - d. Specific information to be released such as, "psychiatric diagnosis and treatment provided between 1993 and 1994."
  - e. Purpose for which it is to be released, and any limitations on use of the information.
  - f. Date on which the authorization expires.
  - g. Signature of the patient, or the patient's representative.
  - h. Signature of a competent adult witness which includes:
    1. Full name (first, middle, and last).
    2. Title or classification.
    3. Date.

2. Make sure the patient has not crossed out the words "mental health".

B. Process requests according to the policy: "Release of Patient Identifiable Information". If the request is from the patient:

2. Health record staff shall forward the request to the mental health professional for approval.
  3. The mental health professional shall:
    - a. Write the word "approved" or "disapproved" to release mental health information on the form.
    - b. Indicate and document reasons for disapproval of the disclosure.
    - c. Document any restrictions on the release of information and the rationale.
    - d. Date and sign the approval/disapproval using the full name (first, middle, and last).
    - e. Record title classification (degree).
    - f. Return the form to HRS.
  4. Health record staff shall notify the patient in writing of any physician denial, or process the approved request according to the policy: "Release of Health Information: Patient Access".
- C. If the request is for information specifically related to the patient's participation in outpatient treatment with a psychotherapist, and the requestor is normally permitted by law to receive such information, health record staff shall perform the following:
1. Check to see if a written request is included which contains the following elements:
    - a. The specific information relating to a patient's participation in outpatient treatment with a psychotherapist being requested and its specific intended use or uses.
    - b. The length of time during which the information will be kept before being destroyed or disposed of. A person or entity may extend that timeframe, provided that the person or entity notifies the provider, plan, or contractor of the extension. Any notification of an extension shall include the specific reason for the extension, the intended use or uses of the information during the extended time, and the expected date of the destruction of the information.
    - c. A statement that the information will not be used for any purpose other than its intended use.
    - d. A statement that the person or entity requesting the information will destroy the information and all copies in the person's or entity's possession or control, will cause it to be destroyed, or will return the information and all copies of it before or immediately after the length of time specified in (b) above has expired.

2. If a valid written request has not been received, health record staff shall contact the requestor, and inform them that a written request containing the elements outlined in (1) above must be received prior to the release of information.