

Health Information Management Module: Disclosing Information

Document a Client Record Request

- Creating Disclosure of Information
- Resolving a Disclosure of Information
- Creating a Disclosure Letter, Disclosure Checklist, or Denial Letter

Creating a Disclosure of Information

1. **Getting here:** Login, click **Agency** and click **Health Information Mgmt** on the Navigation Pane (left menu).

Note: When searching for a client on the Release of Health Information Search screen, client names will only display after a disclosure or a request for their records has been created.

The screenshot shows the Idaho-WITS Training interface. The navigation pane on the left is expanded to show the 'Agency' menu, with 'Health Information Mgmt' highlighted. A red circle with the number '1' is placed over the 'Health Information Mgmt' menu item. A red arrow points from this circle to the 'Health Information Mgmt' menu item. Another red arrow points from the same circle to the 'Agency List' table in the main content area. The 'Agency List' table has the following columns: Actions, Name, Display Name, and Description. The table contains one row with the following data: Provider Training Agency, Provider Tr, and Please do not change the name of this training agency or its facilities as it is used by a number of different agencies. Thank you.

2. Click **Add Disclosure**.

The screenshot shows the Idaho-WITS Training interface. The navigation pane on the left is expanded to show the 'Health Information Mgmt' menu, with 'Release of Information' highlighted. A red circle with the number '2' is placed over the 'Add Disclosure' button in the 'Release of Health Information List' table. A red arrow points from this circle to the 'Add Disclosure' button. The 'Release of Health Information Search' form has the following fields: Client (dropdown), State Client Number (dropdown), HIM Staff (dropdown), Status (dropdown), Request Date (calendar icon), Requested By (dropdown), and Unique Client Number (text input). The 'Release of Health Information List' table has the following columns: Actions, Client Name, Client Date of Birth, Unique Client Number, Type, Status, HIM Staff Name, Request Date, and Requested By. The table is currently empty.

3. Select the Client Name.

NOTE: Client information will populate in the read-only section at the top of the screen after client is selected.

Idaho-WITS Training

User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1

Disclosure of Information Profile

Client Name: Balboa, Rocky Unique Client No.: 104151520000180
Age: 63 DOB: 4/15/1952 SSN: 0000
Gender: Male

Client Name: Balboa, Rocky (104151520000180) Request Received Date

HIM Staff

Status

Requested Information

Records Requested Dates

Records Requested By:

Address Line 1

Address Line 2

City State ZIP Code

Information Requested

4. Enter the Request Received Date.

Note: The HIM Staff field populates with the name of the staff member creating the Disclosure record. The Status of the Disclosure of Information defaults to Pending.

Idaho-WITS Training

User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1

Disclosure of Information Profile

Client Name: Balboa, Rocky Unique Client No.: 104151520000180
Age: 63 DOB: 4/15/1952 SSN: 0000
Gender: Male

Client Name: Balboa, Rocky (104151520000180) Request Received Date

HIM Staff: Meyer, Carissa

Status: Pending Resolved Reason

Requested Information

Records Requested Dates: From To

Records Requested By:

Address Line 1

Address Line 2

City State ZIP Code

Information Requested

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

5. Enter the Records Requested Dates in the From and To fields.

16.3.4
Idaho-WITS Training
User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1 | Snapshot

Home Page
Agency Contacts
Agency
Agency List
GPRA Discharge Due
GPRA Follow-up Due
Health Information Mgmt
Release of Information
Addressees
Billing
Contract Management
Vendor Management
Clinical Dashboard
Authorization Dashboard
Client List
System Administration
Reports

Disclosure of Information Profile

Client Name: Balboa, Rocky
Age: 63
DOB: 4/15/1952
Gender: Male
Unique Client No.: 104151520000180
SSN: 0000

Client Name: Balboa, Rocky (104151520000180) Request Received Date: 03/15/2016
HIM Staff: Meyer, Carissa
Status: Pending Resolved Reason:

Requested Information

Records Requested Dates:
From: [] To: []

Records Requested By:
Addressee: [] Add Addressee
Contact Name: [] Phone #: []
Address Line 1: [] Fax #: []
Address Line 2: []
City: [] State: [] ZIP Code: []
Information Requested: []

