

**County of San Diego, Health and Human Services Agency (HHSA)
County Medical Services (CMS) Program Guide**

Release of Information

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Background

This section provides directions on releasing applicant/beneficiary information but shall not prohibit the release of information to other public agencies to the extent required for verifying eligibility. The worker will record in the case narrative all requests for information and the disposition of the request.

Policy:

A: Applicant/Beneficiary Consent Not Required

Confidential information may only be released without the consent of the applicant/beneficiary for purposes directly connected with the administration of public assistance programs, except as specified in 03.03, Law Enforcement Officials.

B: Authorization Disclosure List

In addition to HHSA staff of the County of San Diego, the following agencies and/or persons are authorized to receive or exchange confidential information. This list is not intended to be complete and/or result in the automatic disclosure of information to persons or agencies on the list. This list will provide a quick reference of persons and agencies most frequently making authorized inquiries:

- County Counsel (except for investigation of Worker's Compensation claims or other questionable situations)
- Auditor and Controller (County, State, Federal)
- Department of Health and Human Services (County, State, Federal)
- Department of Health Services (State, Federal)
- District Attorney - PAFD, DSD, Welfare Employee Fraud Prosecutions, Child Support Prosecutions only)
- Employment Development Department
- Social Security Administration
- Mental Health Services
- Juvenile Probation Department for billing on AFDC Foster Care cases
- Grand Jury
- Revenue and Recovery
- Housing Authorities

Note: If in doubt as to the propriety of releasing any program specific information, contact CMS Program.

C: Public Administrator

In San Diego County, the Public Administrator is the Indigent Burial Officer and operates the Indigent Burial Program as an agent of HHSA. Information from CMS records may be released to the Public Administrator when the Information is needed for the operation of the Indigent Burial Program.

D: CMS Providers

Limited beneficiary eligibility information may be supplied to CMS Providers under certain circumstances.

If the applicant/beneficiary has eligibility information, encourage the contracted provider to use the POV site to verify CMS eligibility (sdcmspov.com) by entering the following information:

- County ID number

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- Date of birth and
- Eligibility status for month(s) requested

If the provider is not contracted with CMS, direct the provider to the ACCESS center at 1-866-262-9881 or pubassist.HHSA@sdcounty.ca.gov.

Note: The worker may not release information concerning an ineligible individual other than the fact that he/she is not eligible for CMS for a specific month.

E: Research

Before gaining access to case records, research organizations or graduate students conducting research for a thesis or term paper must have prior approval from an Assistant Deputy Director of the CMS Program. The Knowledge Center has responsibility for submitting research proposals to the Assistant Deputy Director.

F: Applicant/Beneficiary Consent Required

Information contained in applications or other documents made or kept by HHSA may be released to the applicant/beneficiary or their authorized representative subject to the following conditions.

The applicant/beneficiary has:

- Authorized the release of information
- Authorized HHSA to obtain the information (bank verifications, income verifications, etc.)
- Solely provided the information

Exception: All authorizations are to be written except as listed below in G2.

G: Authorization Types

To use these authorizations, the authorized representative must first be positively identified.

1. Written Authorization

The Authorization of Release of Information form or ANY form must contain sufficient information for the release of information provided solely by or authorized by the applicant and must be received by the worker prior to release of the information. The worker must document in the case narrative all requests for information and disposition of the request.

The following guidelines shall apply to written authorizations:

- Must be signed and dated by the applicant
- Must include a description of the information to be disclosed
- Must include a description of the purpose of the disclosure
- Must identify the name of the individual or individual designated by an organization authorized to receive the information
- Shall expire one year from the date signed unless expressly limited to a shorter period
- May be revoked by the applicant at any time
- Photocopy of the written authorization may be accepted

Examples of unacceptable Authorization for Release of Information include:

- Multiple entities listed on the form

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- Applicant has revoked the AR written authorization

2. Telephone Authorization

This authorization may be accepted in lieu of written authorization where the circumstances ensure that the applicant/beneficiary has positively identified himself/herself to the County.

Acceptable items of identification may include case number, driver's license number, social security number, or date of birth.

A telephone authorization is a temporary, one time only authorization and is good for only one phone call. The telephone authorization should be followed by a written authorization. The applicant/beneficiary's verbal agreement to provide a written authorization must be documented in the case narrative along with the date that the release of information form is sent to the applicant/beneficiary.

Note: Workers are not to release medical (health) information from a case based on an applicant/beneficiary's verbal authorization. Written authorization from the applicant/beneficiary is always required prior to releasing medical information to a third party.

H: AIDS Test Results

Any person who willfully or negligently discloses AIDS test results to a third party without written permission from the applicant/beneficiary is guilty of a misdemeanor punishable by imprisonment and/or a fine.

Other Program Impact:

None

Reference(s):

None

Sunset Date:

This policy will be reviewed for continuance by 05/31/2019

Release Date:

05/03/2016