1. **Purpose:** To establish uniform guidelines:
   a. for the maintenance of resident Protected Health Information (PHI) in a confidential and private manner;
   b. for the release or disclosure of resident confidential Protected Health Information;
   c. for residents to request restrictions to use and disclose Protected Health Information;
   d. for the accounting of disclosures of resident Protected Health Information; and
   e. to assure implementation of the minimum necessary standard relevant to resident Protected Health Information.

2. **Scope:** This procedure applies to all residents’ confidential Protected Health Information maintained in any format.

3. **References:**
   a. Health Insurance Portability and Accountability Act (HIPAA) of 1996
   b. Code of Federal Regulations, Title 45 Public Welfare, Subchapter C Administrative Data Standards and Related Requirements
   c. Florida Statutes, Chapter 394, Mental Health
   d. Florida Statutes, Chapter 916, Mentally Deficient and Mentally Ill Defendants
   e. Children and Families Operating Procedure 15-9, Charges for Providing Copies of Children and Families Records or Publications
   f. Children and Families Operating Procedure 60-17, Chapter 1, Notice of Privacy Policy and Management and Protection of Protected Health Information
   g. Children and Families Operating Procedure 60-17, Chapter 2, Protected Health Information Complaint/Grievance Procedures
   h. Children and Families Operating Procedure 60-17, Chapter 4, Authorization for Use of Disclosure of Protected Health Information
i. **Children and Families Operating Procedure 60-17, Chapter 5**, Accounting of Disclosures of Protected Health Information

j. **Children and Families Operating Procedure 155-4**, Acquired Immunodeficiency Syndrome (AIDS)/Human Immunodeficiency Virus (HIV) Screening and Treatment

k. **Florida State Hospital Operating Procedure 151-29**, Security of Medical Records, Resident Protected Health Information and Individually Identifiable Health Information

4. **Definitions**:

   a. Medical Record (also called Clinical record): A legally required written compendium of information generated during the course of a resident’s treatment at Florida State Hospital. At a minimum, records will include:

      (1) lists of treatment/rehabilitation/service issues;
      (2) recovery plans including discharge/aftercare plans;
      (3) documents related to psychotropic medications;
      (4) progress and event notes;
      (5) legal papers;
      (6) assessments, evaluations, and histories;
      (7) flow sheets, data sheets;
      (8) consultation referrals/reports;
      (9) clinical laboratory and x-ray reports.

      At Florida State Hospital a medical record is defined as all volumes of the master record, ward chart, electronic documentation, outpatient chart and emergency room record files.

   b. Protected Health Information (PHI): Information that is or can be identified with an individual; relates to the individual’s health, treatment or payment for treatment; and is maintained in any form.

   c. CMHC Database: A computerized database system used by Florida State Hospital to maintain resident data.

   d. Deskfiles: An online database application used to access various resident information and electronic forms.

   e. Individually Identifiable Health Information: Information that is a subset of health information, including demographic information collected from an individual, and that; (1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future.

   f. Authorization for Release of Information: Consent given in writing to release the resident’s medical record without any element of force, fraud, deceit, duress or other form of constraint or coercion.
g. Disclosure: The release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information. (This includes hard copy information, electronic, both in person and telephonically).

h. Privacy: Secluded from the sight, presence, or intrusion of others.

i. Guardian: The natural guardian of a minor, or a person appointed by a court to act on behalf of a ward’s person if the ward is a minor or has been adjudicated incapacitated.

j. Guardian Advocate: A person appointed by a court to make decisions regarding mental health treatment on behalf of a resident who has been found incompetent to consent to treatment pursuant to this part. The guardian advocate may be granted specific additional powers by written order of the court, as provided in this part.

5. Responsibility: It is the responsibility of the Health Information Manager or designee to review all requests for medical record information to ensure compliance with the statutes and this procedure.

