

SAN JOAQUIN COUNTY BEHAVIORAL HEALTH SERVICES AUTHORIZATION TO RELEASE OF INFORMATION (ROI) GUIDELINES

The following list is to provide guidance when assisting SJCBS clients in completing an Authorization to Release Personal (Protected) Health Information (PHI).

1. All authorizations must include the name, date of birth, and Social Security number of the client authorizing the release.
2. Any other name(s) used should be noted.
3. Client must indicate the beginning date (of treatment) and the ending date (of treatment) covered by this authorization. Terms such as “any and all” or “entire record” are acceptable if the client has indicated the type of information, i.e. inpatient, outpatient, lab reports, etc. Authorization can be made only for treatment that has taken place, not for treatment that may take place in the future.
4. The complete name(s) of the individual(s) or entity(s) who are to disclose and/or receive the PHI are to be completed on the form.
5. A purpose for the release must be included in the authorization. Client can check personal records, continuing care, or other. The client should be encouraged to be as specific as possible.
6. If the client is requesting their own records they must indicate how they wish to receive their PHI. They must indicate whether they want to view their PHI, receive a copy, or receive a summary. Clients requesting their own PHI will be given the “Your Right To Access Your Information” sheet which explains the client access process in greater detail. This sheet was previously on the reverse side of the Access Form.
7. Clients must indicate the type(s) of records they are authorizing. Again, if the client checks ‘other’ he/she should be encouraged to be as specific as possible. If the client has a form they need completed they should note the type or title of the form in the area provided. Attach the form to the completed authorization form.
8. The client must indicate special authorization for the appropriate type of information to be released. At a minimum this should include Psychiatric/Mental Health.
9. The client must indicate an expiration date for the authorization. This date is not to exceed one year. Authorizations will expire one year from the date of the authorization or sooner as indicated by the client.
10. The client must indicate whether or not they have received a copy of the completed authorization.
11. Client or representative must date and sign the authorization. If a representative signs, they must include their authority/relationship to the patient.
12. Forward the completed authorization and any other documents or forms to the Clinical Records department for processing.
13. Attach a copy of the client’s identification.