

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES  
Health Care Department Operations Manual

**2.3.14 Release of Health Information: Family or Friend Access**

**(a) Policy**

- (1) Patients may authorize the release of their health care information. The California Department of Corrections and Rehabilitation (CDCR) 7385, Authorization for Release of Protected Health Information, documents a patient's desires regarding the release of such information.
- (2) If a patient wishes and consents, a family member or friend may request and receive an update when there is a significant change in a patient's condition. A patient is limited to one authorized family or friend to be the recipient of health care information regarding significant changes in the patient's condition. An additional authorization of a legal representative to receive verbal information shall be honored.
- (3) To authorize the release of health care information, the patient must complete a CDCR 7385. This form, along with instructions on how to complete it, can be obtained by the patient's written request to Health Information Management (HIM). A CDCR 7385 and instructions can also be obtained in the medical clinics and in health care settings.
- (4) Any CDCR 7385 authorization can be updated, changed, or revoked by written request of the patient at any time. A CDCR 7385 shall remain in force until its expiration date or until notice is received by HIM that it is revoked, at which time it shall be removed from the health record. Revocation requests shall be promptly forwarded to HIM.
- (5) Upon admission to a health care housing setting such as a Correctional Treatment Center, Outpatient Housing Unit, Skilled Nursing Facility, or Hospice, patients shall be given the Patient Fact Sheet (refer to Appendix 1) which informs them of the opportunity to complete a CDCR 7385. Patients may also elect to complete a CDCR 7385 during Primary Care Provider encounters. The CDCR 7385, instructions, and Patient Fact Sheet shall be available in these areas.
- (6) A patient's (or his/her personal representative's) authorization is considered valid if it contains at least the following elements:
  - (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 other specific identification of the persons(s) authorized to make the requested use or disclosure.
  - (C) The name or other specific identification of the person(s) to whom California Correctional Health Care Services (CCHCS) may make the requested use or disclosure.
  - (D) A description of each purpose of the requested use or disclosure and the specific uses and limitations on the use of the health information by the persons or entities authorized to receive it. The statement "at the request of the individual" is a sufficient description of the purpose when a patient initiates the authorization and does not, or elects not to, provide a statement of the purpose.
  - (E) An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure after which disclosure is no longer authorized.
  - (F) A signature which serves no other purpose than to execute the document and date. If the authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the individual must also be provided.
  - (G) A statement that the patient has the right to revoke the authorization in writing and a description of how the individual may revoke the authorization.
  - (H) A statement that CCHCS may not condition treatment on whether the patient signs the authorization.
  - (I) A statement concerning the potential for the information disclosed to be subject to redisclosure by the recipient and no longer protected by federal and/or state law.
  - (J) A statement advising the patient of their right to receive a copy of the authorization.
  - (K) The authorization must be in writing in at least 14 point type and must be clearly separate from any other language present in the same document.
- (7) The CDCR 7385 satisfies the requirements stated above in Section (a)(6) and should be used for disclosures pursuant to patient authorization. Other Release of Information (ROI) Authorization forms may be accepted if they conform to all of the requirements in this policy.
- (8) An authorization is considered defective and invalid if any material information in the authorization is known to be false by CCHCS, CDCR or its employees, or if any of the following defects exists:
  - (A) The expiration date has passed.

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- (B) The authorization has not been filled out completely or lacks a required element.
- (C) The authorization is known to have been revoked.

**(b) Purpose**

To inform patients that they may authorize the release of their health care information; to establish a process for a family member, friend, or legal representative to request verbal health care information regarding significant changes in a patient's condition or status; and to specify the institution's responsibilities in the process of authorization and release of health care information to a family member, friend, or legal representative.

**(c) Responsibilities**

- (1) The Chief Executive Officer (CEO), or designee, has overall responsibility to create a Local Operating Procedure (LOP) for implementing and sustaining this policy and procedure in the institution. The CEO or designee shall work with the Warden to establish a dedicated telephone ROI Access Line or extension at each institution for the use of the authorized family member, friend, or legal representative to obtain health care information about significant changes in the patient's condition or status. The CEO, or designee, is responsible for managing the ROI Access Line requests for release of health care information and for tracking and reporting.
- (2) The HIM supervisor, or designee, under the authority of the CEO, or designee, is responsible for reviewing and processing all written requests for release of health information. The HIM supervisor is responsible for ensuring that requests for patient health information from a family member, friend, or legal representative are accompanied by a CDCR 7385, or that a valid "Release of Information" authorization for the requesting party is on file.
- (3) The appropriate Clinical Chief (Chief Medical Executive, Chief of Mental Health, or Supervising Dentist), or designee, is responsible for releasing verbal health care information regarding significant changes in a patient's condition to the authorized family member, friend, or legal representative as permitted by law.

**(d) Procedure Overview**

This procedure provides requirements for obtaining authorization for release of health information, processing written and verbal requests for information (both with and without authorization on file), and distributing and displaying the Patient Fact Sheet.

**(e) Procedure**

**(1) Obtaining Authorization for Release of Information**

- (A) The patient's written authorization is required for any release of health care information including release to a family member or friend, as permitted by law.
- (B) The CEO, or designee, at each institution is required to create an LOP which shall designate who has oversight and describe how the institution will comply with each element of this policy and procedure. The LOP shall designate personnel and back-up personnel to check the ROI Access Line at least once daily during normal business hours, respond to callers, communicate with HIM staff, and maintain the ROI Tracking Log and ROI Contact Sheets.
- (C) The CEO, or designee, shall work with the Warden to maintain a dedicated telephone ROI Access Line or extension at each institution for the use of an authorized family member, friend, or legal representative to request health care information about significant changes in a patient's condition or status.

