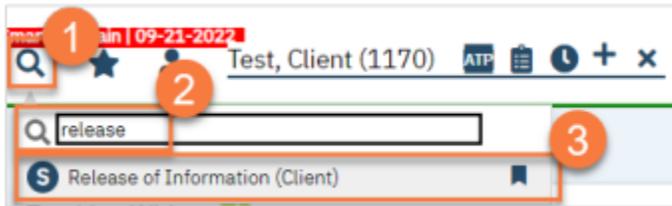


SmartCare search words in **bold** throughout this guide.

Release of Information

(AZ equivalent=Authorization to Use/Disclose PHI)

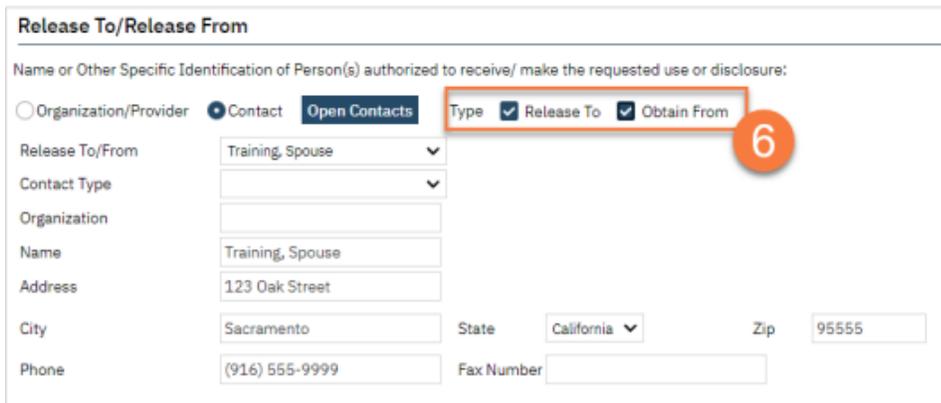
1. With the client record open, click the Search icon.
2. Type **Release of Information** into the search bar.
3. Click to select **Release of Information (Client)**.



4. In the CDAG Program Enrollment window pop-up, click the drop down and click to select the appropriate program.
5. Click OK to continue.



6. Complete the Release To/Release From section. Make sure to select whether this authorization allows you to release information to this entity and/or obtain information from this entity.



- a. If the person you're completing this release for is already entered as a contact in the Client Information Screen, select "Contact" and then select the person from the drop-down list "Release To/From". This will bring in the contact person's information.

- b. If you're completing a release for an organization, such as Social Services or a school, select "Organization/Provider". This opens a button next to the Release To/From field. Clicking this brings up a pop-up window where you can enter the organization's information. Click save. This will push this information to the Release of Information and save this information for future Releases of Information. Enter the organization's information.

- c. If you're completing a release for a contact person that is not currently entered as a contact in the Client Information Screen, selecting "Contact" will create an opportunity to select the button "Open Contacts". This will take you to the Client Information Screen, where you can add additional contact.

7. Complete the Purpose of Disclosure section. Most authorizations to disclose information are for treatment and/or care coordination, but others may apply. Select the appropriate boxes. If you select “Other”, make sure to clarify.

8. Complete the Expiration section. The start date automatically fills with today’s date. If you don’t change anything in this section, the document will automatically expire 1 year from today’s date.

- a. You can also add c+y in this field to have the expiration date show right away.

Purpose of Disclosure 7

Process insurance/third part claims(Substance Abuse Remittance Only) Care Coordination

HIE(Health Information Exchange) Other

Expiration 8

If nothing marked - one(1) year from date signed

1 time disclosure 6 months End of Agency Treatment

Start Date 05/18/2023 End Date a

9. Complete the Information to be Used or Disclosed section.

- a. Select either MH or SUD for ROI Type. DO NOT USE GENERAL.
- b. Select all records that are authorized for disclosure per the client’s request.
- c. If the client requests that only records from a certain time frame be shared, include the start and end dates.

Information to be Used or Disclosed 9

The information that can be disclosed under this authorization includes the following, if available

ROI Type MH a

All Records Acknowledgement of Treatment Billing &/OR Insurance Information

Intake/Admission Information Psychological Evaluation(s) Reports Medications Prescribed

Discharge Summary/Plan b Progress Review/Summary Screening Assessment(s)

AAPS Eligibility Documents School Records/Reports/IEPs Medical History, Lab Results, Immunizations Records

Treatment Plan(s) Progress Notes Legal Documents

Other

Records Start Date Records End Date c

10. If the client wishes to put any restrictions on this authorization, enter those in the Restrictions section.

Restrictions 10

11. The terms section provides the client with information about the authorization they are signing. Make sure to check both boxes to demonstrate you've reviewed this information with the client.

