Uses and Disclosures of PHI Policy

Policy:

a. CAPS will use and disclose PHI only as permitted or required by the federal privacy statutes regulations and relevant Florida laws.

b. Permitted With Limitations.
i. Uses and disclosures of PHI are permitted without the client’s written authorization if they are mandated and governed by other state or federal laws. Refer to the Director or Associate Director for authorization before any information is disclosed.
   1) Reporting for Public Health requirements.
   2) Reporting suspected abuse or neglect.
   3) Responding to Court Orders.
   4) For certain Law Enforcement purposes.
   5) For services and processes related to decedents.
   6) For averting immediate health or safety threats to the client or others.
   7) For IRB-approved only Research Studies, using a Certificate or Waiver of Authorization.

ii. Requests for Release with Client Permission by:
   1) A mental health provider.
      ▪ A summary report may be provided to a subsequent treating practitioner.
   2) An attorney.
      ▪ A summary report may be provided.
      ▪ Do not respond directly to an attorney. Consult with the Director (or designee) who will consult directly with University General Counsel

iii. Court Order.
   1) Requests for Release without client's permission require a court order (subpoena is insufficient). Prior to releasing any information without client consent, a counselor should consult with the Director.
      ▪ Requests for Super-Confidential Health Information: If the requested records include Super Confidential Information, that information is subject to More Stringent Laws, health information that is subject to privacy rules under specific state or federal laws, will only be disclosed in accordance with those laws.
      ▪ Super Confidential Information: Records pertaining to Substance Abuse, Mental Health Conditions, HIV Testing, HIV/AIDS, Sexually Transmitted Diseases, and Genetic Information.

iv. Request by Authorization from the Client or Legal Representative:
   1) Verify that the authorization includes the necessary specific permission to complete the request.
   2) If the authorization is incomplete or non-specific, contact the client and request that the authorization be complete.
3) With the client’s permission, notify the requesting entity that the authorization does not meet requirements and request a more specific authorization; or
4) Provide a copy of CAPS ROI directly to the client.
5) When a valid authorization is obtained, process the health records according to the procedure above, and stamp the pages as appropriate (see next).

v. Request by Subpoena or Court Order:
1) Confidential records cannot be released in response to a subpoena alone. The client must also provide a signed authorization, specifically allowing the release of the requested information.
2) Contact the client directly and request an authorization for the release of the information.
3) Process the records according to the procedure above, and stamp the pages with the appropriate non-re-disclosure statement:
   ▪ Required Non – Re-disclosure Statement:
      • Stamp the appropriate statement (following) on each copied page.
       1. Mental Health Records
          a. “Confidential and Privileged Information for Professional Use Only.”
          1. CAPS will comply with those applicable statutes and any accompanying requirements thereunder.
       • HIV/AIDS Disclosures, F.S. 381.004
          1. “This information has been disclosed to you from records whose confidentiality has been protected by state law. State law prohibits you from making any further disclosure of such information without the specific consent of the person to whom such information pertains or as otherwise permitted by state law. A general authorization for this release of health or other information is NOT sufficient for this purpose.”

4) Special-handling procedure:
   ▪ Strive to respond within 15 business days of receipt of the request.
   ▪ Number each original page of paper records to be copied; number front and back of pages with documentation on both sides, counting each side as a separate page.
   ▪ Photocopy or print out only the portions of the record specifically requested.
   ▪ Attach a cover letter, including the number of pages copied.
   ▪ Mail or deliver copies to the individual who requested the records.
      • Send copies of records containing PHI via First Class Mail, Return Receipt Requested; or
      • Deliver copies of records in person; request a signed copy of your cover letter as a receipt for the delivery.
- Place the court order, or attorney request with authorization, a copy of the cover letter, a copy of the certification (if one was provided), and any return mail receipts in the client’s record from which the copies were made. Include a list of the documents that were sent.