



Section	Psychiatric Health Facility (PHF)	Effective:	Draft
Sub-section		Version:	1.0
Policy	Coroner– Release of Information – Discharged PHF Patients	Last Revised:	New Policy
Director’s Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director’s Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	New policy		
Approvals:	PHF Medical Practice Committee:	PHF Governing Board:	

1. PURPOSE/SCOPE

- 1.1. To establish procedures outlining the disclosure of Protected Health Information (PHI) to coroners in accordance with federal and state privacy laws and regulations.
- 1.2. This policy applies to patients who have been discharged from the Santa Barbara County Department of Behavioral Wellness (hereafter, the “Department”) Psychiatric Health Facility (PHF).

2. DEFINITIONS

- 2.1. **Protected Health Information (PHI)** – any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. Protected Health Information includes Electronic Protected Health Information.

3. POLICY

- 3.1. The Department shall disclose PHI without an authorization to a coroner for the purpose of identifying a deceased person, determining a cause of death, or fulfilling other duties as authorized by law.

4. **PROCEDURE**

- 4.1 When contacted by the Coroner Office, PHF staff or a Quality Care Management (QCM) psychiatrist will:
1. Transfer the call to the attending physician, if requested;
 2. If the call is not transferred, obtain the following information:
 - a. Coroner's name, title, and telephone number;
 - b. Patient's name;
 - c. PHF physician's name requested by coroner;
 - d. Purpose of coroner's call;
 - e. Information requested by coroner (medications, psychiatric history, etc.); and
 - f. The date and time the coroner's call was received.
- 4.2 Immediately, upon termination of call with the Coroner's Office, PHF staff or the QCM psychiatrist will email the Department's:
1. Medical Director;
 2. Chief of Compliance; and
 3. Health Information Management (HIM) Administrator or designee.
- 4.3 If no medical records are requested, the Department's Medical Director or designee will contact the patient's PHF attending physician to discuss the coroner's request for information. The attending PHF physician will:
1. Contact the coroner to communicate requested patient information; and
 2. Document the following in the patient's electronic health record (EHR):
 - a. Date and time the coroner was contacted;
 - b. Information provided to the coroner; and
 - c. Signature and date of documentation.
- 4.4 If the Department's Medical Director is unable to contact the PHF attending physician, the Medical Director or assigned designee will complete the steps in Sections 4.3.1 and 4.3.2.
- 4.5 If medical records are requested, the Department's Medical Director or designee will send the coroner's request for health information or medical records to the Department's HIM team. HIM staff will:
1. Complete a request for information form;
 2. Make a copy of the requested health information or medical records and forward them to the coroner;
 - a. All health information or medical records must be related to the patient's cause of death or other function of the coroner.
 3. Include the following in the patient's EHR:
 - a. Request for information form, and
 - b. Date and time the information or documents were forwarded to the coroner.

ASSISTANCE

Lauren Blumenthal, RHIA, CDIP, PMP - HIM Administration
HIM Staff

REFERENCE

CHA Consent Manual, 2019
Government Code Section 27491
CA Welfare and Institutions Code Section 5328.8

Confidentiality of Medical
Information Act, CA Civil Code Sections 56 *et seq.*

Code of Federal Regulations
Title 45 Sections 160.103, 164.501, 164.512

RELATED POLICIES

Event of Patient Death

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).