

**DAI Policy 500.50.09 – Disclosure of Protected Health Information (PHI) With Inmate Patient
Authorization and Court Orders
Attachment B – Review of Authorization Worksheet
Effective Date: 08/25/14**

Use this worksheet to review the legal adequacy of an authorization, other than a DOC-1163A or SSA-087. If a required element listed below is not included, check the appropriate box on this worksheet to assist in the completion of a Failed Authorization Letter (DOC-3688). Forward the DOC-3688 and a DOC-1163A to the requester. Do not file this worksheet in the Health Care Record.

- Identity of health care provider authorized to make the written, electronic or verbal disclosure. This would be Department of Corrections or a specific DOC facility. DOC is preferred, but a facility will be accepted.
- Name of patient
- Identity of the authorized recipient of the information: individual, agency or organization
- Specific description of protected health information (PHI) to be disclosed
- Purpose of disclosure
- Statement of the right to revoke the authorization
- Statement of whether receipt of treatment, payment for services, or eligibility for coverage are based on signing the authorization
- Statement of the risk of further disclosure if recipient not covered by Wisconsin/federal confidentiality laws.
- If the authorization allows disclosure of mental health, developmental disabilities or AODA information, a statement that "the patient has a right to inspect/copy" the information to be disclosed may need to be included. This statement is required for only **outside** records from community mental health providers, but is **not** needed for mental health, DD and AODA records created by any DOC facility and WRC/WWRC because the patients are correctional inmates. Therefore, if the Medical Chart or PSU Record do **not** include **outside** mental health, DD or AODA records, the statement is not needed. An authorization meeting all other criteria is valid.
- Effective time period of the authorization; expiration date or event
- Signature of patient or other person authorized to sign on behalf of the patient.
- If signed by an authorized representative, state relationship.
- Date Signed
- If the HCR includes a DJC (juvenile) stay and the request includes that time period, a valid authorization must state that juvenile records are covered. It is unlikely that any form will include that statement. A DJC stay would be behind a yellow tab behind all the standard dividers in the Medical Chart, or behind a cover sheet referring to the DJC stay in the Dental Record or PSU Record. Also, records in the DAI portion of the HCR, primarily sex offender records in the PSU Record, may include references to a DJC stay by mentioning one of the DJC facilities. Check the last box on the "Failed Authorization Letter" that deals with records for a time period not specifically authorized for disclosure. We cannot tell the requester that the reason he/she needs to complete a DOC-1163A is because of DJC records which are protected by ch. 938, Wis. Stats., because that would reveal a juvenile adjudication.