6. Policy: All residents admitted to Florida State Hospital shall have a medical record or clinical record that is privileged and confidential and will be maintained in a secure and private manner. Other resident Protected Health Information not contained in the medical record shall also be maintained in a privileged and confidential manner. This confidential status shall not be lost by unauthorized disclosure to any person, organization, or agency. Residents may request restrictions on how their Protected Health Information is used or disclosed. Florida State Hospital will provide an accounting of any disclosures made outside Florida State Hospital and Department of Children and Families. The medical record is the property of Florida State Hospital and is maintained for the benefit of the resident, the medical staff and the Hospital.

7. Procedure:

   a. CONFIDENTIALITY/PRIVACY: The resident’s medical record, other resident protected health information and individually identifiable health information will be maintained in a confidential and private manner. All medical records will have a confidential sticker posted on the outside cover and will be kept in locked secure areas as described in FSHOP 151-29, Security of Medical Records and Other Resident Protected Health Information. Medical record documents created at Florida State Hospital will contain a confidentiality statement. Any documents containing resident Protected Health Information or resident individually identifiable health information will contain a confidentiality statement or will be stamped with a confidential stamp, this includes any e-mails.

   NOTE: MEDICAL RECORD INFORMATION AND Protected Health Information TRANSMITTED VIA ELECTRONIC MAIL MUST FOLLOW GUIDELINES IN DCFOP 50-5, USING AND MAINTAINING E-MAIL SYSTEMS.

   b. RELEASE OR DISCLOSURE OF Protected Health Information:

      (1) Information from the clinical medical record will not be disclosed without the written authorization of the resident or resident’s legal guardian, guardian advocate (when applicable), or parents if the resident is a minor, except for releases made during the course of the resident’s treatment at Florida State Hospital, payment for services or operation of the Hospital, or where specified by law that consent is not required. All residents, who names a First or Second Representative and are legally competent, will be asked to sign an Authorization for Use or Disclosure of Protected Health Information, Form CF 772 (Attachment 1) on admission and every 365 days thereafter. The authorization signed on admission, and every subsequent 365 days, will include authorization to release information to the First Representative and Second Representative. A
separate Authorization for Use or Disclosure of Protected Health Information should be obtained if disclosing information to anyone else, unless authorization is not required as described in this procedure, or where not required by law. The authorization will be valid for 365 days, unless the authorization is revoked verbally or in writing.

(2) Revocation of Authorization for Release of Information. Residents, guardians or guardian advocates, or parents if the resident is a minor that authorized the release of information may revoke the authorization at any time by submitting a written notice to the Health Information Services department. This revocation will not apply to information that has already been released in response to this authorization.

Upon receipt of the request to revoke the authorization for Use or Disclosure of Protected Health Information, the Health Information Specialist will note on the original Authorization for Use or Disclosure of Protected Health Information (Form CF 772) in red ink the word "Revoked" and their signature, title and date. The original of this will be placed in the legal section of the master record and a copy will be placed in the legal section of the ward chart. The Health Information Specialist will immediately notify the Recovery Team leader and social worker that the authorization has been revoked and that information shall not be disclosed to those individuals specified on the authorization.

(3) Restrictions. The resident may place restrictions on uses of and disclosures of their Protected Health Information. These restrictions should be noted on the Authorization for Use or Disclosure of Protected Health Information Form. Releases that do not require an authorization, such as releases related to treatment, payment or operation may not be restricted.

(4) Deceased Resident. The clinical record of a deceased resident should be released only to the legal representative (executor, administrator, or personal representative to the resident’s estate) or to that family member who stands next in line of intestate succession. Proof of appointment as legal representative of the estate in the form of a copy of the court order making the appointment should be placed in the clinical record.

