

Benzie-Leelanau District Health Department (BLDHD)
POLICY/PROCEDURE

PROGRAM: SCHOOL HEALTH PROGRAM

SUBJECT: Release of Protected Health Information

EFFECTIVE DATE: September 1, 2022

REVISED: October 1, 2023

ISSUED BY: Michelle Klein, RN, MA, PH-C
Director of Personal Health

PURPOSE: Maintaining client records is an important element in the delivery of quality health services. The purpose of this policy is to provide a mechanism to ensure that confidentiality is preserved to the extent possible under the law and to make sure that the disclosure procedure is consistent with the client's rights and healthcare needs as well as the rights of third parties to access such information on a limited, lawful basis.

POLICY: The Benzie-Leelanau District Health Department (BLDHD) has a legal and ethical responsibility to preserve the privacy and confidentiality of client information and will comply with HIPAA regulations. All personnel will adhere strictly to this policy and BLDHD's HIPAA policies. The BLDHD will process requests for information from client records in a timely, consistent manner as set forth in this policy and the appropriate HIPAA policies.

DEFINITION: Protected Health Information is any information obtained as a result of the provision of any personal health services. This shall include, but not be limited to, health, physical, psycho-social, or economic information including information obtained in the course of health department communicable disease investigations. *Client medical records are the "property" of the agency although clients generally have a right of access and amendment to the information contained in the records.* Any disclosure of confidential client or other information carries with it the potential for an unauthorized redisclosure that breaches confidentiality.

SECTIONS:

- A. Release of Information
- B. Revocation of Authorization and Refusal to Honor Authorization
- C. Minor's Legal Right to Consent
- D. Electronic Records
- E. Court Orders and Subpoenas
- F. Procedures to Release Information Requested Using a Release of Information Form or Court Order/Subpoena
- G. Exceptions to Confidentiality Requirement
- H. Special exceptions in Confidentiality Requirement related to HIV/AIDS
- I. Reporting HIV and Infectious Diseases to Emergency Responders, Law Enforcement, and Morticians
- J. Enforcement

PRIVACY OFFICER: Michelle Klein, Director of Personal Health

PROCEDURE:

A. Release of Information

1. BLDHD releases PHI in compliance with applicable state and federal laws, including HIPAA. BLDHD will obtain authorization from the patient or the patient's personal representative except for disclosures required by law. An *Authorization to Share Health Information* may be signed upon enrollment into a Health Department program for HIPAA compliant programs or this language may be incorporated into a program-specific consent form.
2. School Health Programs utilize an *Authorization to Share Health Information* to release physical health information and the *Authorization to Share Behavioral Health Information* to release behavioral health information.
3. Client consent to disclosure must be informed—that is with the knowledge of the risks and benefits of the disclosure.
4. BLDHD incurs reasonable costs when releasing client information (copying, postage, flash drive, and so forth) and may charge a reasonable fee to offset those costs pursuant to BLDHD HIPAA Privacy Policies.
5. The following priorities and time frames shall apply to release of information requests:
 - a. *Emergency requests involving immediate emergency care of client*: Immediate processing
 - b. *Priority requests pertaining to current care of client*: Within three (3) business days
 - c. *Client request for access to own record, including mental health records*: Within thirty (30) business days unless they are a mental health client being released from treatment in which case the standard is 30 days or before they are released from treatment, whichever is sooner.
 - d. *Subpoenas and depositions*: As required
 - e. *All other requests*: Within fifteen (15) business days, unless time frame given is longer. If extenuating circumstances prevent the release of requested document (i.e. still awaiting lab result from lab), client will be notified that it will be released as soon as possible after the results are received at BLDHD.
6. Request for Information Review: All requests for information will be released following the *Access or Amend PHI Rights of Individuals Policy and the Staff Authorized to Release Information Policy*. Unusual requests or staff questions about requests will be forwarded to the program Supervisor or Division Director who will discuss with the Privacy Officer.
7. Need to Know Basis: Each Program/Division is considered part of the agency. Information will be shared among agency programs on a need-to-know basis, unless contraindicated by Law.
8. Confidentiality: All employees shall follow the confidentiality guidelines as stated in the BLDHD HIPAA Privacy and Security Policies.
9. Accounting of Disclosure of Protected Health Information: Accounting of Disclosure of Protected Health Information is done in compliance with HIPAA and BLDHD's Privacy Policies. The *Record Retrieval Form* completed and scanned/filed in the client's record and forwarded/emailed to the Personal Health Director (PHD) for review and inclusion in the HIPAA Record Retention File. The HIPAA Record Retention File shall be retained in accordance with BLDHD's Record Retention policy.

