PURPOSE: To obtain/disclose patient health information (PHI) from/to other DMHAS treatment facilities when the requesting DMHAS facility cannot obtain written authorization from the patient when the patient is receiving active treatment at the requesting facility.

SCOPE: All Clinical Staff, HIM, and Unit Clerks

POLICY:

Patient medical records may be disclosed to any DMHAS treatment facility to which the patient is admitted for diagnosis or treatment if Whiting Forensic Hospital (WFH), in possession of the records, determines that the disclosure or transmission is needed to accomplish the objectives of diagnosis or treatment, in accordance with CGS 52-146f(1).

PROCEDURE:

1. Disclosure Procedure:
   A. Information is requested by the DMHAS treatment facility via telephone or written request.
      1. Verify that the patient is currently receiving treatment from the requesting DMHAS treatment facility.
      2. Search for the patient in the DMHAS Patient Information Computer System. Select the episode information to insure that the patient has been registered at the requesting facility.
B. A signed consent form signed by the patient is NOT necessary when information has been identified by the requesting facility as needed to accomplish the objectives of diagnosis or treatment.

1. The requesting treatment facility is asked to fax to WFH a written request for the information stating it is needed for diagnostic and/or treatment purposes.

C. Information may be faxed if such information is identified as required immediately by the requesting facility. Other alternative forms of transmittal include:

1. Faxing key documents and mail the remainder of the documentation
2. Faxing key documents and utilizing an overnight mail service, such as Federal Express, for the remainder of the documentation
3. Fax transmittal should contain only key documents such as the:
   a. Admission Psychiatric Evaluation
   b. Psychological Assessment
   c. Psychosocial History and Assessment
   d. Discharge Summary

D. The patient shall be informed that the communications or records will be disclosed.

Requests for Information from other DMHAS treatment facilities by WFH

A. A member of the treatment team contacts the other DMHAS facility to request the clinical record/information.

1. If the DMHAS facility indicates that they will not disclose this information without the written authorization signed by the patient, the Director of Health Information Management is contacted immediately.

2. The Director of HIM will contact the HIM Director of the treatment facility to obtain the requested documentation.