**(2) Processing Written and Verbal Requests**

- (A) All written requests for confidential patient health care information shall be referred to the HIM Supervisor or designee
- (B) Verbal or telephone requests for health care information shall be referred to the ROI Access Line. The ROI Access Line recorded message will inform callers that the purpose of the ROI Access Line is for requests regarding significant changes in a patient's condition or status, and that health care information will only be released to the family member, friend, or legal representative who is authorized as the recipient by the patient on a CDCR 7385, Authorization for Release of Protected Health Information. The ROI Access Line recorded message shall request the name of the caller, mailing address, relationship to the patient, telephone number where they can be reached during regular business hours, patient's full name, CDCR identification number, date of birth, and a brief description of the health care request.
  1. The CEO, or designee, is responsible for managing the ROI Access Line and ROI process. The CEO, or designee, shall retrieve ROI Access Line messages at least once daily on business days.

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2. The CEO, or designee, shall maintain an ROI Tracking Log and create an ROI Tracking Log Report which shows compliance with record keeping and timelines. The ROI Tracking Log Report is to be submitted on a quarterly basis to the Regional Health Care Executive.
3. The CEO, or designee, on each business day, shall work with the HIM Supervisor or designee to verify that requestors have authorization to receive health care information.

**(3) Request for Information Without Authorization on File**

- (A) If an ROI Access Line request to obtain health care information on significant changes in a patient's condition is received and there is no authorization on file for the requesting person, the CEO, or designee, shall record this in the ROI Tracking Log.
- (B) The CEO, or designee, shall notify the requestor to contact the patient to ask the patient to complete a CDCR 7385 to authorize release of information to the requesting person. The first attempted contact to the requesting person shall be completed by the end of the fifth business day. Contact information shall be entered into the ROI Tracking Log.
- (C) If the CEO, or designee, cannot reach the requesting person by phone after two attempts, a letter shall be sent conveying the above information if the address of the caller is provided on the Access Line. The date and sender shall be noted on the ROI Tracking Log.
- (D) If a caller without authorization to receive information is asking about an emergency involving a patient, the call shall be logged in the ROI Tracking Log and the ROI Contact Sheet given to either the CEO, or designee, or the appropriate Clinical Chief (Chief Medical Executive, Chief of Mental Health, or Supervising Dentist), or designee, for management and documentation. The ROI Contact Sheet shall be returned to the CEO, or designee, to record in the ROI Tracking Log.

**(4) Request for Information with Authorization on File**

- (A) If there is a signed authorization for the requesting person, the CEO, or designee, shall forward the ROI Contact Sheet to the appropriate Clinical Chief or designee who will access the health record (including a current CDCR 7385 or copy) and make a first attempt to return the call to the requesting person by the end of the fifth business day. The Clinical Chief, or designee, shall document the discussion in the health record. The responsible Clinical Chief, or designee, shall return the completed ROI Contact Sheet to the CEO, or designee, who will complete the ROI Tracking Log.
- (B) When verbally releasing health care information, the Clinical Chief, or designee, who is responsible for the release shall ensure that only the specific health care information that the patient has authorized to be released is given. The verbal discussion regarding patient health care information shall be documented in the health record. No information regarding visiting or the patient's location may be disclosed by any health care staff.
- (C) The decision to disclose patient identifiable, health related information shall be in compliance with applicable federal laws and requirements, state statutes and regulations, and California Correctional Health Care Services policies and procedures. The Clinical Chief, or designee, shall make a reasonable attempt to verify the identity of the recipient prior to releasing any health care information.

**(5) Distribution and Display of the Patient Fact Sheet**

- (A) The Patient Fact Sheet which provides information on the opportunity to complete the CDCR 7385, shall be distributed by health care staff to all patients during admission to any CDCR health care setting including Outpatient Housing Unit, Skilled Nursing Facility, Correctional Treatment Center, or Hospice.
- (B) The Patient Fact Sheet shall be available in all of the above areas as well as the law library. Additional locations for distributing these documents may be designated by either the CEO, or designee, or the Warden.

**Appendices**

- Appendix 1: Patient Fact Sheet

**References**

- California Code of Regulations, Title 22, Division 5, Chapter 12, Article 5, Section 79803, Health Records Service, and Section 79807, Inmate-Patient Health Record Availability
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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- California Department of Corrections and Rehabilitation, Department Operations Manual, Chapter 1, Article 13, Section 13010.11, Authorized Release of Information

**Revision History**

Effective: 05/2009

Revised: 08/2015

**Appendix 1**

**Patient Fact Sheet**

**CDCR 7385, Authorization for Release of Protected Health Information**

<b>WHAT</b>	<ul style="list-style-type: none"> <li>• You have the option to have your health information shared with people and organizations of your choice. You have the right to select the type of health information that is shared.</li> <li>• By completing a California Department of Corrections and Rehabilitation (CDCR) 7385, you can authorize health care staff to share your selected health care information with people or organizations which you specify. You may choose one family member or friend and a legal representative to receive verbal health care information regarding significant changes in your condition.</li> <li>• If you choose not to complete a CDCR 7385, your health information WILL NOT be released to your family or representative.</li> </ul>
<b>WHEN</b>	<ul style="list-style-type: none"> <li>• You shall receive information on how to complete a CDCR 7385 upon admission to a health care housing setting, such as a Correctional Treatment Center (CTC), Outpatient Housing Unit (OHU), or hospice.</li> <li>• You may change or cancel your CDCR 7385 at any time.</li> </ul>
<b>WHERE</b>	<ul style="list-style-type: none"> <li>• Request a CDCR 7385 from your institution medical records or from staff at any CDCR medical clinic, CTC, OHU, or hospice.</li> </ul>
<b>NEED HELP?</b>	<ul style="list-style-type: none"> <li>• Request assistance from health care staff or health records personnel.</li> </ul>