

MULTI-PARTY RELEASE OF INFORMATION PROCEDURE

How to fill out the Multi-Party Release

1. Enter the client's full name, birthdate and Client ID at the top of each page of the document. If you are using the fillable PDF, the client's information will automatically fill in on the other pages.
2. Select both the "Release To & Obtain From" boxes.

Release To/Obtain From

Name or other specific identification of person(s) authorized to receive/make the requested use or disclosure.

Release To Obtain From

3. Next have the client initial all the entities they would like us to communicate with.
 - a. If they list a Family Member, they need to specify their name and relationship.

Initial whom we can release to or obtain from:		
	SLO County Counsel	Probation
	SLO County District Attorney's Office	School
	SLO County Jail Custody Staff	Sober Living Environments
	SLO County Sheriff (Bailiff)	Tri-Counties Regional Center
	SLO County Superior Court	Veterans' Service Officer
	SLO County Social Services	Family Members (Specify):
	Attorney(s):	Family Members (Specify):
	5-Cities Homeless Coalition	Other:
	CAPSLO Direct SVCS/Parent Education	Other:
	Court Appointed Special Advocates (CASA)	Other:
	Foster Parent	Other:
	Parole	Other:

4. Purpose of Disclosure – Select "Treatment/Care Coordination".

Purpose of Disclosure

Treatment/Care Coordination Other _____

5. Preferred Method of Delivery – Optional - Select the client's preferred method. This field is not required, but if they have a preference, we will honor it as long as it aligns with needs of the receiving party and County policies. We will never disclose information via Unencrypted Email to protect client confidentiality.

Preferred Method of Delivery

Paper
 Encrypted Email
 Unencrypted Email
 Fax
 Encrypted USB
 In-Person Drop-Off/Pick-Up
 Other

6. **Expiration** – Have the client choose when they want the release to expire.
- a. It is preferable if the client selects “One (1) Year”.
 - b. The “**Start Date**” will be the date the client signs the release.
 - c. The “**End Date**” will be the date of the length of time the client selects.

Expiration

1 time disclosure 6 months One (1) Year

Start Date _____ **End Date** _____

7. **Information to be used or disclosed**

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

- a. Select only one of the types:

Type: MH SUD **OR** MH and SUD

- i. Ask the client if they only want to disclose to MH, SUD or both MH & SUD.

8. Have the client select the information to be disclosed.

- a. It is recommended “**All Records**” is selected to ensure there is open communication with those entities selected above.
- b. If a client wants to have different levels of communication with different entities, they will need to complete a separate Release of Information for that single person/entity.

- All Records Acknowledgement of Treatment
- School Records/Reports/IEPs Intake/Admission Information
- Psychological Evaluation(s) Reports Medications Prescribed
- Discharge Summary/Plan Progress Review /Summary
- Screening Assessment(s) Treatment Plan(s) Progress Notes
- Medical History, Lab results, Immunization Records
- Other _____

9. The “**Records Start Date & End Dates**” only need to be filled in if the client chooses a different timeframe than the expiration of the disclosure.

- a. It is not recommended to have different dates to avoid confusion or miscommunication.

10. “**Restrictions**” – If the client has any restrictions on information that we can disclose, put in this area. This is only a request; we will do our best to accommodate.

11. Agency Contact Information

- “Program”** - Must be the open client program (CDAG) at the time the release is signed. For example, if the client is Drug & Alcohol and at walk-ins at the Grover Beach Clinic, you would put DAS GB Walk-in or DAS GB MAT Walk-In.
- “Attention”** – Do not fill this in, otherwise the person named is the only contact that may release information for the client until the release expires or a new one is signed.
- “Address”** – The address of the clinic collecting the release of information.

Agency Contact Information

County of San Luis Obispo Central Health Information at **805-781-4724**

Program _____ Attention _____

Address _____

City _____ State _____ Zip Code _____

12. Select whether you gave a copy to the client or if they declined a copy.

13. **“Agency Staff”** is the name of the person collecting the release of information.

