

## **CONSUMER INFORMATION/SECURITY OF CONFIDENTIALITY**

**POLICY:** AIDS Alabama will guarantee all consumer information is protected in accordance with the Health Information Portability and Accountability Act (HIPAA) and 242 CFR Part 2.

### **PROCEDURES:**

1. All charts are kept under two locks.
2. Only billing staff, monitoring staff and case managers will have access to main office medical charts and receive a key to the chart room.
3. Information to third parties can only be released with a consumer-signed release of information authorization (described elsewhere) or informed consent.
4. Subpoena for information cannot be released - only by specific court order.
5. Consumers may access their chart's information when:
  - a. They put their request in writing with explanation of what they want to review and why.
  - b. Their chart is reviewed by the Executive Director to ensure there is not data that could be harmful to consumer or is privileged information.
  - c. The consumer may then sit down with the Social Work Supervisor to review together their chart information.
  - d. Consumers wanting copies of records may have this at a cost of \$4.00 a page.

## **Written Authorization for Disclosure**

### Policy:

As a further precaution to protect consumer confidentiality in regards to their HIV status, AIDS Alabama South has adopted another working name for bank accounts and public mailings. This is "The Housing Assistance Fund" and is approved by the U.S. Department of Housing and Urban Development. Consumers may request this name on authorizations.

### Procedure:

A Release of Information form must be completed containing all of the following information:

1. The name of the program that is to make the disclosure.
2. The name or title of the person to whom, or organization to which disclosure is to be made.
3. The full name of the consumer.
4. The specific purpose or need for the disclosure.
5. The extent and / or nature of information to be disclosed.
6. A statement that the authorization is subject to revocation by the consumer or his agent at any time except to the extent that action has been taken in reliance thereon. (In the case of those individuals whose release from confinement, probation, or parole is conditional upon his / her participation in a

treatment program, the authorization may be revoked.)

7. A specification of the date, event, or condition (no more than two (2) years away as long as the original purpose / need still exists) upon which the authorization will expire without expressed revocation.
8. The date on which the authorization is signed.
9. The signature of the client (or agent if applicable). There should be two witnesses to the consumer's signature if the consumer signs with a mark (e.g. signs with an "X") or if consent is given by telephone. When authorization is given by telephone, the client's actual signature is obtained at the earliest opportunity.
10. Documentation that authorization was obtained through interpretation or translation when the client is deaf or limited English proficient.
11. No consumer's records are released to other individuals or agencies without the written informed consent of the consumer except for requests in accordance with state and federal laws and regulations, i.e., client is in a hospital, unconscious and unable to request their records, client has been deemed mentally incompetent, the client is deemed to be a danger to themselves or others or so documented.