Policy: It is the policy of the division to establish reasonable guidelines for allowing the Nevada Disability Advocacy and Law Center (NDALC) to interact with division residential units and access medical records.

Purpose: This policy will balance the needs of NDALC to carry out its duties with the needs of the division to provide efficient administration of programs and optimal treatment to its residential consumers.

Procedures:

I. NDALC access to consumers and agency facilities:

A. NDALC staff may see consumers and visit agency facilities during the following:

- Desert Regional Center: 8:00 A.M. to 8:00 P.M. Monday through Sunday.
- Sierra Regional Center: 8:00 A.M. to 8:00 P.M. Monday through Sunday.
- Southern Nevada Adult Mental Health Services (SNAMHS): 8:30 A.M. to 11:30 A.M., 1:00 P.M. to 5:00 P.M. Monday through Friday, and 6:00 P.M. to 8:00 P.M. Monday through Sunday.
- Northern Nevada Adult Mental Health Services (NNAMHS): 8:30 A.M. to 11:30 A.M., 1:00 P.M. to 5:00 P.M. Monday through Friday, and 6:00 P.M. to 8:00 P.M. Monday through Sunday.
- Lake's Crossing Center: 9:00 A.M. to 11:00 A.M., 1:00 P.M. to 2:00 P.M., 3:00 P.M. to 4:00 P.M. and 6:00 P.M. to 9:00 P.M. Monday through Sunday.

II. Exceptions to the above hours shall be made only for emergency situations and shall require reasonable notice to the agency director or his designee by NDALC staff. Emergency situations include the investigation of abuse and neglect as defined by Nevada statutes, and any situation that involves the imminent danger to the health and welfare of a consumer.

III. When visiting any facility, NDALC staff members shall not interfere with ongoing therapeutic activities and shall refrain from giving therapeutic advice to consumers, including discouraging consumers from taking prescribed medications or from cooperating with treatment.

IV. Notification of Presence on the Unit:

A. Prior to entering any residential units at any of the facilities, NDALC staff shall notify the agency director or his designee.

B. Upon entering any residential unit at SNAMHS or NNAMHS, NDALC staff shall notify the charge nurse.

V. NDALC access to building and other areas:

A. Under no circumstances shall agency staff give to NDALC staff keys to any agency buildings.

B. NDALC staff will gain entrance to the units by being admitted by agency staff.

C. NDALC staff are not allowed in the nurse's stations.

VI. Access to records:

A. Medical records:
1. All requests for copies of consumer medical records must be made to the respective agency Health Information Services department.
2. All records shall be reviewed in the presence of staff during regular business hours, Monday through Friday 8:00 A.M. until 5:00 P.M.
   a) To expedite the viewing of records, NDALC staff may call to set an appointment with the agency medical records staff.
   b) All requests for viewing records shall be honored in no more than 2 working days, unless circumstances prohibit same. In that event, NDALC will be given reasonable notice, and alternate arrangements will be made.
3. Before any records may be viewed or copies of records given to NDALC staff, one of the following may be provided:
   a) The division policy on release of information form is followed. The release form included in the policy as Attachment A must be signed by the consumer or guardian (if there is one appointed), and signed by a witness.
   b) An affidavit presented to the appropriate regional clinic, medical director or agency director executed by the director of NDALC or designee certifying that there is probable cause to believe, and setting out the basis for his belief, that a consumer subject to NDALC's services has been the victim of abuse or neglect as defined by NRS 433.554.

B. Records other than medical:
1. Requests for any documentation other than medical records by NDALC staff shall be handled by the Deputy Attorney General assigned to MHDS.
2. If any agency staff receives a request for such information from NDALC staff, the person requesting the information shall be referred to the assigned Deputy Attorney General.

3. Reports prepared for purposes of performance improvement (i.e., root cause analyses, corrective action plans, denials of rights and incident reports) will be available to NDALC staff upon receipt by the assigned Deputy Attorney General of a request by NDALC for such records accompanied by a consumer name.

VII. Consumer access to NDALC:

A. The agencies shall not impede any of their consumers from having regular and frequent access on their living units to NDALC staff for the purpose of obtaining information on legal rights and self-advocacy during the hours noted in section 1 of this policy.

