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ANNOUNCEMENTS FOR DIRECTLY-OPERATED KEEPERS OF RECORDS

DMH has received approval to process Social Security Administration’s (SSA) 827 Authorization to Disclose Information e-Signature Form. This authorization form contains the SSA customer’s electronic signature that has been obtained through SSA’s online portal. The SSA eSignature is deemed secure, HIPAA compliant, and their on-line system meets our Department’s non-repudiation requirements. A copy of the SSA’s notice is attached to this Bulletin. The new e-signature should be treated the same as a handwritten signature on the SSA 827. This new process will shorten the processing time of disability claims for DMH clients.

MH 708 - CONSENT FOR EMAIL

MH 706 - PATIENT INSTRUCTIONS

MH 707 - TIER 2 CLINICAL TRANSFER (FOR HWLA AND DMH-DHS CO-LOCATED PROGRAMS)

MH 708 - Consent for Email

The Quality Assurance Division, in collaboration with DMH County Counsel, Chief Information Office Bureau Information Security Division, and Health Information Portability and Accountability Act (HIPAA) Privacy Unit, has developed a new Consent for Email (MH 708) to be used prior to emailing clients. This form may only be used in accord with DMH Policy 500.49 “Appropriate Use of Email for Transmitting PHI and/or Confidential Data” and the DMH Standards for Using Secure Email to Communicate with Clients. The new form has been placed on-line in PDF format for use by **Directly-Operated Programs**. For **Contract agencies**, the Consent for Email is considered an Ownership type of form.

Important Information Regarding the Consent Form:

- The form may only be used if the criteria for emailing with the client, found in the Standards for Using Secure Email to Communicate with Clients attached to DMH Policy 500.49, has been met.
- If it is not possible to complete this form prior to responding to an urgent email from a client per DMH Policy 500.49, a note should be made in the progress note of the urgent need to communicate via email prior to receiving consent. The form must be completed as soon as possible.
- Staff must ensure there is a legible email address for the client written on the form.
- Page 2 of the form, Secure Email Information, should be reviewed with the client prior to signing the Consent.

Implementation for Directly-Operated:

The new consent forms should be used upon implementation of DMH Policy 500.49.

DO YOU KNOW THE ANSWERS TO THESE QUESTIONS? (DIRECTLY-OPERATED)

1. Are DMH Providers required to make a minimum necessary determination to disclose to Federal or State Agencies, such as the Social Security Administration (SSA) or its affiliated agencies, for client’s applications for Federal or State Benefits?

Answers on the next page

CLINICAL RECORDS BULLETIN





MH 707 - Tier 2 Clinical Transfer

The following form has been revised and placed on-line in PDF fillable format for use by **Directly-Operated Programs and Contract Agencies**.

- MH 707 - Tier 2 Clinical Transfer From HWLA and DMH-DHS Co-Located Programs

Important Revisions to the Tier 2 Clinical Transfer form:

- The form name has been revised from Clinical Transfer to Service Area Navigator to adequately capture the programs that may use the form and how the form may be used. This form may be used when transferring from Program to Program as well as when transferring from Program to Service Area Navigator.

Implementation:

Directly-Operated: The revised form should be used immediately.

Contract: Within 6 months of the date of this Bulletin

MH 706 - Client Instructions

The Quality Assurance Division in conjunction with the Genesis/Facts Countywide Older Adult Division has developed a Client Instruction form (MH 706) to be used when providing instructions for a client to take with him/her. The new form has been placed on-line in PDF format for use by **Directly-Operated Programs**. The form is also being developed in NCR (carbon copy) format and will be available in the DMH Warehouse by the end of September 2012. **Contract agencies** may use the form; this form is considered an Option type of form.

Important Information Regarding the Client Instruction Form:

- When completing the form for clients, a copy of the form **MUST** be placed in the clinical record in the Correspondence Section.

Implementation for Directly-Operated:

The new form should be used immediately whenever providing written instructions to a client.

The Clinical Forms Inventory has been updated and placed on-line in accord with the information in this Bulletin. If you have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

* See the Clinical Forms Inventory and Clinical Records Bulletin Edition 2011-03 for the definition of these types of forms.

c: Executive Leadership Team
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I KNOW THE ANSWERS TO THOSE QUESTIONS!

1. No, these disclosures must be authorized by an individual and, therefore, are exempt from the HIPAA Privacy Rule's minimum necessary requirements. Furthermore, use of the DMH provider's authorization form is not required. DMH providers can accept an agency's authorization form as long as it meets the requirements of the HIPAA Privacy Rule.