

UCONN HEALTH
OUTPATIENT PSYCHIATRY

SECTION: PATIENT CARE

SUBJECT:
COMMUNICATION WITH FAMILY AND FRIENDS –
OUTPATIENT PSYCHIATRY

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PURPOSE: To define the process for obtaining a patient's permission to share PHI with Family and/or Others.

POLICY:

All Psychiatric outpatient locations are included in this policy. For Patients visiting Outpatient Psychiatry locations, a "Permission to Communicate with Family and/or Others Involved in Your Care" (HCH 1397) form must be completed by all patients or their legal representative. *Special attention must be given to assure appropriate communication is made related to those services where a minor child can make decisions for their own care.*

Procedure:

1. Upon initial visit, the form "Permission to Communicate with Family and/or Others Involved in Your Care" (HCH1397) is completed, allowing communication from the clinical or support staff to patient's family members, friends or other external agents.
2. The HCH 1397 form is updated annually and at the patient's request.
3. The form itself is entered into the patient's medical record. Because of the sensitivity of psychiatric patient information, the GE Registration system (IDX) is NOT used to reference "Permission to Communicate" for psychiatric outpatients. The hard copy form is the ONLY document referenced.
4. Phone calls or in-person requests from any individual regarding any aspect of a patient's care are processed initially by support staff by checking the medical record to verify whether the patient has granted permission to communicate with that individual on the HCH 1397 Form.
5. In situations where clinical guidance is indicated, support staff refers the request to the patient's clinician, medical director or clinical practice manager for follow up.
6. In situations where more detailed clinical information is being requested (i.e. diagnosis, records, etc.) the patient is asked by the clinician and/or support staff to complete and sign the Authorization for Release of Information Form (HCH 551) prior to disclosure to family & friends.

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References:

UConn Health Policy [2003-25 “Use and Disclosure Involving Family and Friends”](#)

UConn Health [Policy 2012-05 “Legal Representative for Health Care Decisions”](#)

UConn Health Policy [2003-16 “Authorization for Release of Information”](#) and associated form [HCH 551 Authorization to Obtain and/or Disclose Health Information](#)

APPROVAL:

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NEW POLICY: 4/12/16
EFFECTIVE: 4/12/16
REVIEWED:
REVISED: