1122.0 Electronic Laboratory Access

1122.1 Policy Approval Clearance Record

☐ Rural Services Policy ☒ Rural Clinics Policy ☐ Rural Regional Center Policy	This policy supersedes: n/a	Number of pages in Policy:
Review by Representative from the Office of the Attorney General: ongoing	Date: n/a	Date Policy Effective: 08/31/2012
Rural Services Director Approval Signature: *Barbara Legier*	Date: 08/31/2012	Policy Lead: Sally Mitchell, Kathryn Baughman Kathleen Bent, Chris Dack, Dawn Sheetz

1122.2 Statement of Purpose

1122.2.1 **Policy Statement:** To coordinate laboratory services between Mental Health and outside medical providers for the promotion of the health and safety of our consumers.

1122.2.2 **Purpose:** The purpose of this policy is to establish the procedures for coordinating electronic laboratory access, retrieving laboratory results, and ensuring compliance with all Division and Rural Services laws, regulations, and policies, while maintaining confidentiality and HIPAA approved access only.

1122.3 Authority

Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA)
NRS 190, 193, 433, 439, and 652
NAC 433, 439, and 449
Division 3.1009, 4.015, 4.032, 4.033, 6.001-6.022

1122.4 Definitions

1122.4.1 **Outside Medical Provider** – includes, but is not limited to, a Primary Care Physician, Medical Specialist, Hospital, Emergency Room, and any other medical provider or facility other than Rural Services.

1122.5 Procedures

1122.5.1 A Medical Release of Information will be requested by Rural Clinics staff discovery that the consumer has a new outside medical provider or contact. This release will facilitate medical records and all current laboratory results.The intake clinician, medical provider, nurse or other designated center staff will request a release of information from the consumer for all known outside medical providers. This signed release will enable the nurse or designee to request all current laboratory results that exist from outside medical providers.

1122.5.2 The medical release of information will be-requested by the Rural Clinics staff immediately, anytime staff becomes aware that the consumer has a new outside medical provider or contact. This release will request medical records and all current laboratory results.

1122.5.3 All current laboratory results will be obtained, by designated center staff, by accessing the electronic laboratory computer program based on the signed and dated release of information.

1122.5.4 Accessing a person's on-line laboratory results are on a strict "need to know" basis.

A. Authorized access or use of information in the clinical record is limited to provision of ongoing treatment by the designated center staff and administrative management oversight. This includes information in the clinical record of a deceased or incapacitated consumer. Any further use or disclosure requires written consent of the individual or guardian.

B. Curiosity about any consumer or staff involved, or potentially involved, does not authorize agency staff to access information in any consumer record, physical or electronic.

C. Information regarding a deceased person obtained from the consumer record or during the course of treatment remains confidential following the consumer's death. Only a court order granting the decedent's information to the guardian of the decedent's estate constitutes authorization to release information and staff will consult with Agency Director or CPM II prior to disclosure or release of information on any deceased consumer.

1122.5.5 The releases of information and laboratory results will be filed in the designated medical and/or electronic file. A progress note will be placed in the designated electronic record by the Rural Services Medical Provider and/ or designated nurse within one (1) working day.

1122.5.6 Timelines

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Request release of information with new awareness of a recent medical provider change, addition, or contact before accessing laboratory records via the Labcorp Beacon computer program	Same Day	When new information is obtained any time during Outpatient Services.	MD, APN, nursing or other Rural Services staff	Secure consumer signature and date on the release of information.

1122.5.8 Documentation

A. Case File Documentation (paper):

File Location	Data Required
Miscellaneous /Legal	Current signed, dated release of information authorizing access to outside medical provider laboratory results
Laboratory	Laboratory results

B. Electronic Record

Applicable Screen	Data Required
Progress Notes	Entry that consumer has a new outside provider, and/or had recent lab work done, that a release of information was requested, lab results requested, and referred to Psychiatrist/APN for review, within one (1) working day.

1122.5.9 **Supervisory Responsibilities:** Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and its procedures. Supervisors will revisit this policy periodically, but no less than annually, to identify recommendations for improvement.

1122.6 Policy Cross Reference

1122.6.1 Rural Services Policy 112 – Sentinel Events and Media Contact

1122.6.2 Rural Services Policy 902 – Referral to Primary Care Physician

1122.7 Attachments

1122.7.1 RS1122A – Release of Information

1122.7.2 RS1122B – www.labcorpbeacon.com

ATTACHMENT RS1122A

AUTHORIZATION FOR THE RELEASE OF CLIENT RECORD INFORMATION

State of Nevada
Division of Mental Health and Developmental Services
Authorization for the Release of Client Record Information

Agency (check one) ____Rural Clinics ____NNAMHS (Northern Nevada Adult Mental Health Services)
____Lakes Crossing ____SNAMHS (Southern Nevada Adult Mental Health Services)

Name:_____Soc. Sec.#: _____ DOB: _____
INFORMATION TO BE RELEASED FROM:
Name/Agency:_____

Address:_____

INFORMATION TO BE RELEASED TO:
Name/Agency:_____

Address:_____

PURPOSE OF RELEASE:_____

____ Written Disclosure ____ Verbal Disclosure (Initial one or both disclosure types)

INFORMATION TO BE RELEASED: Individual must initial each item of information to be released.