Terms

- Under state and federal confidentiality provisions only the information specified can be released.
- The County Behavior Health Services cannot ensure the recipient will maintain the confidentiality of the mental health and/or SUD information authorized and released. If the person or organization obtaining this information is not a health care provider, health plan or covered under the federal privacy regulations, the information may no longer be protected by federal privacy laws including 42 C.F.R. Part 2 and could be re-disclosed.
- This authorization will be honored unless revoked in writing. Revocation may be made at any time except to the extent action has already been taken.
- Persons or organizations may not re-disclose substance abuse treatment information.
- This authorization will expire in one (1) year from the date of signature, or 90 days from the date of discharge from the agency unless one of the following is selected. 30 days, 60 days, 90 days.
- This authorization is voluntary. I have been given the chance to ask questions and receive answers pertaining to this document.
- A list of entities to which my information has been released can be provided by the County Behavior Health Services.

By checking these boxes, I agree that I have read, understand and agree to these terms.

NOTICE TO CLIENT: NOTICE TO CLIENT Signing this form is voluntary and not required to receive services with the County Behavior Health Services. I understand.

ACCESS TO MY RECORD: ACCESS TO MY RECORD: I understand I can request a copy of my record. This request will be reviewed and approved by my therapist. I understand I can also review my records with my therapist by making an appointment. This request can take 30 days to complete and charges will apply.

12. Select your agency's information from the drop-down menu in the Agency Contact Information section. (The purpose of this section is to provide the recipient with our contact information, should they need to contact us. Do not add specific staff to the Attention field- we don't want to limit Release of Information to just that staff member.)

13. The Other section allows you to document if the client received or declined a copy of the document. It also allows you to document how you verified the client's identity as the appropriate person to sign this document. Enter your name in the Agency Staff field.

14. The Additional information section must be completed to document the disclosure of certain types of information. The client must opt to either authorize or prohibit each of these specialty types of information.

Agency Contact Information

Program Attention

Address

City State Zip

Phone

Other

Copy Given to Client Yes Declined a copy Agency Staff

ID Verified By Driver's License Other Picture ID Known to Agency

Additional information

Please note - The records released may contain alcohol and drug abuse information and/or information about Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), and AIDS Related Complex (ARC).

Alcohol/Drug Abuse:

I authorize the release of information relating to referral and/or treatment for alcohol and drug abuse.

I PROHIBIT the release of information relating to referral and/or treatment for alcohol and drug abuse.

HIV/AIDS/Sexually Transmitted Disease/Communicable Disease

I authorize the release of information relating to HIV/AIDS/sexually transmitted disease/communicable disease.

I PROHIBIT the release of information relating to HIV/AIDS/sexually transmitted disease/communicable disease.

Start by signing. Click the Sign button in the upper right-hand corner.



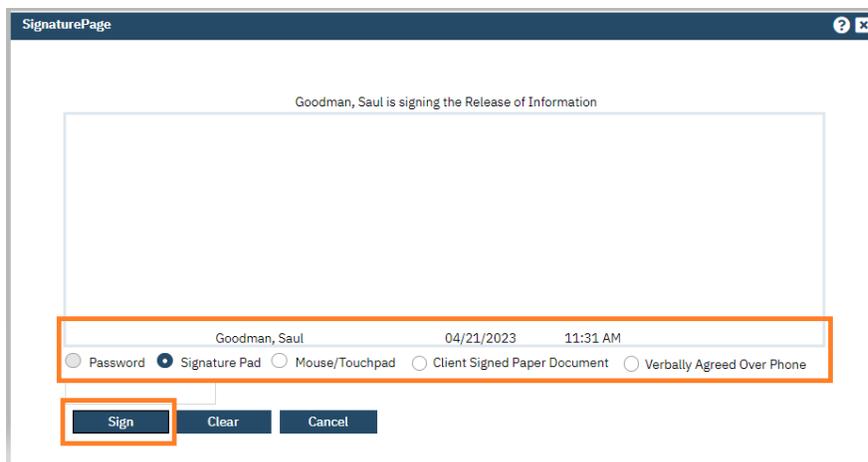
Next, click the + button. The signer box will open. Click the radial button next to the client's name. Click the Co-Sign button.



