



SALISH BHO

NETWORK MANAGEMENT POLICIES AND PROCEDURES

Policy Name: DESIGNATED CRISIS RESPONDERS (DCR)
ACCESSING EMR PROTOCOL

Policy Number: 3.09

Reference: Health Insurance Portability and Accountability Act (HIPAA) of 1996; RCW 71.05, RCW 71.34; RCW 70.02.230, RCW 70.02.050, 45 CFR 164.506(c)

Effective Date: 12/2011

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Reviewed Date: 4/2016; 5/2017; 6/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

- Policy: Designation of Designated Crisis Responders
- Policy: Corrective Action Plan
- Policy: HIPAA Management Information and Confidentiality
- Policy: Individual Protected Health Information Rights
- Policy: Service Modalities- Crisis
- SBHO Levels of Care

PURPOSE

The purpose of this protocol is to provide guidance for Designated Crisis Responders (DCR) within Salish Behavioral Health Organization (SBHO) regarding when and how to access protected health information (PHI) from other network providers during the course of an investigation for involuntary treatment.

The network providers share a linked electronic medical record (EMR) system, Profiler, that permits DCRs access to PHI throughout the network.

DEFINITIONS

DCR means designated crisis responder. A DCR is a mental health professional who has been designated by the SHO to conduct the activities set forth in RCW 71.05 and RCW 71.34.

PROCEDURE

PHI is protected by Health Insurance Portability and Accountability Act (HIPAA) and Washington State law.

However, there are exceptions to these requirements that allow DCRs to access information about individuals in order to determine if criteria for involuntary treatment is met.

Examples include:

- a. HIPAA: Allows release of information without consent for the purpose of coordination of care 45 CFR 164.506(c).
 - 45 CFR 164.506 – Uses and disclosures to carry out treatment, payment or health care operations.
 - (c) Implementation specifications: Treatment, payment, or health care operations.
 - (1) A covered entity may use or disclosure protected health information for its own treatment, payment, or health care operations.
- b. RCW 70.02.230: Allows Exceptions for DCRs: RCW 70.02.230 (2) (a) (i-vi) “(2) Information and records related to mental health services, other than those obtained through treatment under chapter 71.34 RCW, may be disclosed only:
 - (a) In communications between qualified professional persons to meet the requirements of chapter 71.05 RCW, in the provision of services or appropriate referrals, or in the course of guardianship proceedings if provided to a professional person: (iii) who is a designated mental health professional.”
 - (p) “to qualified staff members of the department, to the director behavioral health organizations, to resource management services responsible for serving a patient, or to the service providers designated by the resource management services as necessary to determine the progress and adequacy of treatment and to determine whether the person should be transferred to a less restrictive or more appropriate treatment modality or facility.”
- c. RCW 70.02.050: Allows exceptions for coordination of care.
- d. RCW 71.05.212 requires DCRs to consider all “reasonably available information from credible witnesses and records.”

Note under 42 CFR, DCRs are not providing substance use treatment.

PROTOCOL

The shared EMR, Profler, allows DCRs to access progress notes and other documentation for individuals served by the four network agencies 24 hours a day. In order to adhere to HIPAA and privacy guidelines, while at the same time obtaining all reasonably available information, the following should be considered:

1. All DCRs sign an oath of confidentiality regarding use of the electronic medical record.
2. Information is to be accessed on a need to know basis only. DCRs only access the EMR for individuals from other agencies if they are providing crisis intervention or an investigation for involuntary treatment.

3. A DCR may not print out and release documentation from other agencies for the purpose of transferring the documentation to a third party.
4. Information gained from an electronic medical record may be communicated verbally to an inpatient facility potentially accepting the individual if the information is clinically relevant for the purpose of coordination of care.
5. A DCR must also release information to the proper authorities in situations involving abuse and neglect (Adult Protected Services or Child Protective Services), duty to warn, or where other state and federal laws apply.

MONITORING

This policy was developed and agreed upon by the network DCRs.

1. This Policy is monitored through use of SBHO:
 - Grievance Tracking Reports
 - Network quarterly DCR and monthly Utilization Management & Clinical Directors meetings
 - Quality Management Plan activities, such as review of targeted issues when concerns arise.
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action Plan will be required for approval. Reference SBHO Corrective Action Plan Policy.