6. Select the Addressee or click Add Addressee.

Home Page
Agency Contacts
Agency
Agency List
GPRA Discharge Due
GPRA Follow-up Due
Health Information Mgmt
Release of Information
Addressees
Billing
Contract Management
Vendor Management
Clinical Dashboard
Authorization Dashboard
Client List
System Administration
Reports

Disclosure of Information Profile

Client Name: Balboa, Rocky
Age: 63
DOB: 4/15/1952
Gender: Male
Unique Client No.: 104151520000180
SSN: 0000

Client Name: Balboa, Rocky (104151520000180) Request Received Date: 03/15/2016
HIM Staff: Meyer, Carissa
Status: Pending Resolved Reason:

Requested Information

Records Requested Dates:
From: [] To: []

Records Requested By:
Addressee: [] Add Addressee
Contact Name: [] Phone #: []
Address Line 1: [] Fax #: []
Address Line 2: []
City: [] State: [] ZIP Code: []
Information Requested: []

Response Information
Response Sent Date: []
Response: []

7. **Complete all appropriate fields for the Addressee and click Save.**

Health Information Management Addresssee List

Actions	Addressee	Effective Date	Expiration Date

Health Information Management Addresssee Profile

Addressee Name:

Contact Name:

Address Line 1:

Address Line 2:

City: State: ZIP Code:

Effective Date:

Expiration Date:

Phone #:

Fax #:

8. WITS will check the address entered against the United States Postal Service database. **Click Select or Edit** as appropriate.

Idaho-WITS Training

User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1

Address Validation

We attempted to validate your address with the United States Postal Service database, but no match was found.

You may maintain your address (Select) or go back and change it (Edit).

Address	Actions
Original Address: 324 W Provider Lane, Boise, Idaho 83714	<input type="button" value="Select"/> <input type="button" value="Edit"/>

9. **Click Finish.**

Note: The completed Addressee information will populate the Requested Information section on the Disclosure of Information Profile.

Health Information Management Addresssee List

Actions	Addressee	Effective Date	Expiration Date
<input type="button" value="Edit"/>	Provider One	3/15/2016	
<input type="button" value="Edit"/>	Provider Two	3/15/2016	

Health Information Management Addresssee Profile

Addressee Name:

Contact Name:

Address Line 1:

Address Line 2:

City: State: ZIP Code:

Effective Date:

Expiration Date:

Phone #:

Fax #:

10. Enter the Information Requested.

Client Name: Balboa, Rocky Unique Client No.: 10415152000180
Age: 63 SSN: 0000
DOB: 4/15/1952
Gender: Male

Client Name: Balboa, Rocky (10415152000180) Request Received Date: 3/15/2016
HIM Staff: Meyer, Carissa
Status: Pending Resolved Reason:

Requested Information

Records Requested Dates:
From: To:

Records Requested By:
Addressee: provider three Add Addressee
Contact Name: Phone #: **10**
Address Line 1: 315 W provider lane Fax #:
Address Line 2:
City: boise State: ID ZIP Code: 83714

Information Requested: Requested Information

11. Click Finish.

Response Information

Response Sent Date:
Response:
Records Disclosed To:
Addressee: Add Addressee
Contact Name: Phone #: **11**
Address Line 1: Fax #:
Address Line 2:
City: State: ZIP Code:
Method of Transmission:
Client Consent on File?:
Consent Notes:
Information Disclosed:
Available Activities: Admission, ASAM, CAFAS® Assessment, CALOCUS Assessment Selected Activities:
Comments:
Include any information requested but not sent or reason why info was disclosed without client's signed consent.

Cancel Save Finish

Resolving a Disclosure of Information

12. Update the Status to Resolved and enter a Resolved Reason.

User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1

Disclosure of Information Profile

Client Name: Balboa, Rocky | Unique Client No.: 104151520000180
Age: 63 | SSN: 0000
DOB: 4/15/1952 | Gender: Male

Client Name: Balboa, Rocky (104151520000180) | Request Received Date: 3/15/2016

HIM Staff: Meyer, Carissa

Status: Resolved | Resolved Reason: [Dropdown Menu]

Requested Information:

Records Requested Dates: From [] To []

Records Requested By:

Addressee: provider three | Add Addressee

Contact Name: [] | Phone #: []

Address Line 1: 315 W provider lane | Fax #: []

Address Line 2: []

City: boise | State: ID | ZIP Code: 83714

Information Requested: Requested Information

Response Information: []