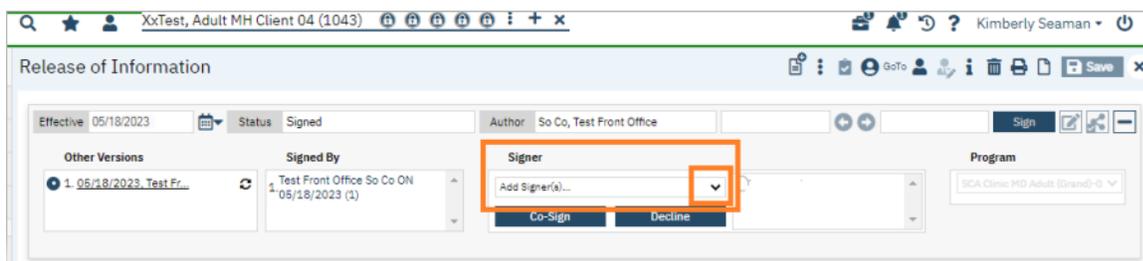
The signature window will display. Select method client will be signing. (Do not use verbally agreed over phone for signature. Doing so will invalidate the Release of Information.)

Once signed, click the Sign button.

Note: If a client is under 12 years old, you may delete the client signature. You will need to add the parent/guardian signature.



Add parent/guardian, if needed. Select "Other Signer" from the drop-down in Add Signer field, enter in name of signer and specify relationship to client, then click OK.



Add Other Signer

Name of signer:

Relationship to client:

OK **Cancel**

Add signatures for your clinic HIT and LPHA from the Signer drop-down menu.

Verify all client and/or parent/guardian signatures have been obtained. Click X to close the screen.

Release of Information

Effective: 04/21/2023 Status: Signed Author: Seaman, Kimberly

Signed By

- 1. Kimberly Seaman ON 04/21/2023 (1)
- 2. Goodman, Saul ON 04/21/2023 (2)
- 3. Kimberly Seaman ON 04/21/2023 (2)

Signer

Add Signer(s)...

Co-Sign **Decline**

Program

SCA Clinic Intake Adult-04/21/2023

How to view/obtain pending signatures on a Release of Information

To view pending signatures on the Release of Information, open the form and click the + button.

Release of Information

Effective: 05/24/2023 Status: Signed Author: So Co, Test Front Office 05/23/2023

Document

+

Needed signatures will show. Click the radial button next to signer's name and click co-sign. X to close.

Release of Information

Effective: 05/24/2023 Status: Signed Author: So Co, Test Front Office 05/23/2023

Signed By

- 1. Test Front Office So Co ON 05/24/2023 (1)

Signer

Add Signer(s)...

- X Seaman, Kimberly
- X XxTest, Adult ...

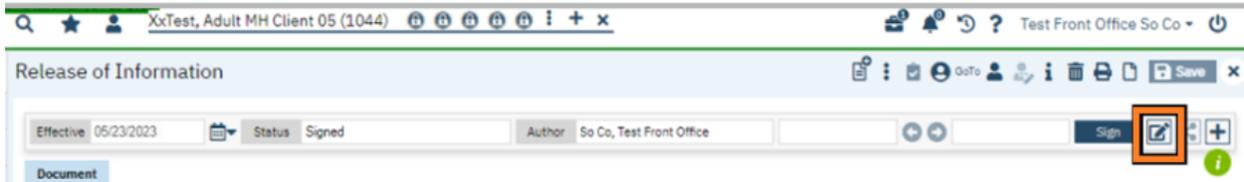
Co-Sign **Decline**

Program

SCA Clinic Intake Adult-Grand

How to edit a Release of Information if you forgot to add a staff signature

To edit, click the edit button.