10. Prohibition of Redisclosure: Unless a law or regulation requires a more specific prohibition on redisclosure, each disclosure outside the facility will contain the following notice:
“The attached medical information pertaining to [name of client] is confidential and legally privileged. BLDHD has provided it to [name of recipient] as authorized by the client or as required by law. The recipient may not further disclose the information without the express consent of the client or as authorized by law.”
11. Records received from an outside source/other providers are considered to be part of the client record and may be released to the client or their designated recipient, unless the record was received with a written prohibition on re-disclosure either by the client or other provider.
12. Retention of Request: The Health Department will retain the original *Authorization to Share Health Information* or the *Authorization to Share Behavioral Health Information* to release behavioral health information and a copy of the *Record Retrieval Form* in the client’s electronic medical record. These forms will be either signed electronically in the medical record, or if paper forms, will be scanned and stored in the “Consents” section of the medical record.
13. Quality Control: The HIPAA Privacy Officer, or designee shall carry out a routine audit of the release of information at least annually, paying particular attention to the following:
 - a. Validity of information
 - b. Appropriateness of information collected in response to the request
 - c. Retention of authorization, request, and transmitting cover letter
 - d. Procedures for fax, electronic, and in-person requests
 - e. Compliance with designated priorities and time frames
 - f. Proper processing of fees
 - g. A minimum of 10 records released, or all records released if less than 10, will be audited annually.
14. The HIPAA Privacy Officer/designee shall give periodic in-service training to all employees involved in the release of information process.
15. Confidentiality Issues Related to Medical Information:
 - a. Medical Information: All medical and mental health records and information are considered protected health information as defined by HIPAA and protected by standards set forth in law including HIPAA and state laws.
 - b. Special protections are granted to persons with AIDS, HIV infection, or treatment or testing for HIV infection. All reports, records, and data pertaining to testing, care, and treatment for HIV infection and AIDS are confidential. Requests for release of these records should be directed to the Director of Personal Health.
 - c. **Mental health treatment: Under the law minors 14 or older can receive 12 visits or 4 months of therapy—whichever comes first—without parental consent.** Michigan’s Mental Health Code, MCL 330.1748 Confidentiality states that information in the record of a recipient, and other information acquired in the course of providing mental health services to a recipient, shall be kept confidential and shall not be open to public inspection. The information may be disclosed outside the department, only in the circumstances and under the conditions set forth in this section or section 748a:
 - 1) To an adult recipient if he is competent.
 - 2) Pursuant to a court order or a subpoena from the court unless the information is privileged by law.

- 3) To a prosecuting attorney as necessary for a proceeding governed by this act.
 - 4) To an attorney for the recipient with the recipient's request.
 - 5) If necessary, to comply with another provision of the law.
 - 6) To the Michigan Department of Health and Human Services, if necessary.
 - 7) To a surviving spouse of the recipient for the purpose of applying for and receiving benefits.
 - 8) <http://www.legislature.mi.gov/%28S%28i0rwbu454hozwkus2mwrvsgk%29%29/milleg.aspx?page=getObject&objectName=mcl-330-1707>
 - 9) See Section G for Exceptions to Confidentiality.
- d. Psychotherapy Notes are defined as notes recorded in any medium by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session that are separate from the rest of the individual's medical record. Under HIPAA, mental health records are treated the same as all protected health information except Psychotherapy Notes. It is the policy of BLDHD not to release Psychotherapy Notes except when required by law and under the direction of the Health Officer.
16. Content and Format of Authorization: BLDHD requires a written, signed, current, valid authorization to release medical information *Authorization to Share Health Information* or the *Authorization to Share Behavioral Health Information* to release behavioral health information. Authorizations must include the following information:
- a. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
 - b. The name or specific information of the person(s), or class of persons, authorized to make the requested use or disclosure.
 - c. The name or other specific identification of the person(s) or class of persons, to whom BLDHD may make the requested use or disclosure.
 - d. A description of each purpose of the requested use or disclosure, which can be "at the request of the individual" if applicable; and
 - e. An expiration date or expiration event that relates to the individual or the purpose of the use or disclosure.
 - f. Signed and dated by the patient or the patient's "personal representative."
 - g. If signed by "personal representative" a description of the personal representative's authority must be included.
 - h. The authorization must include a statement informing the patient that s/he has a right to revoke the authorization in writing, including exceptions to right to revoke and description of how to revoke authorization.
17. Third Party Payer: Information will be released to third party payers in compliance with HIPAA and BLDHD Privacy Policies by incorporating language into program specific informed consent forms. **No billing is submitted to the client or third-party payer for "Confidential Services". Confidential Services are identified in the patient record in the encounter/progress note and identified upon submission to BLDHD billing agent.**

