County Of San Bernardino
Department of Behavioral Health

Authorization To Release Confidential Protected Health Information (PHI) Procedure

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Purpose

The purpose of this procedure is to ensure standards are adhered to in relation to releasing Protected Health Information (PHI) to a third party.

Procedure

When authorizing the release, disclosure and/or use of health information to a third party, complete the **Authorization To Release Confidential Protected Health Information (PHI) Form.** **Spanish Version**

The following table describes the procedure:

Step	Action
1	The client requests and completes the Authorization to Release Confidential PHI form.
2	The client gives the form to the treating provider.
3	The treating provider will review the completed form with the client and he/she will initial it, if necessary.
4	The form is sent to the Medical Records Department at BHRC, for closed charts, or the clinic where the chart is open for processing

Note: Questions regarding the release of PHI under specific circumstances not addressed in this SPM should be addressed to the **Privacy Officer**.