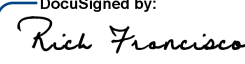




<b>Policy/ Procedure Title:</b> Disclosure of Consumer Information	<b>Policy and Procedure #:</b> 04-002	<b><u>Review Dates</u></b>	
<b>Category:</b> Health Information  <b>Subject:</b> To ensure consumer information is disclosed according to the requirements of applicable Federal and State laws.	<b>Prepared by:</b> Name: Helen Dobb Title: Compliance Manager  <b>Approved by:</b> DocuSigned by:  AA7EBD48ABB04A3... Rich Francisco, Executive Director  <b>Effective Date:</b> 04/22/1983	01/07/2025	
		01/15/2026	
		<b>Last Revised Date:</b> 02/01/2024	

## I. POLICY

HealthWest will protect the confidentiality of protected health information (PHI) contained in the clinical record of a consumer.

## III. APPLICATION

All Agency employees, volunteers, student interns, and people under contract with HealthWest.

## IV. PROCEDURE

- A. HealthWest may disclose to requesting parties only when authorized using consent forms signed by the following:
  1. Competent adult recipient.
  2. Court-appointed guardian of incompetent adult recipient.
  3. Parent(s) or legal guardian of a minor recipient. If divorced, the legal parent(s).
- B. Michigan State laws require minors (a person under age 18) to authorize disclosure of the following information, except when a minor lacks capacity because of extreme youth or mental or physical condition to make a rational decision:
  1. Substance abuse.
  2. Venereal disease (MCL 333.2834).
  3. HIV, AIDS (P.A. 491).
  4. Pregnancy.
- C. An emancipated minor may consent to treatment and authorize disclosure of PHI. An emancipated minor is defined as a recipient under the age of eighteen (18) who is any of the following:
  1. Married.
  2. Serving active duty with the Armed Forces of the United States.
  3. Emancipated through a Probate Court Order.
  4. A minor who is a parent may consent to the treatment of his/her child(ren).
  5. Probate Court may authorize disclosure of records for permanent wards.

- D. In cases of deceased recipients, consents may be signed by individuals in the following descending priority:
1. Personal representative of the estate appointed by the Probate Court.
  2. Executor of the estate.
- E. Subject to the limitations of the Michigan Mental Health Code, and Title 42, Part 2 of the Code of Federal Regulations, HealthWest may use or disclose PHI without consumer authorization as follows:
1. **Treatment.**
    - a. HealthWest can share PHI with other professionals who are treating a consumer under contract with HealthWest in order to provide and coordinate health care and related services.
    - b. HealthWest can share PHI with health care providers, both physical and mental health, as necessary for treatment and coordination of care in accordance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-101.
      - i. Per the regulations of Title 42 CFR, Part 2 of the Code of Regulations, if you are receiving substance use treatment services, you must give us written permission before we may use or disclose your PHI relating to those services, including for treatment, payment, or healthcare operations. In these cases, you may give a single consent for all future uses or disclosures for treatment, payment, and healthcare operations.
  2. **Payment.** HealthWest can disclose PHI in order to receive payment for services that are provided to the consumer.
  3. **Running the Organization.** HealthWest may use and share a consumer's PHI to support the business activities of the agency for operational purposes.
  4. **Fundraising and Other Communications.** HealthWest may use or disclose parts of a consumer's PHI to offer the consumer information that may be of interest to them.
  5. **Business Associates and Subcontractors.** HealthWest may contract with individuals and entities known as Business Associates to perform various functions or provide certain services. In order to perform these functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose a consumer's PHI, but only after they sign an agreement with HealthWest requiring them to implement appropriate safeguards regarding a consumer's PHI. Similarly, a Business Associate may hire a Subcontractor to assist in performing functions or providing services in connection with a consumer's services.
  6. **Avert a Serious Threat to Health or Safety.** HealthWest may use and disclose a consumer's PHI when necessary to prevent a serious threat to their health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