B. All consumers shall have access to a telephone to call NDALC by making a local, toll-free or collect call without monitoring by or permission from, agency staff.

C. Agencies shall post NDALC's right posters (both English and Spanish versions) with telephone numbers in conspicuous place in each of its facilities.

VIII. NDALC investigations:

A. Agency staff shall cooperate with any investigations of abuse and neglect by NDALC staff.

B. When conducting an investigation of abuse or neglect of a consumer, NDALC staff shall be allowed to interview witnesses, inspect the premises and review individual records pertinent to their investigations.

IX. Protection from retaliation:

There shall be no retaliation against any individual for having filed a complaint with, or provided information to NDALC or an NDALC representative.

X. Comments and Concerns:

A. NDALC staff shall refrain from commenting to any agency staff other than the agency director or designee on such matters as medical treatment, staffing levels, and the conduct of agency staff.

B. Agency staff shall bring any concerns they have about the conduct of NDALC staff, and/or violations of this policy, to the attention of their own supervisors, who will transmit the information through the agency chain of command to the appropriate agency director or designee.

XI. Each division agency shall develop specific written procedures to implement the provision of this policy or shall incorporate this policy into the agency policy manual.

Administrator

Attachment A – Release of Information
Effective Date: 12/31/97
Date Revised: 5/21/03; 5/31/07
Date Approved by MHDS Commission:

Name of Consumer_____ Date of Birth _____ SS #_____

I HEREBY AUTHORIZE THE RELEASE OR REVIEW OF THE FOLLOWING INFORMATION FROM AND TO THE PARTIES NAMED HERE

FROM:	**TO:**
_____	_____
Person or Agency	Person or Agency
_____	_____
Street Address	Street Address
_____	_____
City, State, Zip Code	City, State, Zip Code
	_____
	Phone: Relationship

TYPE OF INFORMATION TO BE DISCLOSED

_____ Psychiatric/Drug/Alcohol Information
_____ HIV / AIDS Information

☐ Written ☐ Verbal

DATE (s) OF SERVICE: FROM _____ **TO** _____

INFORMATION TO BE DISCLOSED: (Patient **MUST INITIAL** each item to be disclosed)

_____ Discharge Summary _____ Psychosocial Assessment _____ Laboratory / Tests

_____ History & Physical Examination _____ Psychological Evaluation _____ Psychiatric Evaluation

_____ OTHER: **BE SPECIFIC**: _____

PURPOSE FOR DISCLOSURE: _____

EXPIRATION DATE: This authorization is good until _____ or for 90 days from the date signed unless revoked by me in writing, except to the extent that action has already been taken in reliance thereon, or as required by law.

RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

I understand that I am under no obligation to sign this form and the person(s) and/or organization(s) listed above who I am authorizing to use and/or disclose my information may not condition treatment, payment, enrollment in a health plan or eligibility for health care benefits on my decision to sign this authorization.

I understand that if the person(s) and/or organization(s) listed above are not health care providers, health plans or health care clearinghouses, who must follow the federal privacy standards, the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards and my health information could be redisclosed without my authorization.

I understand that I have the right to inspect or copy the health information I have authorized to be used or disclosed by this authorization.

I understand that I have a right to receive a copy of this authorization.
Copy requested and received: ☐ NO ☐ YES INITIAL: _____

I release the person/agency, disclosing this information from any liability arising from the release of information to the person/agency designated above.

NOTICE - RELEASE OF ALCOHOL & DRUG ABUSE RECORDS: The Federal rules prohibit further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

_____Date _____ _____Date _____
Consumer/Guardian Signature Witness Signature

REVOCATION:
I hereby revoke the authorization given on the reverse side of this page

_____**Date**_____
Signature of Consumer

_____**Date** _____
Signature of Guardian/Representative (Legal documents required)

_____**Date**_____
Signature of Witness

1. On (date)_____, the following information was released to:

_____

Via ☐ mail ☐ verbal ☐ fax
☐ Picked up by: _____ Date: _____
(signature required)

_____

_____

Released by:
_____

2. On (date)_____, the following information was released to:

_____

Via ☐ mail ☐ verbal ☐ fax
☐ Picked up by: _____ Date: _____
(signature required)

_____

_____

Released by:
_____