|  |  |
| --- | --- |
| **POLICY TITLE:** | Consent for Use & Disclosure of PHI - CP32 |
| **APPLIES TO:** | All Clinical Staff at Caregiver Grove Behavioral Health |
| **EFFECTIVE DATE:** | December 1, 2018 (original policy) |
| **ANNUAL**  **REVIEW DATE:** | January 1 (each calendar year)  Updated January 21, 2024  Reviewed: August 19, 2024 |
| **PURPOSE:** | The purpose of Caregiver Grove Behavioral Health’s Consent for Use & Disclosure of Protected Health Information (PHI) policy is to ensure that the privacy and confidentiality of client records comply with state and federal regulations related to Protected Health Information (PHI). |
| **DEFINITION:** | The Consent for Use & Disclosure of Protected Health Information (PHI) policy is the process that Caregiver Grove Behavioral Health utilizes to ensure that client records are protected based on state and federal laws.  PHI is defined as individually identifiable health information relating to the individual’s past, present, or future physical or mental health or the condition of an individual, the provision of health care to an individual or the past, present, or future payment, claim processing, or other data used to make decisions about an individual. |
| **POLICY** | Caregiver Grove Behavioral Health personnel must obtain the client’s written consent prior to using PHI to carry out payment, treatment, and health care operations in for the form of a generalized consent document, which is part of the clinical intake process.  **Procedure:**  The consent will be a written statement advising clients how Caregiver Grove Behavioral Health will use PHI to carry out payment, treatment, and health care operations without an authorization. The consent will also indicate that all other information will only be released upon receipt of a signed authorization. This documentation will be signed in the client’s EHR. The consent will include the following information:   1. A statement indicating that the terms of the Notice of Privacy Practices may change as well as a description of how the individual may receive the revised Notice. 2. A statement directing the individual to the Notice of Privacy Practices for additional guidance about the uses and disclosures of PHI. 3. A statement that Caregiver Grove Behavioral Health is not required to agree to the individual’s request for a restriction on the uses of PHI, however, if Caregiver Grove Behavioral Health does agree to the individual’s request- the restriction is binding on Caregiver Grove Behavioral Health. 4. A statement that the individual has the right to request restrictions on the uses and disclosures of PHI for payment, treatment, and health care operations. 5. An individual may revoke his/her original consent by signing a revocation in their EHR at any time, except to the extent that the covered entity has acted in reliance on the consent. When the consent is revoked, Caregiver Grove Behavioral Health must stop processing information for use or disclosure, except to the extent that it has acted in reliance on the consent. 6. Caregiver Grove Behavioral Health may refuse to treat an individual who refuses to sign the consent or to continue to treat an individual who revokes his/her consent. 7. Consent from the client will not be required when: 8. There is an emergency, however, consent will be obtained as soon as possible after the crisis is stabilized. 9. If the clinician is unable to obtain consent due to substantial barriers in communication and consent is understood. 10. If the clinician is ordered to provide treatment by a court order and the clinician tries but is unable to obtain consent. 11. For health oversight activities as authorized by law. 12. To demonstrate compliance with the privacy rule. 13. To avert a serious threat to the health or safety of an individual or the public. 14. To a coroner or medical examiner for identification, cause of death, or other duties authorized by law. 15. If there is a situation in which the clinician has an indirect relationship with the client (i.e., if the clinician is serving as a consultant to another provider who treats the client). |
| **APPLICABLE STANDARDS:** | OAC 5122-26-08; 5122-27-09  CARF 1.K.9.  HIPAA |
| **EXCEPTIONS:** |  |
| **APPROVERS:** | John Tooson IV | Chief Executive Officer (CEO)  Arnethia Levey | Vice President, Program Development & Compliance |