7. **Public Health.** HealthWest may disclose parts of a consumer's PHI to the Public Health Department when the law requires HealthWest to do so. This disclosure would only be made for the purpose of controlling disease, injury, or disability.
8. **Health Oversight Entities.** HealthWest may disclose a consumer's PHI to agencies that are responsible for making sure HealthWest services meet quality standards.
9. **Law Enforcement.** HealthWest will disclose a consumer's PHI when required to do so by Federal, State or local law.
10. **Food and Drug Administration.** HealthWest may disclose a consumer's PHI if the Food and Drug Administration requires it.
11. **Coroners or Medical Examiners.** HealthWest may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties.
12. **Workers' Compensation.** HealthWest may disclose a consumer's PHI to comply with Michigan workers' compensation laws.
13. **Michigan Department of Health and Human Services (MDHHS).** HealthWest must release a consumer's PHI to MDHHS so they can ensure staff are following the law. HealthWest also will release a consumer's PHI if staff suspect there may have been children or vulnerable adults abuse or neglect. Federal and State Laws require these mandated reports.
14. **Military and or Veteran's Administration.** If a consumer is a member of the Armed Forces, HealthWest may release a consumer's PHI as required by military command authorities. HealthWest may also release PHI for a consumer to receive and/or coordinate benefits.
15. **As Required by Law.** HealthWest will disclose PHI when required to do so by Federal, State, or local law.
16. **Disclosure to Health Plan Sponsor.** PHI may be disclosed to health plans for purposes of facilitating claims payments under that plan.
17. **Reproductive Health Care.** We may not use or disclose your PHI for any of the following activities:
  - a. To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
  - b. To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
  - c. To identify any person for any purpose described above.
18. **Substance Use Treatment Records.** Substance use treatment records, or testimony relaying the content of such records, may not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written permission or a court order authorizing the use or

disclosure. A court order for this purpose must be accompanied by a subpoena or similar legal mandate compelling the disclosure. Such records may only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record.

Attestation. By law, if we collect, receive, or maintain health information that is potentially related to your reproductive health care, in some cases we must obtain an attestation from the health information recipients that they will not use or share that health information for a purpose prohibited by law. For example, the situations requiring an attestation may involve:

- a. Health oversight activities. For example, we may share your reproductive health care-related health information in some situations for health oversight agency audits or inspections, civil or criminal investigations or proceedings, or licensure actions.
- b. Judicial and administrative proceedings. For example, we may share your reproductive health care-related health information in some situations in response to a court or administrative order, subpoena, or discovery request.
- c. Law enforcement purposes. For example, we may share your reproductive health care-related health information in some situations for law enforcement purposes, including in response to a court-ordered warrant or a law enforcement official's request for information about a victim of a crime. Coroners or medical examiners. For example, we may share your reproductive health care-related health information in some situations to a coroner or medical examiner to identify a deceased person, determine cause of death, or other duties as authorized by law.

- F. Consumer authorization is required for the disclosure of PHI not otherwise noted in Section E above.
- G. HealthWest's practice will be to continue to obtain a signed consent for the purpose of exchanging information with a consumer's primary care physician, but it is not required.
- H. Per the regulations of Title 42 CFR, Part 2 of the Code of Regulations, substance use disorder treatment information continues to require a signed consent from the consumer in order to share PHI with any provider/individual.
- I. HealthWest utilizes one consent form for the purpose of authorizing the disclosure of PHI from a consumer's medical record and/or requesting information from an outside entity:
  1. Michigan Department of Health and Human Services Consent to Share Information(MDHHS-5515) If the consumer is physically unable to sign, they may authorize disclosure by marking an "X" or using a signature stamp. However, either must be witnessed and there must be documentation in the clinical record explaining why the consumer is unable to sign.
- J. No corrections, modifications, or additions to the consent form may be made once signatures are obtained. If corrections, modifications, or additions are needed, a new consent form must be completed.
- K. Consent forms shall have a duration no longer than one (1) year from the date of signature, unless an earlier date, event, or revocation is documented on the consent form.

- L. A consent form may be revoked at any time by entering revocation information within the electronic health record to include the revocation date, the person requesting the revocation, and the staff who received the request for revocation (if the request for revocation was received verbally).
- M. When consent has been granted by the consumer/parent/guardian to release PHI from the clinical record, only information generated by HealthWest staff can be disclosed. HealthWest cannot disclose information from a consumer's clinical record that has been obtained from outside entities.
- N. When sending documents from a consumer's clinical record to an outside entity, assigned clerical staff will perform this responsibility per established procedures. If circumstances do not allow for clerical support to provide this service, the staff person(s) sending the information must request their assigned clerical support staff complete an entry in the disclosure log within the electronic health record.
- O. HealthWest may charge a fee for sending copies of clinical records, adhering to the County of Muskegon's "Freedom of Information Act" guidelines.

V. REFERENCES

CFR 42 Part 2  
MCL 330.1748

Authors Initials HD/hb