

Policy Name:	Release of Information
Date Modified:	7/2015
Date Approved:	7/2015

## Release of Information Policy

### Policy:

- a. Use the Authorization for Release of Information form whenever any information is to be released about the content of sessions or files.
  - i. A form received from another agency can be substituted if it is found to be equivalent and we can confirm that the client properly signed it.
- b. CAPS may disclose PHI to third parties only if authorized by the client or the client's legal representative or if other exceptions apply under applicable the Florida law or regulations.
- c. If the student agrees to sign the release form, he/she has the right to limit the type of information that is released.
- d. The student also has the right to revoke the ROI form at any time by making such a request in writing.
- e. Whenever another person or agency referred a student, it is appropriate to determine if the person or agency can be notified that the student kept the appointment. This is especially important when the DOS, SHS, or FAU faculty or staff member referred the student.
  - i. Each clinician wishing to confirm appointments to a referring person or agency is required to get first person confirmation that the client indicated this permission at intake.
- f. A ROI must be signed in order to acknowledge that the student has an appointment at the center or has been seen if the client has not initialed the intake paperwork authorizing this contact.
- g. Information regarding the areas of alcohol and drugs or HIV/AIDS requires a specific release on related information. A general release is not sufficient to allow for the release of such information.
- h. CAPS must verify the identity of any person authorizing the disclosure of PHI and, if not the client, the person's relationship to the client and their authority to consent to the disclosure.
- i. Authorizations are generally only valid for disclosing information created prior to the date the authorization was signed.
- j. Verify and document the identity of the client or personal representative on the Authorization form.
- k. For personal representatives, verify and document the relationship to the client and authority to consent to the use or disclosure of PHI.
- l. Only valid authorizations will be honored. Authorizations that contain any of the following defects will not be used for disclosure of PHI under any circumstances:
  - i. Incomplete in any part,
  - ii. Are known to have expired,
  - iii. Are known to have been revoked, or
  - iv. Appear falsified in any way
  - v. Client signatures that do not match with signatures we have on file.
    - 1) In this case, attempts will be made to contact the client to confirm the signature.

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- m. CAPS will either return incomplete or invalid authorizations to the requestor or call the requestor with an explanation of the defect and how to correct it.
- n. Alteration or modification of CAPS authorization forms is not allowed except by special permission and approval of the Director of CAPS.