18. Information to be released: Upon receipt of a valid authorization, where required, all the information requested must be released. If the request is for “all” records, all records must be released or a clear explanation of what is being withheld must be provided (i.e. old records may have been archived and the requestor may not have any interest in old information or a statement such as “If you are in need of the above information not sent, with the exception of those documents covered under Attorney/Client privilege, or other exemption, or need to schedule, an appointment to view an electronic only record, please notify:”). If the requestor indicates an interest, the entire record must be made available, with the exception of documents covered under attorney/client privilege or other exemption. Peer review and chart audits need not be released.
19. Original records or X-rays: Original records or x-rays need not be released except by subpoena. In this case, original records may be required. A copy of the original record must be kept, or a health department staff member must accompany records.
20. A client’s privilege in medical records may cease after death so that death certificates and medical examiner records are not subject to privilege. On the other hand, privacy rights in certain health records may continue after death and, therefore, the medical records of a deceased person should be maintained as confidential and should not be released except by written consent of the representative of the estate, or otherwise proscribed by Law. No records should be released without appropriate legal documents proving the authority of the person who is to receive the information.
21. In the case of an incapacitated client, a court-appointed guardian (medical information only, unless specified otherwise), or conservator (financial information only, unless specified otherwise) may be empowered to request a copy of the respective client record components. Every attempt should be made to obtain consent from the incapacitated client as well.

B. Revocation of Authorization and Refusal to Honor Authorization

1. Withdraw of Consent: A client may revoke an authorization by completing the sections indicating Withdraw of Consent on *Authorization to Share Health Information* or the *Authorization to Share Behavioral Health Information* to release behavioral health information. The Withdraw of Consent shall become effective when the BLDHD receives it and shall be filed with the original release to avoid unauthorized release of records.
2. Refusal to Honor Authorization: Health Department personnel or others authorized to release information will not honor a client authorization when they have a reasonable doubt or question as to the following information:
 - a. Identity of the person presenting the authorization
 - b. Status of the individual as the duly appointed representative of a minor, deceased, or incompetent person
 - c. Legal age or status as an emancipated minor
 - d. Client capacity to understand the meaning of the authorization
 - e. Authenticity of the client’s signature
 - f. Current validity of the authorization

- g. In such situations, the employee shall refer the matter to the Health Officer/Privacy Officer or his/her designee for review and decision.

C. Minor's Legal Right to Consent

1. Minor's Legal Right to Consent: If a minor has the legal right to consent to medical treatment, the minor also has the legal right to authorize release of information. An emancipated minor is treated as an adult. An emancipated minor is one who is:
 - a. Legally married
 - b. On active duty with U.S. Armed Forces
 - c. In custody of law enforcement and the minor's parent or guardian cannot be immediately located
 - 1) For non-surgical medical care
 - 2) Emergency treatment designated as such
 - d. Via Family Division of Circuit Court order
 - e. 18 years of age
2. Some programs, such as Family Planning, STI, HIV, mental health, and CAHC, have specific rules/regulations related to a minor's ability/right to consent. See specific program manuals for information on consent by minors.
3. Minor Parent: A parent who is a minor may legally consent to, and legally obtain information about:
 - a. Prenatal and pregnancy related care
 - b. Care of the minor child
4. Parent/Legal Guardian right to release of Minor's Record: consistent with applicable laws, a parent or legal guardian has the right to access and the power to release the information in a minor's record with the exception of Family Planning, STI, HIV, Mental Health (when a Minor's Consent is in place) and Substance Abuse records. Either parent is presumed to have this right unless there is a notice of cessation of parental rights on file. **The power of parental/guardian consent to this release terminates when the minor becomes emancipated or reaches 18 years of age.**
 - a. Within the School Health Programs, no verbal or written information concerning a client can be provided to others, without the explicit written or verbal permission of the client. More information can be found in the School Health Program policy on Confidentiality, Clinical Records, and Release of Information.
 - b. If the client refuses to provide verbal or written consent to allow a parent/guardian to access the medical record, but the parent/guardian insists on access, the parent/guardian must be allowed to access the medical record, excluding information related to confidential services listed above and unless the parent is not authorized to receive access to medical records under HIPAA or Michigan law. The client is notified prior to allowing access.

