

CFP TECHNICAL ASSISTANCE BULLETIN



HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION AND CONFIDENTIAL HIV-RELATED INFORMATION



(#DOH - 2557)

15A - 05 OCTOBER 2005

GENERAL QUESTIONS

Why was the release form revised?

Form #DOH-2557 is intended to encourage multiple providers to discuss a single individual's care among and between them to facilitate coordinated and comprehensive treatment. This new form replaces all previous versions of release forms, including the single release (#DOH-2557-HIPAA) and "six-box" case-conferencing forms (#DOH-3507). This and other forms can be downloaded from the DOH web site: www.health.state.ny.us/diseases/aids/forms/.

Can providers continue to use old release forms?

Release forms completed before June 1, 2005 may continue to be used until the specified end date. All new authorizations must be made using Form #DOH-2557.

How and when should this form be used?

Form #DOH-2557 permits individuals to use a single form for the release of general medical and/or HIV-related information to multiple providers, and allows those providers to share specified information among and between them. This form should be used when a primary care (or other) provider refers an individual to a medical specialist, case manager or other provider, and sharing information between them is essential to delivering quality care.

Providers do not need an HIV release to receive information from a client or other provider. Release forms are also not necessary for a

provider to release or receive non-medical or non-HIV information about a client.

Should clients have to sign more than one release form if they are seeing more than one provider?

Yes, in certain situations. It may not always be possible or practical to list all providers on a single form. As additional providers become involved in a client's care over time, new forms will need to be completed to include them. Some providers may only have limited participation in a client's care and may not need to case conference with others, so a release form could be completed solely for their involvement.

Can photocopies/faxes of release forms be accepted?

Yes, unless there is some reason to suspect that the copy or fax of a release is false or inaccurate, a provider, acting in good faith, may release HIV information based upon a photocopy or a fax of an executed release.

How should this form be printed?

This form should be printed "2-sided" (i.e. front & back). If extra pages (3, 4, 5) are used to include additional providers, they should also be printed "2-sided" and stapled together to prevent separation.

How does one ensure the client understands the form?

If a provider suspects a client has a low literacy level and/or does not understand the language used on the form, it should be reviewed with the client and/or translated. Providers should explain

the purpose of the form and ask if the client has any questions.

A Spanish version of this form is available at: www.health.state.ny.us/diseases/aids/forms/.

Can information released using this form be redisclosed?

No. State law prohibits redisclosure without specific written consent. Unauthorized redisclosure may result in a fine, jail sentence or both. HIV-related information provided pursuant to a release must be accompanied by the appropriate re-disclosure language from Public Health Law Article 27-F-§2782 6.(a) citing limitations and penalties. The recipient of HIV-related information becomes bound by and is required to comply with confidentiality requirements of Article 27-F in handling or re-disclosing that information to anyone else.

Sample redisclosure language could include:

“This information has been disclosed to you from confidential records which are protected by State law. State law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of State law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient for further disclosure.”

Can this form be used for individuals receiving drug or alcohol treatment?

Yes, as long as a notice prohibiting redisclosure of information concerning alcohol or drugs accompanies the form. OASAS form TRS-1 contains sample disclosure language and can be downloaded on the OASAS website:

www.oasas.state.ny.us/mis/forms/trs/trs-1eng.pdf.

COMPLETING THE FORM - Page 1: Allows the client to specify the following:

➤ ***I consent to disclosure of:***

a. My HIV-related information,

b. Both (non-HIV medical and HIV-related medical information)

c. My non-HIV medical information

Clients should be encouraged to select the box marked “Both,” as this will facilitate comprehensive medical care.

There may be circumstances in which an individual or provider only wants to release non-HIV medical information (choice “c” above). Rather than using this HIV-specific form, another approved HIPAA-compliant general medical release form may be used.

➤ ***Name and address of facility/person disclosing the HIV-related and/or medical information:***

This refers to the facility/person that is going to be releasing information about the client, which is likely to be the facility/person completing the form. It is best practice to name a specific individual or position within the facility.

➤ ***Name of person whose information will be released:***

This is usually the client, but may be a collateral (partner or other family member) or child depending on the circumstances.

➤ ***Name and address of person signing this form, if other than above; Relationship to person whose information will be released:***

When a client is unable to complete the form, this section should include a legal guardian, parent, health care proxy or other caregiver designated to provide consent on the client’s behalf in accordance with State Law.

➤ ***Describe information to be released:***

The description should be as specific as possible. For example, case managers may wish to release assessments, treatment plans, progress notes and other related information.

➤ ***Reason for release of information:***

The reason should be as specific as possible. For example, case managers may need to release information for coordination of case management services.

➤ ***Time period during which release of information is authorized:***

Time frames should be specific and limited, and must be included for the form to be considered complete and valid. Best practice is to use a one-year expiration from the date the form is created and signed by the client (e.g. 10/15/05 – 10/15/06), but could also include a specified period or condition for non-repeating tasks or time-limited situations (e.g. “Until my son/daughter reaches the age of...” or “Until housing benefits are attained”).

➤ ***Disclosures cannot be revoked, once made. Additional exceptions to the right to revoke consent, if any:***

This explains a client’s right to revoke authorization. If no other exceptions to the right to revoke consent exist, “Not Applicable” or “None” could be written here.

➤ ***Description of the consequences, if any, of failing to consent to disclosure upon treatment, payment, enrollment, or eligibility for benefits:***

This section is intended to provide notice to the individual that refusal to sign the authorization may impact the provision of care. This is important when failure to release information may impact access to services, payment, eligibility for housing or other entitlements, enrollment in clinical trials or research protocols, etc.

Examples of responses could include: “No consequences,” “Not applicable,” “Information is required to access housing benefits,” “Information is required for the coordination of care and services,” or “Information is required to participate in clinical trials and access free medications.”

➤ ***All facilities/persons listed on pages 1, 2 (and 3 if used) of this form may share information among and between themselves for the purpose of providing medical care and services. Please sign below to authorize:***

If communication among providers is intended, the client must sign and date this section. This allows for case conferencing between multiple providers.

COMPLETING THE FORM – Page 2 (3, 4, 5): Allows the client to specify the individual(s) or organization(s) to whom the information is being released.

➤ ***Name and address of facility/person to be given general medical and/or HIV-related information:***

The form can be used to list as many providers as the client wishes, attaching additional pages (3, 4, 5) as necessary. Best practice is to name a specific individual or position within the facility, rather than granting the entire facility full access to a client’s personal information. Unused sections should be crossed out.

Additional providers should never be included after the release form has been signed and dated by the client. New forms should be created and reviewed with the client as additional providers are identified.

➤ ***Reason for release, if other than stated on page 1***

This section should only be completed if different from the reason stated on Page 1.

➤ ***If information to be released is limited...***

This may only pertain in instances regarding time frames, such as a single event with no future communication planned.

➤ ***Client Signature and Date***

This form is incomplete until the client has signed and dated it here, authorizing that he or she has reviewed and understood the form. If additional pages (3, 4, 5) are used, the client must sign and date the bottom of each page. The date should be consistent on all pages. Once it has been signed and dated, the form should not be changed in any way.