14. Select how you identified the client.

Copy Given to Client Yes Declined a copy Agency Staff _____

ID verified by driver's license other picture ID Known to Agency

15. **“Alcohol/Drug Abuse:”** – Select the appropriate boxes below. If a client chooses to select, I prohibit, this will prevent us from communicating with anyone regarding their treatment.

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.

16. **HIV/AIDS/Sexually Transmitted Diseases/Communicable Disease** – Have client choose the appropriate box.

17. Have the client sign and date on the bottom of the last page; if the client is a minor their parent or guardian or legal representative will also need to sign.

18. The staff member collecting the information on the release will need to sign and date the at the bottom of the last page.

How to fill out the Multi-Party Criminal-Involved &/or Court-Mandated Programs Release

1. Determine if the client is Court Involved and/or Court-Mandated to treatment. If a client is not Court-Involved and/or Court-Mandated to treatment, you will **not** fill out a Criminal-Involved Release.

a. Court Involved and/or Court Mandated Programs are:

AB109, ADC, ATCC, BHTC, CMD, MHD, Prop36, PTD/DEJ, or CARE Court.

2. Enter the client's full name, birthdate and Client ID at the top of each page of the document. If you are using the fillable PDF, the client's information will automatically fill in on the other four pages.

3. Select both the "Release To & Obtain From" boxes.

Release To/Obtain From

Name or other specific identification of person(s) authorized to receive/make the requested use or disclosure.

Release To Obtain From

4. Next have the client initial all the entities they would like us to communicate with.

a. If they list an Attorney, fill in the name of the office. Example: Office of Danner & Associate's Staff. Or Public Defender's Office.

Initial whom we can release to or obtain from:	
<input type="checkbox"/>	SLO County District Attorney's Office
<input type="checkbox"/>	SLO County Jail Custody Staff
<input type="checkbox"/>	SLO County Sheriff (Bailiff)
<input type="checkbox"/>	SLO County Superior Court
<input type="checkbox"/>	Parole
<input type="checkbox"/>	Probation
<input type="checkbox"/>	Attorney(s): Public Defender's Office
<input type="checkbox"/>	Other:

5. **Purpose of Disclosure** – Select "Other" and type in **Coordination of Services**.

Purpose of Disclosure

Treatment/Care Coordination

Other **Coordination of Services**

6. **Preferred Method of Delivery** – Optional - Select the client's preferred method. This field is not required, but if they have a preference, we will honor it as long as it aligns with needs of the receiving party and County policies. We will never disclose information via Unencrypted Email to protect client confidentiality.

Preferred Method of Delivery

Paper Encrypted Email Unencrypted Email Fax
 Encrypted USB In-Person Drop-Off/Pick-Up Other

7. **Expiration** – Have the client choose when they want the release to expire.
 - a. It is preferable if the client selects “One (1) Year”.
 - b. The “**Start Date**” will be the date the client signs the release.
 - c. The “**End Date**” will be the date of the length of time the client selects.

Expiration

1 time disclosure 6 months One (1) Year

Start Date _____ **End Date** _____

8. Information to be used or disclosed

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

- a. Select only one of the types:

Type: MH SUD **OR** MH and SUD

- i. Ask the client if they only want to disclose to MH, SUD or both MH & SUD.

9. Have the client select the information to be disclosed.

- a. It is recommended “**All Records**” is selected to ensure there is open communication with those entities selected above.
 - b. If a client wants to have different levels of communication with different entities, they will need to complete a separate Release of Information for that single person/entity.

- All Records Acknowledgement of Treatment
- School Records/Reports/IEPs Intake/Admission Information
- Psychological Evaluation(s) Reports Medications Prescribed
- Discharge Summary/Plan Progress Review /Summary
- Screening Assessment(s) Treatment Plan(s) Progress Notes
- Medical History, Lab results, Immunization Records
- Other _____

10. The “**Records Start Date & End Dates**” only need to be filled in if the client chooses a different timeframe than the expiration of the disclosure.

