

## **POLICY**

Clients may want-or need-from time to time to have information concerning their work with us to be provided to other parties or entities. We may deem it important or the purpose of our assessment or service planning to be able to share or obtain information with others concerning the client. Neither of these things can happen without specific written authorization from the client or an appropriate legal guardian or representative if the client is a minor or otherwise incapacitated. Whenever such an authorization occurs, the client is giving up an important right to the privacy of their information and it is therefore important for those of us assisting the client to be scrupulous in making sure the client fully understands what they are doing and the documentation meets all legal requirements. For those reasons we have established the following protocols which must be followed whenever we, as part of our service relationship, participate in the authorized release of client information. These are hard rules and must be followed in all circumstances.

## **PRACTICE PROTOCOLS**

### **RULE 1: AUTHORIZATION IN WRITING ON APPROVED FORM**

Authorization to release information must be in writing and on an approved form. If we are working with the client concerning the release of information that means the Family Resources approved form attached to this procedure is the only acceptable form. If a request for release comes from an outside source accompanied by a different release form, any question concerning whether or not it meets criteria must be resolved through CQI or the legal office.

### **RULE 2: ONE RELEASE FOR EACH POTENTIAL RECIPIENT OR SOURCE OF INFORMATION**

We may be releasing or exchanging information with multiple sources during our work with a client. An individual release must be executed for every source.

### **RULE 3: INDIVIDUALLY IDENTIFY RECIPIENT**

Identification of the recipient of information must be specific to the person or the position within an organization to whom the information is to be provided. A release to an organization or agency (like, for example, the Department of Human Services) without identifying the person or position within that department to whom the information is to be given is too broad and unacceptable.

### **RULE 4: SET APPROPRIATE EXPIRATION DATE**

All release authorizations must be time limited—they must have an expiration date. This date must be set according to the use for which the exchange of information is needed. Is it a one time release,

or is it a release which needs to be continuing in nature related to the services being provided? Use the following benchmarks to determine the expiration date:

- ✓ Any one time release of information must be set to expire **no later than 90 days** from the date it is executed.
- ✓ A continuing release may be used for an ongoing case where there will be more than one release or exchange of information. Such a release must be set to expire at a date when it is contemplated the need will end but **no later than one year** from the date the release is signed. If the need continues, obtain a new release after the original expiration date.

### **RULE 5: DESCRIPTIONS MUST BE SPECIFIC**

The form requires a description of the information to be released and the reason for its release. If either of those are something other than one of the ‘check box’ options, the descriptions written in must be specific and not general. For example: ‘To assist school with IEP’ is sufficient. ‘School’ or ‘IEP’ is not.

### **RULE 6: MENTAL HEALTH, HIV, SUBSTANCE ABUSE**

If the release involves information relating to mental health, HIV or substance abuse diagnosis or treatment, the appropriate box must be checked and authorization separately signed.

### **RULE 7: EXPLAIN!**

It is your responsibility when working with a client or their representative to make sure they understand their rights and the meaning of the document before they sign. You must be satisfied that any release is ‘knowing and voluntary’. When the client is a child of sufficient age to have an understanding of the concepts involved, they should be involved in the process.

### **RULE 8: DOCUMENT ALL RELEASES**

Obviously, the signed form is to be placed in the client’s file but, beyond that, all instances of actual release of information must be documented. The documentation should identify to whom the information was released, the exact content of the information released, and the date of its release. This can be done in a case note if it involves a verbal release, or some other documentation, such as a cover letter or e mail if written information is provided.

