Release of Information for Treatment Purposes
Frequently Asked Questions…Part 1

Treatment: the provision, coordination, or management of health care and related services by one or more health care providers. Treatment also includes, but is not limited to:
1. The coordination or management of health care of health care related services by a Vanderbilt University Medical Center (VUMC) health care provider with a third party;
2. Consultation between VUMC health care providers and other providers relating to a patient; or
3. The referral of a patient for health care from one health care provider to another provider.

Scenario:
A patient or a patient’s legal representative presents an Authorization for Release of Information form requesting that medical records be sent to an external Health Care Provider or agency.

Response:
All requests for release of medical information are referred to Medical Information Services (MIS) for processing. Very specific elements must be present in a HIPAA compliant authorization form. Therefore, Medical Information Services will confirm that the authorization is valid and then process the release of the information.

Scenario:
A patient has an appointment with a Health Care Provider external to VUMC and that Provider requests medical information from VUMC.

Response:
Requests for release of medical information to a party external to VUMC must be presented to and processed by MIS. The requesting provider’s office may request the patient to complete a HIPAA compliant release of information authorization form which should be sent to MIS for processing. Alternatively, the patient or legal representative may complete a VUMC Authorization for Release of Medical Information form (with the requesting provider’s information), which is then sent timely to MIS for processing. However, in the event of an emergency and direct provider to provider communication is necessary, confirmation of a direct treatment relationship between the provider and the patient is required in order to release information without patient authorization.

Scenario:
A community physician refers a patient to VUMC for specialty care and will be providing the follow-up and ongoing care to the patient after discharge from VUMC.

Response:
VUMC recognizes the need to provide follow up information to external providers directly involved in the patient’s care. Use of the Provider Communication Wizard is strongly encouraged as a secure method of disclosing clinically pertinent information. Patient and/or legal representative authorization is not required.

Scenario:
A representative from a specialty hospital or a rehabilitative facility (e.g. Select Specialty or Vanderbilt Stallworth Rehabilitation Hospital (VSRH) needs to evaluate a patient at VUMC prior to discharge to determine eligibility for transfer or post-acute admission.

Response:
A Confidentiality Contract between VUMC and the specialty hospital or facility must be in place prior to allowing the representative to access patient information. Refer questions to the Privacy Office.

Please click on the following link and tell us what you think about PART 1:
http://www.surveymonkey.com/s/MNRQ9NK

For more information go to: www.mc.vanderbilt.edu/privacy or e-mail the Privacy Office at privacy.office@vanderbilt.edu
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Release of Information for Treatment Purposes
Frequently Asked Questions…Part 2

**TOPIC: Verification of the Role & Relationship of the Requestor to the Patient**

**Question:**
How will I confirm the role and relationship of the requester relevant to the patient when releasing protected health information for Treatment purposes in an emergent situation, without the patient’s authorization?

**Answer:**
It is important to confirm that the requesting party has an active treatment relationship with the patient prior to releasing PHI without the patient’s or legal representative’s authorization. Some best practices include:

1. The patient or legal representative confirms an established or impending patient-provider relationship exists.
2. VUMC records reflect a pre-existing patient-provider relationship.
3. Verbal representation by a provider over the phone necessitates that the provider be able to provide at least two approved patient identifiers for verification. See policy SA 30-10.05 “Patient Identification”.
4. A VUMC Provider or department (e.g. case management, social work) confirms the treatment relationship between the patient and external provider.
5. The medical record reflects an order or referral from a VUMC Provider to the requesting external Health Care Provider or agency.
6. The external Health Care Provider or agency sends a request for medical information via fax to Medical Information Services. Medical Information Services confirms the requesting provider has a direct treatment relationship with the patient.

**TOPIC: Confirming the Identity of the Requestor when PHI is Provided via Mail, Phone, or Fax**

**Question:**
What is required to confirm the identity of the requestor when mailing protected health information for Treatment purposes?

**Answer:**
The mailing address provided on a completed Authorization for Release of Medical Information may be accepted. If the mailing address is not provided on a completed Authorization form, then the address is confirmed by a public source or call to the place of business prior to mailing.

**Question:**
What is required to confirm the identity of the requestor when protected health information for Treatment purposes is requested to be released over the phone or via fax?

**Answer:**
Identity of the caller needs to be confirmed by call back to a publicly listed phone number for the Health Care Provider – preferably back through a switchboard or information desk. The minimum necessary clinically pertinent information is released to respond to the immediate treatment need based upon the personal representation of identity by the caller. Sensitive medical information is not released via verbal or faxed process without patient authorization except in response to a bona fide medical emergency.

*Please click on the following link and tell us what you think about Part 2:*
http://www.surveymonkey.com/s/MNRQ9NK

SA 30-10.05 "Patient Identification"