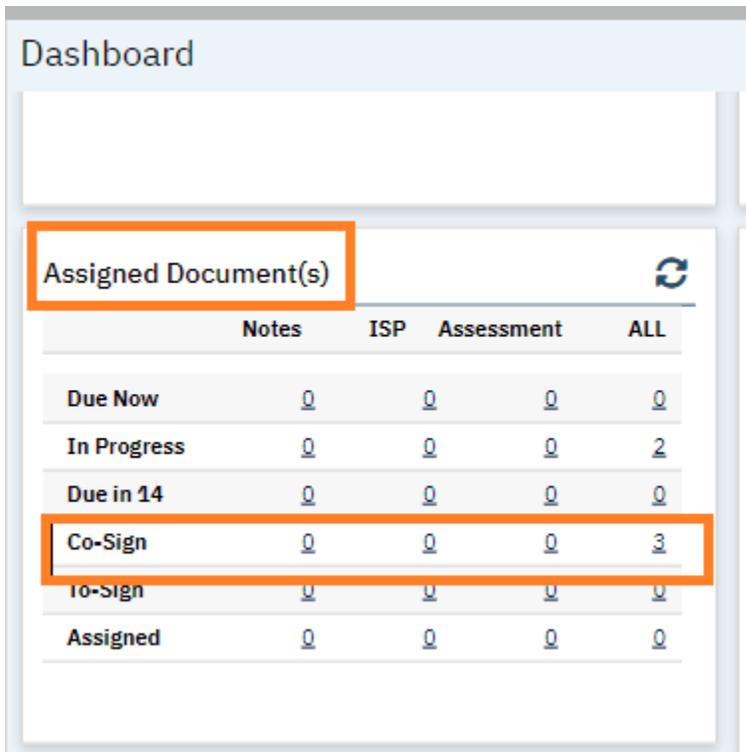


Select the desired staff from the drop-down menu in the Signer field. X to close.



How will staff be alerted if there are forms for them to sign?

On the Staff Dashboard (search **Dashboard** and select **Dashboard (My Office)**), there is an Assigned Document(s) widget. Forms to be co-signed will be in Co-Sign. Click the blue number and a list page will open and documents pending signature will be displayed.



How to view current Releases of Information & Set Expiration Reminders (AZ equivalent=HIPAA eye)

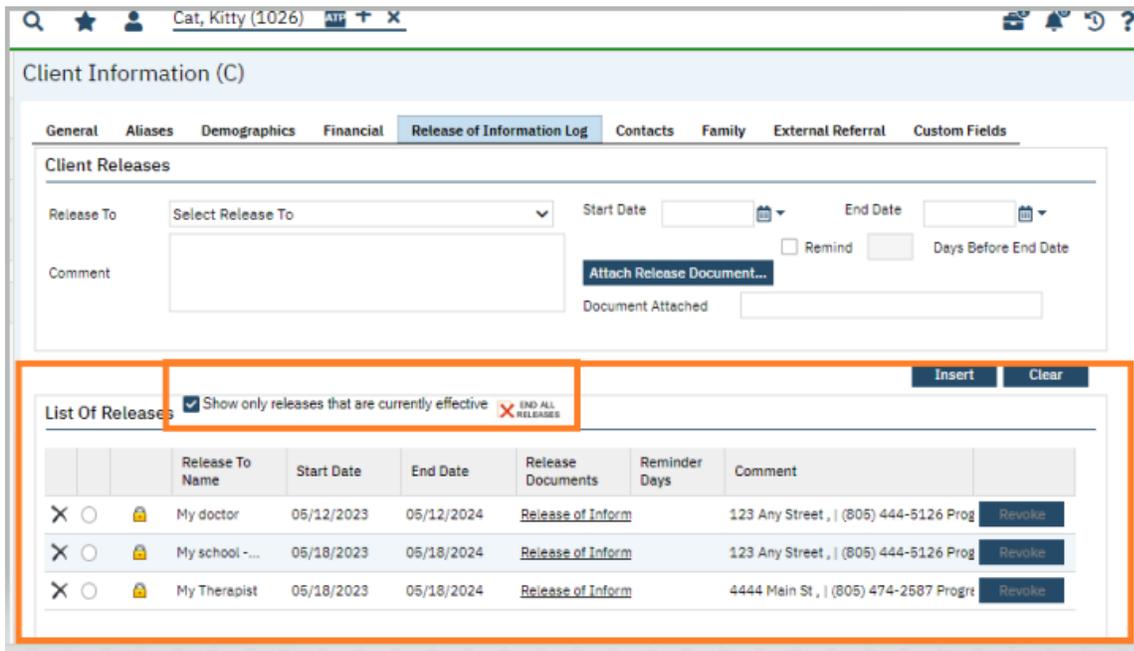
With the client record open, search **Client Information (Client)**.



Navigate to the Release of Information log tab.

Ensure the “Show only releases that are currently effective box” is checked.

Current Releases of Information will be displayed in the List of Releases section.



You can set an expiration reminder notification to alert before a Release of Information expires. To do this, click the radial button next to the Release of Information you want to set the notification for.

Note: Do not click the X next to the radial button; doing so will delete the Release of Information from the log, as well as any reminder notification that has been set.

Information from the Release of Information will populate into the fields. Check the Remind box and specify how many days before the expiration date you want the notification to show. (30- days will be the standard.) Click modify.

Client Information (C)

General Aliases Demographics Financial **Release of Information Log** Contacts Family External Referral Custom Fields

Client Releases

Release To: Department of Social Services - Worker, Social
 1150 E Grand Ave., | (805) 474-2100 Program: SCA Clinic Adult (Grand) (22A2)

Start Date: 06/08/2023 End Date: 06/08/2024

Remind 30 Days Before End Date

Attach Release Document...
 Release of Information: Release of Information

Modify Clear

List Of Releases Show only releases that are currently effective END ALL RELEASES

	Release To Name	Start Date	End Date	Release Documents	Reminder Days	Comment	
X	Department o...	06/08/2023	06/08/2024	Release of Inform		1150 E Grand Ave , (805) 474-2100 P	Revoke

The reminder will now show.

Client Information (C)

General Aliases Demographics Financial **Release of Information Log** Contacts Family External Referral Custom Fields

Client Releases

Release To: [Empty]
 Start Date: [Empty] End Date: [Empty]

Comment: [Empty]

Attach Release Document...
 Release of Information: [Empty]

Insert Clear

List Of Releases Show only releases that are currently effective END ALL RELEASES

	Release To Name	Start Date	End Date	Release Documents	Reminder Days	Comment	
X	My doctor	05/12/2023	05/12/2024	Release of Inform	30	123 Any Street , (805) 444-5126 Prog	Revoke

Revoking a Release of Information (AZ equivalent=BH Revocation of Authorization)

If Front Desk staff receive a revocation request from the client, pass the request on to clinical staff to discuss with the client. If clinical staff deem request is appropriate, they can ask for HIT assistance in completing the revocation. The revocation does not need a client signature; we can revoke over the phone.

With the client record open, search **Revoke**, and select **Revoke Release of Information (Client)**.

In the CDAG pop-up, select your program and click OK.

CDAG Program Enrollment

Select Program Enrollment

Outpatient MH Adult-01/13/2023

OK Cancel

Complete the revocation.

- Select the Release of Information from the drop-down menu.
- Enter the date of revocation.
- If client is requesting revocation over the phone, check the box "client unable to give written consent."
- Sign.
- Obtain client and/or parent/guardian signature(s), if completing in-person, or indicate verbally agreed over phone.
- Save and x to close.

The screenshot shows the 'Revoke Release of Information' form. At the top, there is a header with the title and a 'Save' button. Below the header, there are fields for 'Effective' (06/13/2023), 'Status' (New), and 'Author' (Seaman, Kimberly). A 'Sign' button is highlighted with a red circle 'f'. The main form area has a 'Revoke Release of Information' section. A dropdown menu for 'Release To/From' is highlighted with a red circle 'a'. The date field for 'I withdraw this Authorization to Obtain/Disclose protected health information as of:' is highlighted with a red circle 'b'. A checkbox labeled 'Client Unable To Give Written Consent' is checked and highlighted with a red circle 'c'. At the bottom right, there are 'Sign' and 'Save' buttons, with the 'Sign' button highlighted by a red circle 'd' and the 'Save' button by a red circle 'e'.

Alternate Method: You can also access by entering **Client Information** in the search bar and selecting **Client Information (Client)**. Navigate to the Release of Information log tab.

Select the radial button next to the Release of Information to be revoked and then click revoke. Follow above instructions. (Could not test this in Train.)

The screenshot shows the 'Client Information (C)' page. The 'Release of Information Log' tab is selected. The 'Client Releases' section shows a release to 'My doctor' with a start date of 05/12/2023 and an end date of 05/12/2024. A 'Revoke' button is highlighted with a red circle. Below this, the 'List Of Releases' section shows a table with columns for Release To Name, Start Date, End Date, Release Documents, Reminder Days, and Comment. The first row is highlighted with a red circle, and a 'Revoke' button is highlighted with a red circle.

	Release To Name	Start Date	End Date	Release Documents	Reminder Days	Comment	
X	My doctor	05/12/2023	05/12/2024	Release of Inform	30	123 Any Street , (805) 444-5126 Pro	Revoke