(5) Forensic Cases. The following entities may receive resident information, without a consent, to facilitate treatment, rehabilitation, and continuity of care for any resident committed pursuant to F.S. 916 (if, however, the resident has been discharged from Florida State Hospital for more than 30 days, a written authorization will be required):

(a) the Social Security Administration and the United States Department of Veterans Affairs;

(b) law enforcement agencies, state attorneys, public defenders or other attorneys defending the resident, and judges in regard to the resident’s status (state attorneys, public defenders, and court appointed attorneys are allowed to get records pertaining to the resident’s current case they were committed on; private attorneys would need a written authorization to access records). Any attorney requesting information not related to the commitment case needs a written release of information.

(c) jail personnel in the jail to which a resident may be returned; and

(d) community agencies and others expected to provide follow-up care to the resident upon his or her return to the community.

(6) Life-Threatening/Emergency Situations. In a life-threatening situation or when an individual's condition precludes the possibility of obtaining written consent, the Hospital may release medical information to the medical personnel (Emergency Medical Personnel and the outside health care facility) responsible for the resident's care without the resident's authorization or his/her guardian's
authorization, and without the authorization of the Hospital Administrator or a designee, if obtaining such authorization would cause a delay in delivering necessary treatment or pose a danger to the resident. When information has been released under such conditions, the personnel responsible for the release of information shall document in the resident’s clinical record all pertinent details, which shall include at least the following data:

(a) date information was released;

(b) person to whom information was released;

(c) reason information was released;

(d) reason written consent could not be obtained; and

(e) nature and details of the information given.

After the release of information, the Legal Services Department, the resident, and/or guardian shall be informed as soon as possible, as to the nature of information released and the reason(s) for the release.

(7) Outside Health Providers: Only copies of pertinent information from the clinical record may accompany a resident to an outside health care provider.

(8) Parties that do not require an authorization to Release Information: The following parties do not require a signed authorization for release of clinical record information or other Protected Health Information before receiving copies of or obtaining access to requested clinical records or Protected Health Information. **This constitutes the three (3) areas of treatment, payment and operation.**

(a) Florida State Hospital and Department of Children and Families Employees. Staff members of the Hospital and employees of the Department are entitled to access the clinical record within the regular course of treatment of the resident, when the maintenance of adequate records or protection of the resident require such access or upon specific authorization of the Administrator of the Hospital or Secretary of the Department for treatment of the resident, compilation of treatment data, or evaluation of programs.

(b) Adult Protective Investigation Unit.

(c) Other State of Florida Mental Health Facilities (including Developmentally Disabled Defendant Program).

(d) Guardian of Person for residents adjudicated incapacitated pursuant to Florida Statutes Chapter 744 or Guardian Advocate for Residents admitted under Florida Statutes Chapter 394 or 916 residents residing in a civil facility.

(e) Department of Corrections (DC). Department of Corrections shall be entitled to copies of clinical records for any resident committed to, or being returned to that Department. If, however, the resident has been discharged from Florida State Hospital for more than 30 days, a signed authorization is required.

(f) Community Case Managers. Only when the resident is active and for 30 days after discharge. After 30 days from the resident’s discharge, an Authorization to Release Information must be obtained.
(g) Potential Discharge Facility (including the Developmentally Disabled Defendant Program).

(h) United States Secret Service, Federal Bureau of Investigation, the Florida Department of Law Enforcement, and the Judicial System. Information as to whether a resident is currently hospitalized may be given without the resident’s consent; however, no other information is to be divulged.

(i) Medical Examiner.

(j) Medicare and Peer Review Organization (PRO).

(k) Attorney General and Department of Insurance Division of Risk Management and private counsel representing the Department of Children and Families/Florida State Hospital.

(l) Court Orders. A court order for release of information will either be complied with or legal action taken to challenge the order. The Florida State Hospital Legal Counsel should be consulted upon receipt of a court order so that a legal determination is made as to the extent of the court order, whether any legal objection should be interposed and what protective measures, if any, should be sought. A Subpoena or Subpoena Duces Tecum will not be honored without the informed consent of the resident or resident’s guardian. Any Subpoena for deposition or for medical records should be forwarded to the Hospital Attorney for guidance.

