

Policy and Procedures

Title: Release of Information

Date issued / last revision: December 7, 2004

Date effective: Immediately

Release of Information

Statement:

Cooperstown Medical Transport, Inc. (CMT) is committed to upholding the confidentiality of records and other pertinent data relevant to all patients, company files, and information.

Purpose:

This policy is to protect our patient's rights to privacy and confidentiality.

Scope:

This policy applies to all CMT employees, student interns and observers.

Policy:

1. Releases of information that do **not** require prior authorization:
 - a. For treatment purposes
 - b. For payment purposes
 - c. For healthcare operation purposes
 - d. As required by law
 - i. This category of release does not require prior authorization but **must** be tracked for accounting purposes.
 - ii. Document this release of information on the PCR and if necessary, on an *Incident Report* form.
2. For further information, refer too:
 - a. *Privacy Notice*
 - b. *Confidentiality / Privacy*
3. All requests for release of protected health information (PHI), that requires prior authorization, must be coordinated with the Accounts Manager and/or the CQI Administrator.
 - a. CMT's designated Privacy Officer(s) under HIPAA regulations
4. All requests for release of PHI information, that requires authorization, must be on a CMT approved form (*Authorization to Disclose Protected Health Information*).
 - a. The form must be the original
 - b. The form must state:
 - i. Patient information
 - ii. Purpose of the release
 - iii. Service date information
 - iv. What specific PHI is being requested
 - v. Expiration of the release authorization
 - vi. Who to release PHI to
 - vii. Where to send the PHI information

- c. The patient or the patient's legal representative must sign and date the form.
 - i. The patient's legal representative must provide proof of legal authority to act on the patient's behalf.
5. Once an *Authorization to Disclose PHI* form is received:
 - a. Verify patient information
 - b. Verify the authority of the person making the request
 - c. Determine if the form is HIPAA compliant
 - d. Approve or deny the request for release of information within thirty (30) days of receipt:
 - i. If approved:
 - A. Send out the information as stated on the request
 - B. Within our database, on the HIPAA screen under "modify customer." Select type "authorization by customer." Select "granted." Fill in the narrative boxes.
 - C. Scan the form into our database
 - D. Attach the original form to the original PCR
 - ii. If denied:
 - A. Within our database, on the HIPAA screen under "modify customer." Select type "authorization by customer." Select "denied." Fill in the narrative boxes.
 - B. Scan the letter of denial into our database.
 - C. Send out the letter of denial explaining why the request was not completed
6. A patient does have the right to access, copy and/or inspect their original PHI.
 - a. Must be during normal business hours
 - b. An *Authorization to Disclose PHI* form must be completed
 - c. The same procedure for release of information, as outlined above, will be followed.
7. A patient does have the right to restrict the release of their PHI.
 - a. An *Authorization to Disclose PHI* form must be completed
 - b. The same procedure for release of information, as outlined above, will be followed, *and*:
 - i. If a restriction is approved, a letter agreeing to the restriction will be sent to the patient.
8. A patient has the right to an accounting of releases of PHI.
 - a. The first request made within a 12-month period is provided at no charge.
 - b. Any additional requests made within a 12-month period can result in a nominal fee being charged.
9. A patient does have the right to request an amendment to their PHI.
10. Any breach of confidentiality can result in administrative and/or legal action.