### **PROTOCOL FOR COMPLETING THE RELEASE FORM**

The form must be complete and legible. All fields on the release form must be completed **PRIOR** to the client or legal representative signing the form. Follow these instructions when completing the corresponding sections of the release form with a client, keeping in mind the **RULES** in the preceding section:

**Subject: Authorized Release of Client  
Information-Documentation**

**October 1, 2010**

**Section ①**

Name – list the complete name of the client; include middle initial or name when possible

Date of Birth – list the complete date of birth

Social Security Number (SSN) – list the complete SSN

*NOTE: Having at least one identifier in addition to the individual's name is critical for the individual/agency releasing the information to accurately identify the individual. When DOB and SSN are known both should be listed on the release form.*

**Section ②**

If the individual is authorizing FRI to release information, check the applicable box. Identify the Person (example: Joe Smith) or Position (example: Targeted Case Manager) to whom FRI is authorized to release the information. Identify the Agency/Organization to which FRI is authorized to release the information – this will not always be applicable (for instance, if you are releasing information to a family member of the individual) but if it is applicable this field must be completed.

If the individual is authorizing another individual or organization/agency to release information to FRI, check the applicable box. Identify the FRI person/position to whom the other individual/organization/agency is authorized to release the information.

**Section ③**

Reviewing the information in this paragraph with the client is a way to insure he/she understands their rights and the meaning of the document.

**Section ④**

Statement of Purpose for Release or Exchange of Information – list all options that apply but select ONLY those that do apply. Do NOT, as a matter of routine, select all of the available options. Be specific when identifying “other”.

**Section ⑤**

Information subject to release/exchange – list all options that apply but select ONLY those that do apply. Do NOT, as a matter of routine, select all of the available options. Be specific when identifying “other”.

**Section ⑥**

Release of HIV/AIDS, Substance Abuse, or Mental Health information – release of this information must be specifically authorized. Check the applicable box(es) and insure the individual signs next to each selected category.

**Section ⑦**

Timeframe:

Document the number of days for which the release will be valid.

Document the month/day/year on which the release expires.

**Section ⑧**

If the client requests to revoke the release he/she must document the month/day/year on which they are revoking and sign.

**Section ⑨**

Client signature – legal adults who do not have legal guardians

Legal Representative Signature – the legal representative (parent, guardian) must sign for minors and adults who are assigned a legal representative. *NOTE: you must insure that you understand the legal situation of the client and that the individual with the legal authority to authorize release/exchange of information is the individual who signs the release*

Date – the date on which the release is being signed

Witness - It is best practice to an individual who witnessed the client or legal representative signing the release to sign as a witness. If the client or legal rep. is signing in your presence, sign as the witness.



①

AUTHORIZATION TO RELEASE OR EXCHANGE INFORMATION

The undersigned does hereby grant permission for the following indicated release and/or exchange of information relating to:
NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

②

Check Applicable Option(s)

Form with two columns of checkboxes for releasing information to Family Resources or another person/organization.

By signing this document, I acknowledge I understand that the release or exchange of information may be verbal, written, or by reproduction of written materials, any of them being an acceptable method.

My rights concerning this release of information have been explained to me as follows:

③

- I may inspect the actual material disclosed or discussed by making a request with the originator of the material.
This authorization may be revoked at any time by signing the revocation statement in this document.
A copy of this release shall accompany all disclosed information and shall be included in records so as to identify the material disclosed.

Statement of Purpose for Release or Exchange of Information

The purpose or need for this release or exchange of information is:
Assessment Service Planning Service Coordination Discharge/Aftercare Planning
Other (specify): \_\_\_\_\_

The information subject to this release or exchange is as follows:
Social/Family History and other background and history information
Medical History
Opinions
Progress Reports or Summaries
Other:
\*Release of the following information must be specifically authorized by separate signature below:
Information relating to HIV/AIDS:
Substance Abuse Information:
Mental Health Information:

⑦

This release is valid for \_\_\_\_\_ days. This release expires on \_\_\_\_\_ (Month/Day/Year)

REVOCATION

I hereby revoke this authorization on this date: \_\_\_\_\_ Signature: \_\_\_\_\_

I acknowledge that I have read and understand this document, that it was not signed in blank, and that, if I am signing as legal representative of a minor who is not legally competent that I am in fact the duly authorized representative of that person.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_
Legal Representative \_\_\_\_\_ Witness \_\_\_\_\_

\*Notice to person or agency receiving information: Mental health or substance abuse information disclosed pursuant to this written authorization by the client or client's legal representative is protected by state and federal law.