(m) Qualified Researchers. Qualified researchers may have access to resident records only after approved by the Research Committee and the Hospital Administrator. Research must be documented in a manner that will not identify the resident but will maintain anonymity.

(n) Students. Students on internships or other clinical affiliations who have been approved to work at Florida State Hospital in a training capacity may have access to clinical records as designated by their site supervisor.

(o) Intent to Harm. When a resident has declared intent to harm another person(s), the declaration may be released, after consultation with Florida State Hospital Legal Counsel, to the person threatened with harm by the resident.

c. REQUEST FOR CLINICAL INFORMATION: Any written request for clinical information concerning a resident will be referred to the Central Health Information Services Department for processing (any request for radiology films or reports will be forwarded to the radiology department or dental clinic as applicable).

(1) A completed “Authorization for Use or Disclosure of Protected Health Information” form, or similar written authorization, shall be obtained before copying/releasing any information, except where consent is not required [see paragraphs b (4)-(8) above]. Unless the resident has been adjudicated incapacitated or incompetent to consent to mental health treatment for which a guardian of person or guardian advocate has been appointed, or for minor residents whose parents are considered their legal guardian, the resident will sign the Authorization for Use or Disclosure of Protected Health Information. Residents that are clinically incompetent with regards to release of information and do not have a legal guardian, or they are represented by the Office of the Public Guardian, the “Authorization for Limited Release of Information” form will be completed prior to releasing any information.

(2) Authorizations for Release of Information DO NOT have to be witnessed unless they are signed by someone other than the resident. Photocopies and/or facsimile copies of authorizations will be accepted.
(3) The Disability Rights of Florida (formerly the Advocacy Center for Persons with Disabilities, Inc.) must provide a valid authorization before receiving or viewing any resident’s Protected Health Information.

(4) If the authorization to release information is deemed invalid by the Health Information Manager/designee, or if the request for information does not contain an authorization to release information, the Health Information Manager/designee will complete Form 503, “Response to Request for Information (Information Not Included)”. This letter shall also be used to notify the requestor that records have been purged or if additional identifying information is needed.

(5) Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) information may not be released unless specifically noted on the Authorization for Release of Information.

(6) All raw data from psychological testing, including test protocols, test questions, assessment related notes, and written answer sheets, must be maintained, stored, and released in a manner specified by the lead psychologist or standards specialist. Release of copies of raw data in response to a valid request will be done by a Florida-Licensed Psychologist and must comply with the provisions of Section 64B19-18.0004(e), Florida Administrative Code.

(7) Each page of the clinical record released will be stamped “Confidential and Privileged Information for Professional Use Only.”

(8) A cover letter should accompany disclosures of confidential medical record information or Protected Health Information. The cover letter shall document:

(a) to whom the information is disclosed;

(b) what specific information is disclosed (document the type of information, i.e., progress notes, physician’s orders, psychosocial history, etc.);

(c) that re-disclosure of this information is strictly prohibited unless the resident provides specific written consent for the subsequent disclosure of this information; and

(d) the signature of the staff person releasing the information.

At a minimum, Form 506, “Response to Request for Information (Information Included)”, shall be used as the cover letter. In some cases, as with referral packets for potential discharges, staff may wish to compose their own cover letter. If this is done, the letter should still contain the information listed in (7) (a)-(d) above.

(9) Clinical records released may be mailed, faxed, or sent via electronic mail. In those instances where the records are faxed, any appropriate staff member may fax the records. The total number of faxed documents should not exceed 25 pages. (Refer to “Guidelines for the Use of Facsimile [FAX] Machines” for additional instructions.) Prior to actually faxing the records, the staff member shall verify that the party receiving the fax is physically present awaiting the fax. The appropriate Fax Cover Sheet shall be used when faxing records. If total number of documents is more than 25 pages, they should be mailed. If documents totaling 25 pages or less must be sent via electronic mail, they must be encrypted and password protected.

(10) Copies of complete clinical records or record copies that are requested to be certified will be certified by the Health Information Manager and sent by Certified Mail, Return Receipt Requested, by the Central Health Information Services Department.
d. ACCOUNTING OF DISCLOSURES: Florida State Hospital shall maintain a disclosure log of any disclosures of medical record or Protected Health Information made outside the area of treatment, payment or operation, where there is no valid authorization to release this information from either the resident or their legal guardian or parent if the resident is a minor, unless release of the information is required by law.

(1) At Florida State Hospital this disclosure log will also be utilized to monitor requests for any resident Protected Health Information that will be released outside of Florida State Hospital or the Department of Children and Families, regardless of whether there is a valid authorization or not. This log will be maintained electronically by the unit Health Information Services staff, by the staff of Central Health Information Services, and by other areas that release resident Protected Health Information.

(2) Disclosures that do not require tracking (per Health Insurance Portability and Accountability Act [HIPAA]) and will not be logged:

(a) Disclosures made for treatment, payment and healthcare operation. This includes:

1. letters, correspondence, requests for informed consent mailed to the resident’s representative, guardian, guardian advocate, or parents if resident is a minor (these become part of the medical record);

2. in person or telephone conversations with resident’s representative, guardian, guardian advocate, or parents if resident is a minor (these are documented on a “Report of Contact”, Form 582, and become part of the medical record);

3. court reports for residents committed under F.S. 916 (these become part of the medical record);

4. Protected Health Information sent to outside healthcare providers for purposes of continuity of care (Tallahassee Memorial Hospital, Capital Regional Medical Center, outside physician offices, outside laboratories);

5. Protected Health Information on active residents released regarding discharge placement, for example, jail, nursing homes, group homes, Crisis Stabilization Unit’s, etc.;

6. Protected Health Information on active residents released to third party payers, for example Medicare or Medicaid;

7. Protected Health Information on residents released to Peer Review Organizations; and

8. Protected Health Information on active residents released to community case managers.

(b) Disclosures made to the individual or legal representative.

(c) Disclosures made pursuant to an authorization [refer back to d (1)].
(d) Disclosures of a Limited Data Set.

(e) Disclosures made for directory purposes.

(f) Disclosures made to persons involved in the individual’s health care.

(g) Disclosures made for national security or intelligence purposes.

(h) Disclosures to correctional institutions or law enforcement officials.

(i) Disclosures incidental to otherwise permitted or required uses or disclosures.

(j) Disclosures made prior to the date of compliance with the privacy standards (prior to April 14, 2003).

(3) Staff that input information into the Disclosure Log must be authorized to access this information. In order to obtain authorization to access this electronic log, the Information Systems department will issue a user’s sign on and the individual will determine their own confidential password.

(4) Staff will input weekly any instances of disclosure, release of medical record, or resident Protected Health Information outside Florida State Hospital or the Department of Children and Families into this system. Information from the FAX Log, Florida State Hospital Form 424, will be input into the Accounting Disclosure Log (re: “Guidelines for the Use of Facsimile (FAX) Machines”). The Fax log will be delivered monthly to the unit Health Information Specialist/designee or departmental designee for non-residential departments for data entry. The accounting disclosure log will include the following information:

(a) date request for resident Protected Health Information was received;

(b) date of disclosure;

(c) name and address of the entity or person who received the Protected Health Information;

(d) a brief description of the Protected Health Information disclosed (following the minimum necessary standard);

(e) whether an authorization to release information was obtained;

(f) who provided the authorization if one was obtained;

(g) a brief statement that reasonably informs the individual of the purpose of the disclosure.

(5) The Disclosure Accounting Log will be maintained for six (6) years based on the date of disclosure.

(6) Residents may request for a written accounting of disclosures. The request shall be made in writing and should be directed to the Health Information Manager at Florida State Hospital. Florida State Hospital will maintain a copy of the written accounting that is provided to the resident. This copy will be maintained in the Central Health Information Services Department.

(7) Florida State Hospital must act on the request for the disclosure log within 60 days of the request.
(8) Florida State Hospital will provide one accounting free of charge each calendar year, subsequent requests in the 12 month period will be charged a fee.

e. TELEPHONE CALLS

(1) When someone calls inquiring about a resident, a message will be taken using the “Telephone Contact Slip” on the Homepage. No information is to be given to the caller, and employee will not confirm or deny that an individual is a resident.

(2) The “Telephone Contact Slip” guides the person taking the call to ensure that all outside calls are handled properly.

(3) After the call has ended and the Telephone Contact Slip is started, Resident Deskfiles will be checked to verify if the individual is a resident at Florida State Hospital. If this individual is NOT a resident, then the Telephone Contact Slip will be deleted. If this individual is a resident at Florida State Hospital, the Telephone Contact Slip will be sent via e-mail to the Residential Services Director of the unit where the resident resides.

(4) The Residential Services Director/Designee will assign unit personnel to meet with the resident to advise of the request for contact and assist in placing the call if needed, or request permission from the resident for staff to discuss the resident’s hospitalization with the caller. If the resident agrees, assigned staff will have the resident to sign an “Authorization for Use or Disclosure of Protected Health Information” (Form CF 772) granting us permission to release information to the caller.

(5) The assigned staff will return the call.

f. MINIMUM NECESSARY STANDARD:

(1) Release of Information: When medical record information, protected health information, or individually identifiable health information is released, Florida State Hospital will limit the information to be released to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. (Excluded is information released in regards to treatment, payment, disclosures to the resident who is the subject of the information, or uses or disclosures made pursuant to an authorization requested by the resident. Also excluded are disclosures to the Department of Health and Human Services when disclosure is required under the rule for enforcement purposes or uses or disclosures required by law).

(2) Staff access to medical records: Medical record information and Protected Health Information must be accessible to the staff providing treatment at Florida State Hospital. However, all staff will not be privileged to the medical record and the Protected Health Information. Employees will only be allowed access to medical records and Protected Health Information if it is related to the performance of their job duties.

(3) Request for the entire medical record: Florida State Hospital may not use, disclose, or request an entire medical record, except when the entire medical record is specifically justified as the amount of information that is reasonably necessary to accomplish the purpose of the use, disclosure, or request, and is specified on the authorization to release information. When a request for the entire medical record is received at Florida State Hospital, the Health Information Manager or designee will contact the requestor and explain that we can only release the minimum information necessary to provide the needed documentation. The Health Information Manager/ designee will explain the basic content of the Florida State Hospital record and ask that the requestor specify exactly what information
is needed. The authorization should clearly state specifically what documents are being authorized for release/disclosure.

(4) Anytime Florida State Hospital requests information from another facility, the request will be specific to the exact documents needed and dates of service (if known). A signed authorization (Form CF772) should be included with the request. The specific documents being requested will be included on the authorization.

8. Photocopying: Photocopying portions of the clinical record for the convenient use of Florida State Hospital staff is permitted for select legitimate reasons and staff should not routinely keep copies of medical record documents. Once the photocopied material has completed its usefulness, it is to be shredded.

9. Training Requirements: A check in the box below indicates which employees within the department are required to read this operating procedure and when they will receive training at Florida State Hospital. Employees within identified departments will also be required to review the policy each time it is updated.

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<th>Department</th>
<th>Worksite Education</th>
<th>New Employee Orientation</th>
<th>Discipline Specific Training</th>
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Any deviation from these procedures regarding the release of any clinical information must be approved in writing by the Senior Attorney or Hospital Administrator. The original approval will be filed in the resident’s master record.

Signed Original on file in Quality Improvement Program

BOB QUAM
Chief Hospital Administrator

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<th>SUMMARY OF REVISED, ADDED OR_DELETED MATERIAL</th>
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This policy was reviewed for updating and minor word changes were made to reflect new position titles and to remove forms that are being deleted. Added information regarding releasing psychological testing raw data.