13. Complete the appropriate fields in the Response Information section.

City: boise | State: ID | ZIP Code: 83714

Information Requested: Requested Information

Response Information:

Response Sent Date: []

Response: []

Records Disclosed To:

Addressee: [] | Add Addressee

Contact Name: [] | Phone #: []

Address Line 1: [] | Fax #: []

Address Line 2: []

City: [] | State: [] | ZIP Code: []

Method of Transmission: []

Client Consent on File?: []

Consent Notes: []

Information Disclosed:

Available Activities: Admission, ASAM, CAFASB Assessment, CALOCUS Assessment

Selected Activities: []

Comments: []
Include any information requested

14. Enter Comments if necessary and click Save.

Client Name: 02_Red (11006183223118E) Request Date: 3/15/2016
HIM Staff: Meyer, Carissa
Status: Pending Resolved Reason:
Requested Information
Records Requested Dates: From 03/01/2016 To 03/15/2016
Records Requested By:
Addressee: provider three Add Addressee
Contact Name: Phone #:
Address Line 1: 315 W provider lane Fax #:
Address Line 2:
City: Boise State: ID ZIP Code: 83714
Information Requested: Information Requested
Response Information
Response Received Date:
Information Received:
Comments:
Cancel Save Finish

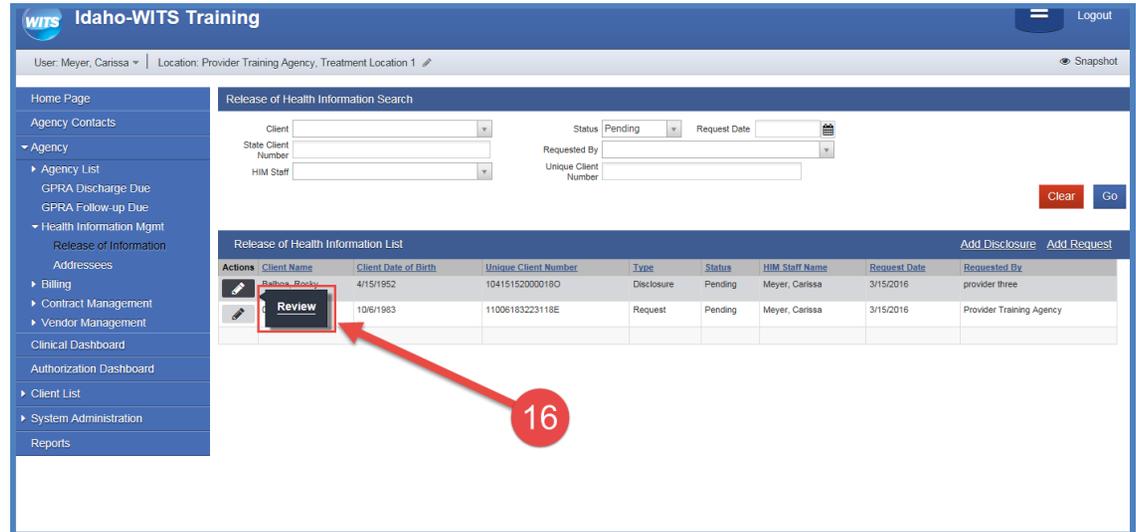
15. The Disclosure becomes read-only. Click Finish.

Note: Update the Status to Pending and click Save to make edits to the record.

Response Sent Date: 3/10/2016
Response:
Records Disclosed To:
Addressee: Provider Two
Contact Name: Phone #:
Address Line 1: 354 W Provider Lane Fax #:
Address Line 2:
City: Boise State: ID ZIP Code: 83714
Method of Transmission: US Mail
Client Consent on File? Yes
Consent Notes:
Information Disclosed:
Available Activities: ASAM, CAFAS Assessment, CALOCUS Assessment, Client Eligibility
Selected Activities: Admission
Comments:
Administrative Actions:
View History Disclosure Letter Disclosure Checklist Denial Letter
Cancel Save Finish