- a. It is not recommended to have different dates to avoid confusion or miscommunication.

11. “**Restrictions**” – If the client has any restrictions on information that we can disclose, put in this area. This is only a request; we will do our best to accommodate.

12. Have the client review the below statement and initial the box on the left.

JUSTICE PROGRAMS ONLY - PLEASE INITIAL ONLY IF APPLIES

I understand if I do not sign a consent for release of my records to the Criminal Justice Program which required me to participate in a specific County Behavioral Health treatment program, County Behavioral Health shall instead provide general behavioral health treatment services to me, and I may be jeopardizing my continued participation in a Criminal Justice Program which requires my participation in treatment. I further understand that if I do consent to release of my records to such Criminal Justice Program, such consent will remain in effect and cannot be revoked by me until there has been a formal & effective termination or revocation of my release from confinement, probation or parole, or other proceeding under which I was mandated into this treatment.

13. Agency Contact Information

- a. **“Program”** - Must be the open client program (CDAG) at the time the release is signed. For example, if the client is Drug & Alcohol and at walk-ins at the Grover Beach Clinic, you would put DAS GB Walk-in or DAS GB MAT Walk-In.
- b. **“Attention”** – Do Not fill this in, otherwise the person named is the only contact that may release information for the client until the release expires or a new one is signed.
- c. **“Address”** – The address of the clinic collecting the release of information.

Agency Contact Information
County of San Luis Obispo Central Health Information at **805-781-4724**

Program _____ **Attention** _____

Address _____

City _____ **State** _____ **Zip Code** _____

14. Select whether you gave a copy to the client or if they declined a copy.

15. **“Agency Staff”** is the name of the person collecting the release of information.

16. Select how you identified the client.

Copy Given to Client Yes Declined a copy Agency Staff _____

ID verified by driver's license other picture ID Known to Agency

17. **“Alcohol/Drug Abuse:”** – Select the appropriate boxes below. If a client chooses to select, I prohibit, this will prevent us from communicating with anyone regarding their treatment.

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.

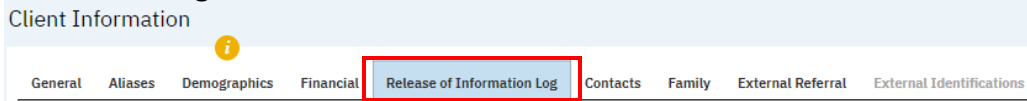
18. **HIV/AIDS/Sexually Transmitted Diseases/Communicable Disease** – Have client choose the appropriate box.

19. Have the client sign and date at the bottom of the last page; if the client is a minor their parent or guardian or legal representative will also need to sign.

20. The staff member collecting the information on the release will need to sign and date the at the bottom of the last page.

ADMINISTRATIVE ASSISTANTS:

1. **Ensure** Multi-Party Release of Information paper document is filled out properly, signed, and dated the client (and staff, if applicable).
2. In SmartCare, navigate to the Client Information screen, Release of Information Log tab.



3. In the **Release To** field type:

- Multi-Party Release of Information (SUD) or
- Multi-Party Criminal-Involved Release of Information (SUD)
 - *The Multi-Party Criminal-Involved &/or Court Mandated Release of Information is **ONLY** for clients that are in a Criminal Justice related program and mandated to treatment, such as **AB109, ADC, ATCC, BHTC, CMD, MHD, Prop36, PTD/DEJ, or CARE Court**. If a client is just referred by Probation, it would go on the Multi-Party, so they have the ability to revoke Probation from the Multi-Party if they choose.*

4. In the **Comment box**, list out the individual entities the client initialed.

- Example:

The screenshot shows a dropdown menu for 'Release To' with the selected option 'Multi-Party Release of Information (SUD)'. Below it, a text box contains the comment: 'Release to: SLO County Social Services, Sober Living Environments, Probation, Jane Doe (mother)'.

5. For Multi-Party Release of Information (SUD), enter the **Start Date** (client signature date) and the **End Date** indicated by client on the hardcopy Multi-Party Release of Information.

6. For Multi-Party Criminal-Involved Release of Information (SUD), enter the **Start Date** (client signature date) and the **End Date** indicated by client on the hardcopy Multi-Party Release of Information.

7. Check the box next to “Remind” and enter **30 Days Before End Date**.

8. Click **Insert**.

The screenshot shows the 'Client Information' screen with the 'Release of Information Log' tab selected. The 'Release To' field is set to 'Multi-Party Criminal-Involved Release of Information'. The 'Start Date' is 08/14/2024 and the 'End Date' is 08/13/2025. The 'Remind' checkbox is checked, and the value '30' is entered in the 'Days Before End Date' field. The 'Insert' button is highlighted with a red box. Below the form is a 'List Of Releases' section with a table of releases.

	Release To Name	Start Date	End Date	Release Documents	Reminder Days	Comment	
X	Multi-Party...	08/14/2024	08/13/2025		30	Release to: SLO County Social Services, Revoke	

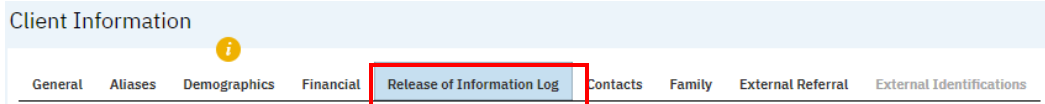
Once you click “insert”, it will show at the bottom in the **List of Releases** section.

9. Select **Save** in the top right corner.



HEALTH INFORMATION TECHNICIANS:

1. Scan the Multi-Party Release document into client's EHR.
 - See How to Guide for **How to Scan a Document** located: [MySLO - How to Guides](#)
 - If both MH and SUD were selected, scan document in twice. Once attached to an MH program and once attached to a DAS program. This will ensure staff from both MH and DAS are able to view the Multi-Party Release.
2. Go to **Client Information / Release of Information Log**.



3. In the List of Releases section, click the bubble on the line next to the Multi-Party document you are going to be attaching.
 - Verify the information in the comment box matches the document entities listed.

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	○	Multi-Party...	08/14/2024	08/13/2025		30	Release to: SLO County Social Services,	Revoke

4. Then in the upper section, click on **Attach Release Document**.

Client Releases

Release To: Multi-Party Release of Information (SUD) Start Date: 08/14/2024 End Date: 08/13/2025

Comment: Release to: SLO County Social Services, Sober Living Environments, Probation, Jane Doe (mother)

Attach Release Document... Remind 30 Days Before End Date

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	+	Multi-Party...	08/14/2024	08/13/2025		30	Release to: SLO County Social Services,	Revoke

5. This will open the list of documents. Now you will look for the document you want to attach. You can hover over the Document Name to view the full name, and you can also click on the Document name to preview it. Once found, click **Add** and **OK**.

Attach/Review Documents (Client Information) (179) OK Cancel

Documents Preview

All Authors All Documents All Statuses Apply Filter

Effective From Effective To

	Document	Effective	Status	Author
Add	Psychiatric...	03/13/2024	Signed	Paulson, Avery
Add	Psychiatric...	04/03/2024	Signed	Dumaplin, Lorelei
Add	Psychiatric...	07/05/2024	Signed	Rogers, Paul
Add	Release of I...	02/22/2024	Signed	Rodriguez, Karla
Add	SA Consent -...	08/14/2024	Signed	Knauer, Amanda
Add	SA Consent R...	02/22/2024	Signed	Knauer, Amanda

6. You'll then be taken back to the previous window where you will click **Modify**.


Client Releases

Release To: Start Date: End Date:

Comment: Remind Days Before End Date

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
<input type="button" value="X"/> <input type="button" value="lock"/>	Multi-Party...	08/14/2024	08/13/2025		30	Release to: SLO County Social Services, Revoke

7. Click **Save** in the top right corner  and **X** to close the window.