

# OREGON STATE HOSPITAL

## POLICIES AND PROCEDURES

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**SECTION 6:** Patient Care **POLICY: 6.021**

**SUBJECT:** **Release of Information and  
Communication with Patient Families,  
Guardians, and Significant Others**

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**POINT  
PERSON:** **DIRECTOR OF CONSUMER AND FAMILY  
SERVICES**

**APPROVED:** **GREGORY P. ROBERTS  
SUPERINTENDENT**

**DATE: APRIL 28, 2016**

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### **I. POLICY**

- A. Oregon State Hospital (OSH) acknowledges that contact with family and significant others is a primary source of support for most patients. Families or significant others may also assist staff in the treatment process by helping assess treatment progress, and may act as a resource in discharge planning.
- B. Oregon State Hospital staff must communicate with family and significant others in a responsive, respectful, timely, and collaborative manner, and must work to facilitate family or significant other involvement in the treatment and discharge planning process.
- C. Communication from staff must consider the patient's right to privacy and the confidentiality of clinical information obtained from the patient as per state and federal confidentiality regulations regarding the release of health care information.
- D. Information about a patient, such as acknowledging the patient's presence at OSH, may not be shared with anyone, including family or significant others, unless the patient or guardian expressly consents via the "Authorization for Use & Disclosure of Information" form or the "Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint" form, except as outlined in section III.E. in this policy.
- E. In the case of a patient death, notification must occur as indicated in OSH Policy and Procedure 6.005, "The Deceased Patient."

**II. DEFINITIONS**

- A. "Family" for the purposes of this policy means members of the patient's immediate family (*i.e.*, parents, spouse, domestic partners, children, siblings). The term may also include more distant family members if such a relative has a significant relationship with the patient.
- B. "Family education" means providing general or specific information about symptoms, management of symptoms, medication, or other subjects related to mental illness and treatment.
- C. "Guardian" means an adult appointed by a court to make important decisions for a patient for his or her care and well-being. The guardian is authorized only to the extent authorized in the guardianship order.
- D. "Interdisciplinary treatment team" (IDT) means a group consisting of the patient, professional clinical staff, direct care staff, and those who have responsibility for coordinating planning the care and treatment of an individual patient.
- E. "Other qualified staff" means staff with at least a master's degree in a mental health-related field, or staff who have been designated to discuss clinical treatment with families.
- F. "Professional staff" means IDT members affiliated with a professional discipline that requires specific credentials for employment (*e.g.*, physician, social worker, psychologist, nurse, rehabilitation services).
- G. "Release of information" refers to the process of authorizing the release of protected patient health information from OSH.
- H. "Significant other" means an individual who the patient has identified in the Psychosocial History and throughout hospitalization as a supportive person in the patient's life.

**III. PROCEDURES**

- A. Within 72 hours of admission, the patient or guardian must be offered the "Authorization for Use & Disclosure of Information" and the "Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint" forms.
  - 1. Both forms must be reviewed with the patient at each IDT meeting and updated as necessary.
  - 2. A patient or guardian may withdraw consent in writing at any time.
- B. If the patient or guardian consents to release of information via the "Authorization for Use & Disclosure of Information":
  - 1. The IDT must designate a professional or other qualified staff to act as the primary contact person with the family or significant other for general communication.

(NOTE: In most programs, the social worker will be the designated primary contact person for general communication. However, depending on the type of information a family may need, any professional or other qualified staff on the IDT may be a primary contact to the family.)

2. The IDT-designated primary contact or another assigned staff member must promptly inform the guardian of the following:
  - a. a request for medication change,
  - b. a transfer to another unit,
  - c. the IDT meeting schedule,
  - d. the treatment care planning meetings, and
  - e. discharge planning.
3. The IDT-designated primary contact or another assigned staff member must promptly inform the family member or significant other of the following if approved by the Release of Information:
  - a. a medication change,
  - b. a transfer to another unit,
  - c. the IDT meeting schedule,
  - d. the treatment care planning meetings,
  - e. discharge planning, and
  - f. family education opportunities.
4. Information provided to the family or significant other must be consistent with IDT decisions.
5. Guardian, family, or significant other requests for information regarding routine psychiatric or medical information must be responded to no later than three business days after the request by an IDT member identified as either:
  - a. most knowledgeable regarding the psychiatric or medical issues, or
  - b. as requested by a family member or significant other by discipline or name.
6. Guardian, family, or significant other requests for critical psychiatric or medical information must be responded to no later than 24 hours after the request.
  - a. An IDT member identified as most knowledgeable regarding psychiatric or medical issues must respond to the request.
  - b. Critical psychiatric or medical information to be provided to the family or significant other includes:
    - i. outside hospitalization,

- ii. outside emergency medical treatment,
  - iii. seclusion or restraint, or
  - iv. acute alteration of psychiatric or chronic medical conditions.
7. Staff must provide education to family members and significant others as part of treatment and discharge planning when family members are actively involved, or if the family requests information.
8. Communication is intended to ensure the family or significant other has basic information about the unit, program, and who to contact, and provides an opportunity for the family to give information about the patient's condition.
- a. All IDT contact with the patient's family, significant other, or guardian must be documented in the patient's medical record.
  - b. Active family or significant other involvement in the treatment planning, treatment review, or discharge planning process must be documented in the patient's medical record.
  - c. Unless clinically contraindicated, patients and guardians will be encouraged to allow staff to share treatment information and discharge planning with the family or significant others.
  - d. Staff must assess the family or significant other's need for alternate communication needs (*i.e.*, interpreter). If an interpreter is necessary, staff must document the need for an interpreter.
- C. When an "Authorization for Use & Disclosure of Information" or "Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint" form has not been signed, information about a patient must be restricted except as outlined in section III.E. in this policy.
- 1. Staff responding to contact from families or significant others should state:  
"We can neither confirm nor deny the presence of anyone in this facility. You can give us the information, and we will pass it on if that individual is here. This in no way indicates the presence of the individual."
  - 2. Staff may provide the following information without a signed release of information consent:
    - a. general information about mental illness;
    - b. general information about OSH;
    - c. general information about OSH programs and policies (*i.e.*, visitation, phone calls, mail).
- D. Staff may receive information from families or significant others regardless of whether there is a signed "Authorization for Use & Disclosure of Information" or "Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint" form.

1. Information received representing an immediate risk to health or safety must be immediately communicated directly to the supervising RN and documented in the patient's medical record.
  2. Assessment, evaluation, and actions taken must be documented in the patient's medical record as per OSH Policy and Procedure 6.045, "Clinical Documentation".
  3. Routine information received must be documented in the patient's medical record.
- E. If an exception to disclosure of healthcare information is determined to be appropriate and the "Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint" form has not been signed, the exception must be reviewed before approval to disclose information.
1. The patient's IDT or medical physician/nurse practitioner (NP) must identify the need for exception (*i.e.*, the patient lacks capacity), and take the request to the Program Executive Team (PET).
    - a. Within two to three weeks, the PET will review the request and make a determination whether the patient meets criteria for exception, and that a need for the exception exists for safety, security, or medical necessity reasons that benefit the patient.
      - i. If the PET agrees with the request, the PET must forward the request with a rationale to the CMO or designee.
      - ii. If the PET does not agree with the request, the PET will deny the request for exception.
    - b. In instances where the IDT or medical physician/NP identifies an urgent need to disclose information via an exception, the IDT or medical physician/NP may work with the PET to expedite the exception process.
  2. Within one week the CMO or designee must review and approve or deny the request.
    - a. The review must occur when the following conditions are met:
      - i. patient is incapacitated, and
      - ii. professional judgment determines the communication is necessary.
    - b. The CMO or designee must document the review in the medical record, including:
      - i. that an exception was considered,
      - ii. that all conditions were met,
      - iii. under which conditions and criteria the exception was considered necessary,

- iv. whether the exception was approved,
  - v. what information may be shared,
  - vi. who may share the information, and
  - vii. who may receive the information.
- c. The CMO or designee must inform the IDT and PET of the decision.
3. If the exception is approved, the IDT must document all conversations within this exception, and specify what was shared with whom, what the potential benefits are to the patient, and that the communication is within the approved exception.
- F. Family or significant others may be referred to the Office of Consumer and Family Services for further information or requests.

#### **IV. REFERENCES**

- Authorization for Use & Disclosure of Information, MSC 2099 [Medical record form].
- Disclosure of Hospitalization and Consent to Notify Person of Seclusion and Restraint, OSH-STK-03389 [Medical record form].
- Oregon Administrative Rule §§ 407-014-0000 – 407-014-0070.
- Oregon Revised Statute § 179.505.
- Oregon State Hospital Policy and Procedure Manual. *Privacy and security of patient information*, 2.008. Author.
- Oregon State Hospital Policy and Procedure Manual. *Access to oregon state hospital electronic health record*, 2.013. Author.
- Oregon State Hospital Policy and Procedure Manual. *Discharge planning*, 6.013. Author.
- Oregon State Hospital Policy and Procedure Manual. *Designation of medical condition when a patient becomes medically ill and notification to interested parties*, 6.019. Author.
- Oregon State Hospital Policy and Procedure Manual. *Language services for patients*, 6.020. Author.
- Oregon State Hospital Policy and Procedure Manual. *Guardianship and conservatorship*, 6.044. Author.
- Oregon State Hospital Policy and Procedure Manual. *Clinical documentation*, 6.045. Author.
- Oregon State Hospital Policy and Procedure Manual. *Patient and family responsibilities*, 7.012. Author.