____Consultation Reports
____Diagnosis (Psychiatric)
____Discharge Summary
____Drug &/or Alcohol Abuse Info.
____Entire Client File
____General Summary Letter Only
____History & Physical Exam
____HIV/AIDS Information
____Medication Records
____Other (Specify):_____
____Progress Notes
____Treatment Plans
____Psychiatric Evaluation
____Psychological Assessment

INFORMATION FOR INFORMED CONSENT

The confidentiality of medical, psychiatric and substance abuse information is protected by State and Federal Statutes, Rules and Regulations including Nevada Revised Statutes and Title 42 of the Code of Federal Regulations. These Statutes, Rules and Regulations require that the client give informed consent prior to the release of any health/hospital records or information, except as specifically provided for within the Statutes, Rules and Regulations.

A consent to release information will be considered valid only when it states: (1) who will release the information; (2) who will receive the information; (3) the purpose for which the information will be used; (4) what specific information will be released; and (5) when the consent will expire. The consent must contain the client's or authorized representative's signature and the date of the signature. The authorized representative signing for the client must submit a copy of the legal document(s) granting this authority.

This Authorization for the Release of Medical Information waives any and all rights that the client now has or in the future may have to bring any legal action against the releasing person/facility for any damages caused directly or indirectly by the release of this information or other confidential information. Upon request, the client will be given a copy of the completed "Authorization for the Release of Client Information."

This authorization is effective immediately and is subject to revocation in writing at any time, except to the extent that action has already been taken in reliance thereon. Otherwise, the authorization expires _____ days from the date of signing (but no longer than 365 days) or upon case closure, whichever occurs first.

Date: _____ Date: _____

_____ _____
Signature of Parent/Guardian/Representative Signature of Client

_____ _____
Relationship to Patient Signature of Witness

APPROVED BY MARS: 08/31/2012

ATTACHMENT RS1122B

LABCORP BEACON WEB ACCESS

Print

LabCorp Privacy Statement

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- **What personal information does LabCorp collect?**

  LabCorp does not ask you to provide personal health care information to us through our Web site. We obtain personally identifying information about you only if you voluntarily choose to provide such information via e-mail comment to LabCorp. Our LabCorp e-mail correspondence link specifically requests that you not include personal medical information. The LabCorp bill payment link , which allows you to make electronic payments, requests that you provide personal financial data for the payment of invoices. Information from the bill payment link does not display or transmit any personal health care information about you or from your account.

- **How does LabCorp protect the security of your information?**

  Financial information and payment data, including credit card numbers, that you provide to us via the LabCorp Internet bill payment link is encrypted by using secure socket layer (SSL) encryption technology, which employs a 128-bit encryption system. This information may be accessed only by LabCorp employees who maintain password and job-required access rights. Additionally, LabCorp maintains all personal patient data within the LabCorp information system (IS) firewalls that operate on separate LabCorp mainframes/servers. The general public may not access these mainframes/servers.

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- **Internet Links**

  As a convenience to our site visitors, the LabCorp Web site contains links to a number of sites that may provide useful information. Links contained on the LabCorp Web site that transfer you to a non-LabCorp site are not maintained by LabCorp and may contain different information and/or different privacy policies from those of our Company. You may review the privacy policies of these Web sites and/or receive specific information regarding that site's privacy policies and procedures after leaving the LabCorp site. LabCorp is not responsible for the content or privacy practices of a non-LabCorp Web site. LabCorp does not control, or have any input into, whether our business partners or Internet-linked sites use or accept cookies on their sites.

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  LabCorp may alter or make changes to this privacy policy from time to time when developments occur and/or technology improvements are implemented. When changes are made, we will update our privacy policy and notices. Please review this page periodically to ensure that you are aware of any such updates.

- **Your Consent**

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- **Children's Access**

  LabCorp is committed to the protection of children's privacy, security, and safety. Our Web sites are created for an adult audience and are not designed or intended to attract children in any way. We do not knowingly solicit, collect, or accept any information from children on this Web site.

- **How to contact us**

  LabCorp welcomes feedback and questions regarding our privacy policy. If you need further information or have questions regarding this privacy policy, please send an e-mail to: privacyofficer@labcorp.com