D. Electronic Records

1. Electronic Records: The above requirements apply equally to electronic records. No employee shall release electronic records without complying with this policy and BLDHD HIPAA policies.

- a. If authorization for release and/or disclosure of electronic records is made through hard copy, a copy of the *Authorization to Share Health Information* and the *Record Retrieval Form* should be scanned and saved in the client's Electronic Health Record in the "Consents" section of the electronic record. A copy of the authorization and record retrieval form should also be scanned and retained in the electronic Record Retention File maintained by the Privacy Officer.
- b. When the individual is not a client of BLDHD, the *Authorization to Share Health Information* to release physical health information or the *Authorization to Share Behavioral Health Information* to release behavioral health information, and the *Record Retrieval Form*, and any accompanying documentation, will be scanned and retained by the Privacy Officer.
- c. If electronic records can be downloaded and copied, a hard copy should be sent upon proper release, unless the client or other authorized requestor specifically requests records in electronic format. In that case, the record shall be saved in an electronic format.
- d. In the latter case, the record will be downloaded onto an electronic device and provided to client or whomever the client designates via signed Release of Record form.
- e. If the electronic records cannot be downloaded and copied, a hard copy should be sent upon proper release. If the electronic records cannot be downloaded and copied, the person authorizing the release will be notified of the inability to download and copy records.
- f. The individual will also be notified that they may be provided access to the records on site at the Health Department. An employee must access the record for the individual and then must observe the person as he or she accesses the records to ensure file and system security. In either event, disclosure must be documented on the *Record Retrieval Form*.

E. Court Orders and Subpoenas

The HIPAA Privacy Law permits disclosures without a written authorization from the individual in certain circumstances, including where the use or disclosure is "required by law." Under HIPAA, a use or disclosure is "required by law" when there is a mandate contained in the law that compels BLDHD to make the use or disclosure of PHI that is enforceable in a court of law.

The program Supervisor or Division Director shall be notified immediately upon receipt of a subpoena or court order. They may contact the Privacy Officer and may consult with the Health Officer regarding the need to contact legal counsel.

1. Issuance of Court Order: Court orders are documents signed by a judge that have the power to force an appearance of the recipient as a witness or the production of client records, or both.
2. Issuance of a Subpoena: Court clerks, attorneys, administrative law judges or trial court judges (circuit, district and probate) can issue subpoenas. A subpoena signed by anyone other than a trial court judge is not considered a court order pursuant to Federal law. If a subpoena is not accompanied by a court order BLDHD will make disclosures if it receives "satisfactory assurance" from the requesting individual that reasonable efforts have been made to give the subject of the PHI notice of the request or BLDHD receives an authorization from the subject of the PHI.

3. Court orders and subpoenas must be complied with to the extent that the recipient should appear in court or at the deposition and, if requested, produce documents. However, unless the subject of the PHI has issued an authorization, satisfactory assurances pursuant to 45 CFR 164.512 or a trial court judge orders, the recipient should not testify as to client confidence or permit PHI to be inspected. The program Supervisor or Division Director will work with the Privacy Officer to determine who will contact the requesting individual or attorney to determine next steps.

When a client's medical record is subpoenaed, the record is to be reviewed by the program Supervisor, Division Director or Privacy Officer before it is released. the *Authorization to Share Health Information* to release physical health information or the *Authorization to Share Behavioral Health Information* to release behavioral health information should be obtained from the client by the individual requesting the information. **Authorization for Release of Medical Information form "MC 315" may also be accepted pursuant to Michigan law.** A *Response to Subpoena Letter* should accompany the release form.