Creating a Disclosure Letter, Disclosure Checklist, or Denial Letter

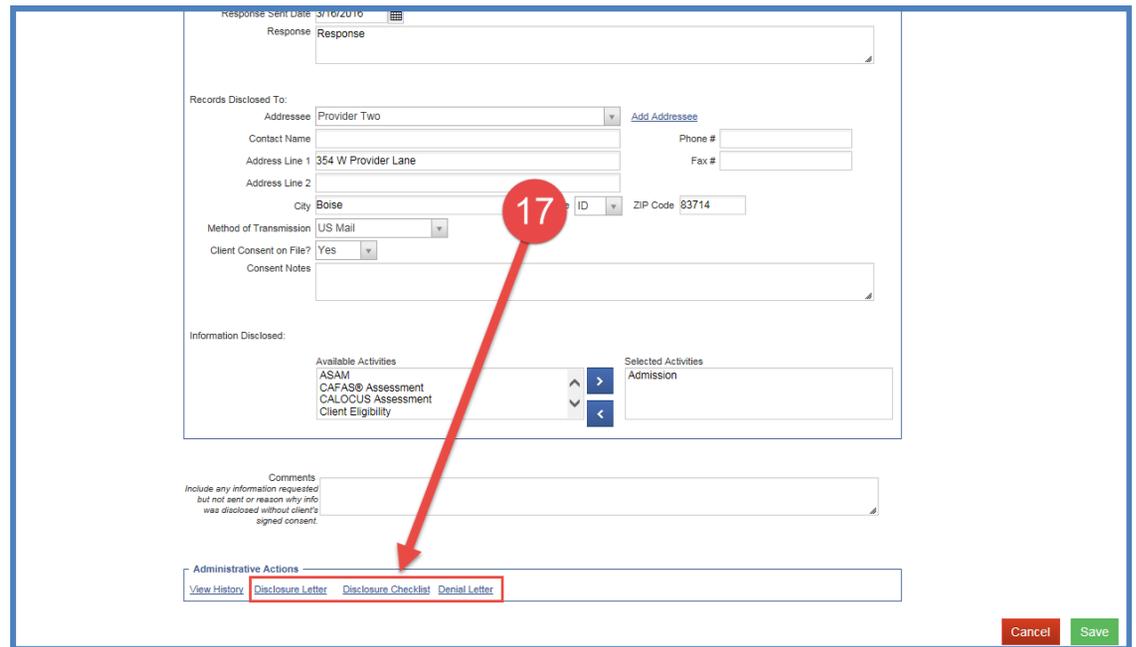
16. On the Health Information Mgmt screen, hover over the  next to the appropriate Disclosure and click Review.



The screenshot shows the 'Idaho-WITS Training' interface. The user is 'Meyer, Carissa' and the location is 'Provider Training Agency, Treatment Location 1'. The 'Release of Health Information Search' section has search criteria for Client, State Client Number, HIM Staff, Status (Pending), and Request Date. Below this is the 'Release of Health Information List' table:

Actions	Client Name	Client Date of Birth	Unique Client Number	Type	Status	HIM Staff Name	Request Date	Requested By
 Review	Walters, Brady	4/15/1952	104151520000160	Disclosure	Pending	Meyer, Carissa	3/15/2016	provider three
		10/6/1983	11006183223118E	Request	Pending	Meyer, Carissa	3/15/2016	Provider Training Agency

17. Select Disclosure Letter, Disclosure Checklist or Denial Letter from the Administrative Actions box at the bottom of the page.



The screenshot shows the 'Response' form. It includes fields for 'Response', 'Records Disclosed To' (Address, Contact Name, Address Line 1, Address Line 2, City, ID, ZIP Code), 'Method of Transmission', 'Client Consent on File?', and 'Consent Notes'. Below these is the 'Information Disclosed' section with 'Available Activities' (ASAM, CAFAS, CALOCUS, Client Eligibility) and 'Selected Activities' (Admission). At the bottom, the 'Administrative Actions' section is highlighted with a red box and a red circle with the number 17, containing links for 'View History', 'Disclosure Letter', 'Disclosure Checklist', and 'Denial Letter'. 'Cancel' and 'Save' buttons are at the bottom right.

18. The Disclosure letter, Disclosure Checklist or Denial Letter will open in a new window. **Close the window** when finished.

Provider Training Agency
123 Main St
Boise, ID 87302
Telephone: (208) 888-8888 Fax:

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Provider Two
354 W Provider Lane
Boise, Idaho 83714

Date: 03/16/2016
RE: Balboa, Rocky
DOB: 04/15/1952

To Whom It May Concern:

In response to your request, and with the authorization of the above named client, we are enclosing a copy of the following: