

## **Release of Health Information**

Records from 1887 through 1978 and/or 1979 are all on microfilm. Somewhere around 1978 and 1979 records were no longer being put on microfilm and being sent to the Library of Virginia. Records from that time to the present we still have here either in the file room or in storage. For requests for records that are on microfilm please see the information on microfilm records page.

All requests for information from the medical record must be directed, in writing, to the Health Information Management (HIM) Department. Business hours in the HIM Department are from 8:30 a.m. – 5:00 p.m., Monday through Friday, excluding holidays.

Southwestern Virginia Mental Health Institute  
Health Information Management Department  
340 Bagley Circle  
Marion, VA 24354

Phone: 276-783-1237

Fax: 276-783-1247

Authorizations for Use/Disclosure/Exchange of Protected Health Information can be used for all requests, regardless of whether the records are on microfilm or still on site. Only use the Deceased Patient Authorization for record requests on deceased patients.

### **Authorization for Release of Information**

1. Identification must be shown by the party wishing to inspect the medical record or have copies furnished.
2. Requests to inspect/view the medical record should be coordinated through the Release of Information Technician and/or Health Information Manager.
3. Authorizations for the release of information must meet the following criteria:
  - a.. Information sufficient to identify the patient;
  - b. SWVMHI is authorized to make the requested disclosure;
  - c. Name of the organization and the name and title of the person to whom SWVMHI may make disclosure;
  - d. Description of the information to be disclosed;
  - e. Purpose of the disclosure;
  - f. An indication whether the authorization extends to information placed in the record after the authorization was given, but before it expires;

- g. Effective date of the authorization;
- h. Expiration date, event or condition;
- i. A statement informing the patient of the right to revoke the authorization, exception to the revocation right, and how the individual may revoke the authorization;
- j. A statement informing the patient that the organization may not condition the provision of treatment on the signing of the authorization;
- k. A statement that there is potential for the PHI disclosed pursuant to the authorization to be subject to redisclosure by the recipient and, therefore, no longer protected by the provision of the HIPAA privacy rule;
- l. Signature of the adult patient, or legally authorized representative if applicable (\*);
- m. Signature of the parent or legal guardian of the minor patient and signature of the minor patient as required; and
- n. Date of the signature is in accordance with the stated expiration date.

\*: For incompetent patients, records can be released on signature of the legal guardian.

The Deceased Patient Authorization will need to be used for the release of records on deceased patients. For deceased patients, records can be released on signature of the personal representative or executor or if no personal representative or executor, to the following persons in the following order of priority: a spouse, an adult son or daughter, either parent, an adult brother or sister, or any other relative of the deceased individual in order of blood relationship.

Minors: In the case of a minor, the authorization of the custodial parent or other person authorized to consent to the minor's treatment is required, except as follows. A minor may authorize disclosure of information related to medical or health services for a sexually transmitted or contagious disease, family planning or pregnancy, and outpatient care, treatment or rehabilitation for substance use disorders, mental illness or emotional disturbance. The concurrent authorization of the minor and custodial parent is required to disclose inpatient substance abuse records. The minor and the custodial parent shall authorize the disclosure of identifying information related to the minor's inpatient psychiatric hospitalization when the minor is 14 years of age or older and has consented to the admission

## Fee Schedule for Copies

Allowable charges for copies of medical records, per the Code of Virginia, are as follows:

Search and retrieval fee: \$10.00 (not applied to requests from patients or authorized representative, parent, legal guardian or VOPA.)

\$0.50 per page for the first 50 copies; \$0.25 per page thereafter

\$0.50 per page for microfilm copies

**NOTE: As a courtesy to requesters, it is the policy of Southwestern Virginia Mental Health Institute (SWVMHI) to provide a copy of the Discharge Summary free of charge, as this document summarizes the events of hospitalization.**

## Turn Around Time

Virginia statutes require information requests to be processed within 15 days following receipt of the request.

## Limitation of Access

Per 12VAC35-115-90, access to all or a part of an individual's services record may be denied or limited only if a physician or a clinical psychologist involved in providing services to the individual talks to the individual, examines the services record as a result of the individual's request for access, and signs and puts in the services record permanently a written statement that he thinks access to the services record by the individual at this time would be reasonably likely to endanger the life or physical safety of the individual or another person or that the services record makes reference to a person other than a health care provider and the access requested would be reasonably likely to cause substantial harm to the referenced person.

## DISCLOSURE GRID

Type of Request/Requester	Authorization Required	Copy Charges Allowed
Accrediting/Licensing Agencies (e.g., Joint Commission, Medicare/Medicaid, HMS)	No	No
Adult Patient	Yes (letter will suffice). But we prefer an authorization be completed, if possible.	Yes, unless for continuity of care.
Attorney	Yes	Yes

Type of Request/Requester	Authorization Required	Copy Charges Allowed
Attorney for Facility (Attorney General)	No	No
Authorized Representative (AR)	<p>Yes, by AR while patient is in-house.</p> <p>EXCEPTION: If patient has diagnosis of substance abuse, patient must sign authorization.</p> <p>(AR authority expires post discharge.)</p>	Yes, unless for continuity of care.
Community Service Board (CSB)	No, in cases of emergencies. Yes, in non-emergent cases when patient has diagnosis of substance abuse and did not give prior consent.	No
Courts of Law (Court Order)	No	No
Deceased Patient	<p>Yes, if record is <math>\leq 75</math> years old. (Records may be disclosed in following order of priority: Personal representative or executor, a spouse, an adult son or daughter, either parent, an adult brother or sister or any other relative of the deceased in order of blood relationship.)</p> <p>No, if record is <math>\geq 75</math> years old.</p>	Yes
Department of Rehabilitative Services	Yes	No
Department of Social Services	Yes	No
Disability Determination Services	Yes	No, unless out of state with accompanying payment terms.
Employer of Patient	Yes, unless case is related to Workers' Compensation (request on letterhead will suffice). EXCEPTION: Authorization required if substance abuse diagnosis exists.	Yes, unless Workers' Compensation case.
Executive Management Committee (EMC)	No	No

Type of Request/Requester	Authorization Required	Copy Charges Allowed
Federal, State and Local Government, and Voluntary Welfare Agencies	No, when reporting is required by law.	No, when reporting is required by law.
Genealogy Request	<p>Yes, if record is <math>\leq</math> 75 years old. (Records may be disclosed in following order of priority: Personal representative or executor, a spouse, an adult son or daughter, either parent, an adult brother or sister or any other relative of the deceased in order of blood relationship.)</p> <p>No, if record is <math>\geq</math> 75 years old.</p>	Yes
Healthcare Providers	<p>No, in cases of emergencies.</p> <p>Yes, in non-emergent cases when patient has diagnosis of substance abuse and did not give prior consent.</p>	No, when for continuity of care.
Inspector General	No	No
Insurance Companies and Third Party Payers	Yes	Yes
Law Enforcement Officials	Yes, unless pursuant to a search warrant or grand jury subpoena or to identify or locate a suspect, fugitive, an individual required to register with the Sex Offender & Crimes Against Minors Registry Act, material witness or missing person.	No
Legal Guardian	Yes	Yes, unless for continuity of care.
Medical Examiner/Coroner	No, when reporting is required by law.	No, when reporting is required by law.
Minor (non-substance abuse diagnosis)	Yes, by custodial parent or other authorized person.	Yes, unless for continuity of care.

Type of Request/Requester	Authorization Required	Copy Charges Allowed
Minor (substance abuse diagnosis)	Yes, by minor AND custodial parent or other authorized person.	Yes, unless for continuity of care.
Power of Attorney (POA)	Yes (need copy of POA).	Yes, unless for continuity of care.
Probation Officer	Yes	No
Protection of Public Safety	No	No
Secret Service	No, but authorization requested.	No
State Health Commissioner (or designee)	No	No
Statistical Reporting	No	No
Subpoena: See HIM Procedure "Subpoena Processing"		
VOPA	Yes, unless VOPA determines there is probable cause to believe that a patient has been subject to abuse or neglect.	Yes