4. If the client refuses to sign the Release of Medical Records or fails to promptly respond to the request for the Release, the program Supervisor, Division Director or Privacy Officer must be notified immediately and consult with the Health Officer regarding the need to contact legal counsel.
5. The failure to promptly respond to a Subpoena may subject the Agency or the employee, who is served with the Subpoena, to contempt of court proceedings. Delays in responding to the subpoena consistent with this policy are not acceptable. There are certain limited circumstances when a Release of Information is not required by law, but that decision must be made by the Agency's attorney or the Health Officer.
6. Court Orders and subpoenas must be complied with exactly unless refusal is accomplished through an attorney. **CAUTION:** Even a police officer has no right to client information without a court order.
7. Attorney privilege: Just because an attorney represents a client does not mean that the attorney has a right to review privileged material or to discuss privileged matters with a health professional. Just because an attorney issues a subpoena, does not mean the attorney should be given upon a trial court judge's order or the client's written consent.
8. Specific Requests: If a client requests only a portion of his/her record, the request should identify exactly what information is being requested.
9. *Duces tecum* means the record keeper must appear in court or at a deposition with the records, unless the attorney indicates that only copies need be sent. However, unless there is a trial court judge's order or written client consent, the record keeper should appear with the documents but deny access.
10. Requests for Original Record: If an original record is requested, a BLDHD staff member should accompany the record to the court and a receipt for the record should be obtained. The court can require the original. A copy of the record must be made for health department records.
11. Court Request for Proof of Appointments: A Release of Information signed by the client must be obtained prior to releasing any information. After the release is obtained, the court may be

provided, in writing, the date of appointments attended and missed, documentation of progress, or lack thereof, toward goals, etc., and sent to the court.

12. Administrative Law Judges: Workers Compensation, Civil Rights Departments and Employment Compensation Bureaus have administrative law judges that may issue subpoenas. However, unless a trial court judge orders or the client consents in writing, access to confidential records or testimony on client confidences should not be given.
13. Delivery of Documents to Court: Documents must be delivered only to the court either by sealed delivery or by mail in care of the presiding judge.
14. Insufficient Subpoena: If the order and subpoena is insufficient, *it cannot be ignored*. The following steps must be taken:
 - a. Program Supervisor, Division Director or Privacy Officer must be notified immediately and consult with the Health Officer regarding the need to contact legal counsel.
 - b. An individual is appointed to contact the subpoenaing attorney
 - c. Explain to attorney why subpoena is insufficient
 - d. If attorney says to disregard the subpoena, obtain written confirmation to the lawyer verifying that the BLDHD staff member has been released from the provisions in the subpoena regarding appearance and disclosure of documents.
 - e. If the attorney will not correct the deficiencies, a court appearance will be required to explain why the subpoena is invalid as a release of confidential information. The judge must then provide direction. If the Court orders production of material in court or through a signed order, compliance will be made.
15. **Special HIV/AIDS requirements:** In relation to special HIV/AIDS requirements
 - a. An order must accompany the subpoena. The order is valid only if the court order first determines the following: That there is no other available, effective way to get the information; and that the public interest and needs for disclosure outweighs the potential for injury to the person. MCL 333.5131(3)
 - b. If a court issues an order for the disclosure of the information, the order shall do all of the following: Limit disclosure to only that information which is needed and to only those persons that need to know the information and include such other measures as considered necessary by the court to limit disclosure for the protection of the client.
 - c. Release of Information to a Legislative Body: A person who releases information pertaining to HIV infection or acquired immunodeficiency syndrome to a legislative body shall not identify in the information a specific individual who was tested or is being treated for those conditions.
16. Program Supervisor, Division Director or Privacy Officer must consult with the Health Officer regarding the need to contact legal counsel where there is an attorney, administrative law judge, or court clerk issued subpoena, but no written client consent and the issuing attorney, administrative law judge, and/or court clerk is unwilling to obtain such client consent or a trial court judge subpoena.
17. No information should be released if records are subpoenaed that have been identified elsewhere in the policy as having special protections such as mental health, family planning, and HIV for example, without the approval of the program Supervisor, Division Director or Privacy Officer.

