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Review Date: 6/13/13

North Sound Mental Health Administration

**Section 2500 – Privacy: Opportunity to Agree or Object – Disclosure to Individuals
Involved in the Consumer’s Care**

Authorizing Source: RCW 70.02; 45 CFR 165 (HIPAA)

Cancels:

See Also:

Providers must have own “HIPAA & WAC compliant policy”

Responsible Staff: Privacy Officer

Approved by: Executive Director

Signature:

Date: 7/17/2013

POLICY #2511.00

**SUBJECT: OPPORTUNITY TO AGREE OR OBJECT DISCLOSURE TO INDIVIDUALS
INVOLVED IN THE CONSUMER’S CARE**

PURPOSE

The North Sound Mental Health Administration (NSMHA), in compliance with the Privacy Rules of Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification provisions, sets out, in this policy, the conditions for providing consumers with an opportunity to agree or object, in advance of the use or disclosure of Protected Health Information (PHI) to a consumer’s next of kin, guardian, or conservator regarding death, serious illness or to avert harm or if directly relevant to that individual’s involvement with the consumer’s care or payment related to the consumer’s care.

POLICY

NSMHA will inform each consumer, through our Notice of Privacy Practices, of his or her right to prevent or restrict us from:

1. Disclosing PHI about him or her to persons involved in their care; and
2. Notifying persons about their location, general condition, or death.

With regard to consumers who are present and have the capacity to make decisions, PHI may only be disclosed to people involved in their care (meaning relatives, friends, or community support people), if we:

1. Notify the consumer in advance of the anticipated disclosure and obtain his or her agreement to disclose;
2. Provide the consumer with the opportunity to object to disclosures of PHI and the consumer does not express an opinion; or
3. Can, in the exercise of our professional judgment, infer from the circumstances that the consumer does not object to the disclosure of PHI.

With regard to consumers who are not present or who are incapacitated or in an emergency situation, we will disclose the minimum necessary PHI as to:

1. Their admission to a facility, or that they are seriously physically ill, to persons involved in the consumer’s care or if directly relevant to that individual’s involvement with the consumer’s care or payment related to the consumer’s care.
2. Upon the death of a consumer, his or her next of kin, guardian or conservator, if any, shall be notified.

It is our policy, when disclosing PHI to persons involved in the consumer's care, to limit disclosures to PHI about the current circumstances. In addition, should the staff believe in the exercise of their professional judgment that a disclosure of PHI might cause the patient serious harm; the staff may withhold PHI from the person involved in the consumer's care. Care providers should use their professional judgment about the scope of the person's involvement in the consumer's care – both to the length of time of that person's involvement and to the depth of disclosure of PHI that is appropriate in a particular circumstance.

In disaster situations, no individual agreement will be required prior to disclosure of PHI to federal, state, or local agencies involved in disaster relief activities. This policy also applies to any private disaster relief organization that is authorized by law or their charters to assist in disaster relief efforts, and applies only within the disaster area and only for so long as the disaster continues.

Documentation retention requirements include:

Policies and procedures for the opportunity to agree or object and any changes thereto.

Other policies and procedures to review that are related to this policy:

1. Privacy notice
2. Treatment, Payment, and Health Care Operations
3. Authorizations
4. Administrative requirements – documentation retention

ATTACHMENTS

2511.01 – Procedure 2511-A