

POLICY & PROCEDURE



TITLE: Consent for Disclosure of Health Information to Third Parties & Consent by Proxy for Non-Urgent Care				
Scope/Purpose: To ensure the safety of our patients and to protect their HIPAA rights				
Division/Department: All HealthPoint Clinics			Policy/Procedure #:	
Original Date: 03/04/2010			<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement for: Same	
Date Reviewed:	Date Revised:	Implementation:	CPIC Approved:	Board Approved:
	07/08/14	07/28/2014	07/28/2014	
Responsible Party: Director of Practice Management				

DEFINITIONS:

Minor

A patient aged 18 years or younger who has never been married

Conservator of the person

Court ordered authority and responsibility to manage affairs of those who can no longer make their own decisions about their healthcare

POLICY

HealthPoint will obtain a completed *Consent for Disclosure of Health Information to Third Parties & Consent by Proxy for Non-Urgent Care* form from all patients at the time of registration.

This Consent form:

- 1) declares those individuals who are allowed access to the patient's health information; and
- 2.) designates those individuals who are authorized to consent for services in order for a patient to receive medical care at HealthPoint Clinics.

These individuals may include family members, caregivers, family friends, etc.

Minor Patients:

In addition to obtaining legal consent of services on behalf of minor patients prior to providing care (see Consent for Services Policy), a Consent for Disclosure of Health Information to Third Parties & Consent by Proxy for Non-Urgent Care form will be completed by the parent/legal guardian of pediatric patients at the time of registration.

Besides the parent/legal guardian of the child, *no one else* may consent to non-urgent care of the child unless their name is listed as a designated proxy on this Consent form in the child's medical record.

Exceptions to this policy exist when:

1. a minor presents with a life-threatening injury or illness; or
2. the healthcare provider has reasonable grounds to believe the minor's physical or mental condition has been adversely affected by abuse or neglect (unless the minor is sixteen [16] years of age or older and refuses to consent after being informed of the risks of refusing treatment)

PROCEDURE:

Completion of the *Consent for Disclosure of Health Information (To Third Parties) & Consent By Proxy for Non-Urgent Care* form gives patients (or the parent/legal guardian of a minor patient) the ability to

1. declare and/or authorize individuals access to their health information; and
2. designate those individuals authorized to consent for services in order for a patient to receive medical care at HealthPoint Clinics.

At the time of registration or re-registration of patients (both adult and minor), the registrar will discuss the option with the patient (or parent/legal guardian).

If the patient does not have to go through registration, this Consent form can be reviewed with the patient (or parent/legal guardian) by the front office staff, clinical staff, or provider staff at the time of an appointment. The completed document is scanned into the medical record and placed in Patient Documents.

Minor Patients

1. Registrar (or appropriate staff) will discuss this option with the parent/legal guardian.
 - a. Patient education by registrar should include language that our goal is to meet the child's needs. This form provides documentation of individuals who may bring the child for services and are authorized by the parent/legal guardian to act in their stead. This allows HealthPoint providers to care for the child. Additionally, the parent/legal guardian may authorize individuals (other than the parents/legal guardians) access to the child's health information*.
 - b. If parent/legal guardian wishes to grant other individuals access to the child's health information, the parent/legal guardian fills in appropriate blanks and marks others as "N/A" or "None" so that no blank is left empty.
 - c. If parent/legal guardian wishes to authorize a proxy(s), the parent/legal guardian fills in appropriate blanks and marks others as "N/A" or "None" so that no blank is left empty.
 - d. Parent or legal guardian signs document.
 - e. Registrar places a copy of this Consent form in the patient's record within the "Patient Documents" folder.

*If the parent/legal guardian wishes to grant the same individual(s) access/proxy rights for several children, the registrar may make copies of the consent form with the “Third Party/Proxy Information” and “Limitations” sections completed. The parent/legal guardian then may simply fill in each child’s information at the top and sign each form.

Adult Patients

1. Registrar (or appropriate staff) will discuss this option with the patient or legal representative (Conservator of the patient).
 - a. Education by the staff should include language that our goal is to meet the patient’s needs. This form provides documentation of the individual(s) who may bring the adult patient for services and is authorized by the parent/legal guardian to act in their stead. This allows HealthPoint providers to care for the patient. Additionally, the Conservator may authorize other individuals to have access to the patient’s health information*. The patient may also authorize other individuals to have access to his/her health information.
 - b. If a patient (or conservator) wishes to grant other individuals access to his/her health information, the patient fills in the appropriate blanks and marks others as “N/A” or “None” so that no blank is left empty.
 - c. If patient (or Conservator) wishes to authorize a proxy(s), the patient fills in appropriate blanks and marks others as “N/A” or “None” so that no blank is left empty.
 - d. Patient (or Conservator) signs document.
 - e. The Registrar will scan a copy of this Consent form to the patient’s record within the “Patient Documents” folder.

RELATED POLICY:

Consent for Services Policy & Procedure
Registration Policy & Procedure

REFERENCES:

See also

REQUIRED BY:

ATTACHMENTS/ENCLOSURES:

Consent for Disclosure of Health Information (To Third Parties) & Consent by Proxy for Non-Urgent Care form

POLICY/PROCEDURE TRACKING FORM

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	03/10/2013	07/28/2014	07/28/2014	
Date of Revision	Description of Changes			