F. Procedures to Release Information Requested Using a Release of Information Form or Court Order/Subpoena

1. Upon receipt of a valid authorization/Court Order specific information will be gathered by the respective Program/Division. All information to be released will be reviewed and authorized by the Privacy Officer and Program Coordinator/Supervisor and/or Division Director or Health Officer in the absence of Division Director regarding the need to contact legal counsel.
2. Documentation of Information Release: Any release of information must be documented. A copy of the *Authorization to Share Health Information* to release physical health information or the *Authorization to Share Behavioral Health Information* to release behavioral health information and a copy of the *Record Retrieval Form* will be kept in the client's record/file. The release will be scanned and saved in the "Consents" section of the electronic health record.
3. Record of Retrieval: A *Record Retrieval Form* will be completed on all records released and forwarded with the portion of the record that was sent. If any portion of the requested record is not sent, it must be noted on the Record Retrieval form. This form will allow the requestor to obtain the portion of the record/file not sent provided it was covered on the original Release of Information Form.
4. Court Orders and subpoenas must be complied with exactly, unless refusal is accomplished through an attorney. If there are no records to release and the requesting entity will not accept this documentation on the *Record Retrieval Form*, a signed declaration stating that a diligent search had revealed no such records exist.
5. Program Specific Release: Certain programs require the use of a specific Release of Information form. See specific program manuals for these.

G. Exceptions to Confidentiality Requirement

1. Examples of permitted uses or disclosures of PHI without client's authorization include, but are not limited to:
 - 1) Disclosures about victims of abuse, neglect or domestic violence,
 - 2) Uses and disclosures for health oversight activities such as:
 - a. Hazardous Communicable Infectious Disease (Certain restrictions apply [i.e. STI and HIV section]);
 - b. When there is a serious, imminent threat to a reasonably identifiable third party;
 - c. Serious threat to health or safety (Section 164.512 of the Privacy Rule): Covered entities may disclose protected health information that they believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat). Covered entities may also disclose to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal. This exception includes a presumption of good faith belief, as long as the belief is based on the covered entity's actual knowledge or in reliance on a credible representation by a person with apparent knowledge or authority.
 - 3) Disclosures for law enforcement purposes.
2. The program Supervisor or Division Director will work with the Privacy Officer to evaluate if permitted uses or disclosures of PHI are applicable if questions arise. In evaluating disclosure,

the Privacy Officer should take into account HIPAA Permitted Uses and Disclosures law and state law.

H. Special exceptions in Confidentiality Requirement related to HIV/AIDS:

1. Special requirements for the release of medical records with AIDS and HIV information should include the following:
 - a. The client's signature or signature of the parent or legal guardian if the individual is a minor or mentally incapacitated.
 - b. Acknowledgment that the record contains any HIV or AIDS information.
2. There are exceptions, where AIDS or HIV information can be released without the person's authorization as permitted by HIPAA and state law and outlined in MCL 333.5131(5)(a). Specifically, MCL 333.5131(5)(a) provides that information pertaining to an individual who is HIV infected or has been diagnosed as having acquired immunodeficiency syndrome may be released without authorization from the person for 1 or more of the following reasons: 1. To protect the health of the individual; 2. To prevent further transmission of HIV; 3. To diagnose and care for a client.
3. MCL 333.5131 provides other instances and requirements for when information pertaining to an individual who is HIV infected or has been diagnosed with acquired immunodeficiency syndrome (AIDS) may be disclosed. BLDHD will follow these parameters and all BLDHD personnel will report to program Supervisor or Division Director who will work with the Privacy Officer regarding circumstances where disclosure may be necessary. The Health Officer will determine if legal counsel is needed.

I. Reporting HIV and Infectious Diseases to Emergency Responders, Law Enforcement, and Morticians

1. Michigan law establishes that all reports, records and data pertaining to testing, care, treatment, reporting, and research, and information pertaining to partner notification that are associated with HIV infection and acquired immunodeficiency syndrome (AIDS) are confidential. BLDHD will only release reports, records, data, and information pursuant to Michigan law including MCL 333.5131.
2. In certain circumstances, HIV and infectious disease testing results can be released to emergency care providers without client consent. Program Supervisor, Division Director or Privacy Officer should be contacted in the event BLDHD receives a request from a police officer, fire fighter or other licensed individual identified in MCL 333.20191 regarding potential exposure to HIV or other qualifying infections disease. See MCL §333.20191 for further details.

J. Enforcement

All supervisors and directors are responsible for enforcing this policy. Employees who violate this policy are subject to discipline up to and including termination from employment in accordance with the Employee Personnel Policies.

Forms:

Authorization to Share Health Information/Revoke Authorization

Authorization to Share Behavioral Health Information/Revoke Authorization

Record Retrieval Form