MANAGEMENT OF RELEASE OF INFORMATION

1. REASONS FOR ISSUE. This revised Veterans Health Administration (VHA) Handbook provides processes and procedures for managing the Release of Information (ROI) within a Health Information Management (HIM) Department. **AUTHORITY:** The Privacy Act, Title 5 United States Code (U.S.C.) 552a; Department of Veterans Affairs (VA) Claims Confidentiality Statute, 38 U.S.C. 5701; Confidentiality of Drug Abuse, Alcoholism and Alcohol Abuse, Human Immunodeficiency Virus (HIV) Infection and Sickle Cell Anemia Health Records, 38 U.S.C. 7332; 5 U.S.C. 552; and Health Insurance Portability and Accountability Act (HIPAA), Title 45 Code of Federal Regulations (CFR) Parts 160 and 164.

2. SUMMARY OF MAJOR CHANGES. This VHA Handbook establishes how to provide guidance on managing a ROI section. Appendix B, Veterans Health Administration Disclosure of Information flowchart, has been deleted.

3. RELATED ISSUES. VHA Handbook 1605.01, Handbook 1605.03, and VHA Handbook 1907.01.

4. RESPONSIBLE OFFICE. The Office of the Assistant Deputy Under Secretary for Health for Informatics and Analytics (10P2), Health Information Management Office (10P2C), is responsible for the contents of this Handbook. Questions may be addressed at 217-586-6082.

5. RECISSIONS. VHA Handbook 1907.06, Management of Release of Information (ROI) dated August 15, 2012, is rescinded.

6. RECERTIFICATION. This VHA Handbook is scheduled for recertification on or before the last working day of January 2018.

Robert A. Petzel, M.D.
Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 1/25/2013

CONTENTS

MANAGEMENT OF RELEASE OF INFORMATION

PARAGRAPH **PAGE**

APPENDICES

CONTENTS Continued

APPENDICES **PAGE**

MANAGEMENT OF RELEASE OF INFORMATION

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes processes and procedures for managing the Release of Information (ROI) within a Health Information Management (HIM) Department.

2. BACKGROUND

ROI is the act of reviewing and processing requests for patient information that pertain to The Privacy Act, Title 5 United States Code (U.S.C.) 552a; Department of Veterans Affairs (VA) Claims Confidentiality Statute, 38 U.S.C. § 5701; Confidentiality of Drug Abuse, Alcoholism and Alcohol Abuse, Human Immunodeficiency Virus (HIV) Infection and Sickle Cell Anemia Health Records, 38 U.S.C. § 7332; 5 U.S.C. § 552; and Health Insurance Portability and Accountability Act (HIPAA), Title 45 Code of Federal Regulations (CFR) Parts 160 and 164. VHA Handbook 1605.01, Privacy and Release of Information, outlines the requirements under which individually-identifiable health information may be used and disclosed and an individual's privacy rights in regard to their health information. This Handbook outlines the processes and procedures for reviewing, analyzing, evaluating, and processing ROI requests that are received.

3. DEFINITIONS

a. **Authorization.** An authorization is a written document signed by the individual who is the subject of the records and by whose name VA retrieves the records from a Privacy Act system of records. The signed document "authorizes" VA to disclose the records identified in the authorization to the entities or individuals named in the authorization for the purpose stated in the authorization. ***NOTE:*** *The content requirements for authorizations are outlined in VHA Handbook 1605.1.*

b. **Disclosure.** Disclosure is the release, transfer, provision of access to, or divulging of information in any other manner outside VHA. The exception to this definition is when the term is used in the phrase "accounting of disclosures."

c. **Document Storage Systems (DSS) ROI Manager Software.** DSS, Inc. ROI Manager software is a Graphical User Interface that interfaces with the Veterans Health Information Systems and Technology Architecture (VistA) Computerized Patient Record System (CPRS) and provides the ability to automate a number of ROI functions.

d. **Experienced Staff.** ROI staff is considered experienced once they have had the opportunity to review all available training aids, guides and Handbooks, develop a thorough understanding of the privacy requirements for releasing information and can independently and accurately release information based on a valid authorization. The timeframe may vary by facility, but at a minimum, developing trained staff requires 6 months of supervised training and experience.

e. **First-party Request.** First-party request is a signed, written request from a United States citizen or an alien lawfully admitted for permanent residency for one's own information under the control of VHA that is retrieved by the name of the individual or by some identifying number, symbol or other identifying particular assigned to the individual.

f. **In Person Authentication (IPA).** IPA is the verification of the Veteran's identity by a VA employee.

g. **Individually-Identifiable Health Information (IIHI).** IIHI is a subset of health information, including demographic information collected from an individual that is created or received by a health care provider, health plan, or a health care clearinghouse; relates to the past, present, or future condition of an individual; and includes the provision of or payment for health care and identifies the individual or a reasonable basis exists to believe the information can be used to identify the individual.

h. **Institutional Review Board (IRB).** An IRB is a board, committee, or other group formally designated by an institution to review, approve, require modification in, disapprove, and conduct continuing oversight of human research in accordance with 38 CFR Part 16 and other applicable VA and Federal requirements.

i. **Legal Guardian.** A legal guardian is a person appointed by a court of competent jurisdiction to maintain and care for the property of an individual, or for an individual who the court has declared incompetent due to physical or mental incapacity or age. A VA Federal fiduciary is not a legal guardian.

j. **Legal Health Record.** A legal health record is the documentation of the health care services provided to an individual in any aspect of health care delivery by a health care provider organization. The legal health record is individually-identifiable data, in any medium, collected and directly used in, or documenting, health care or health status.

k. **My Health*e*Vet.** My Health*e*Vet (MHV) is a Web-based application that provides Veterans access to a secure, private portal where both self-entered and electronic copies of their own VHA health information are available.

l. **Power of Attorney (POA).** A POA is a written document whereby a competent individual (i.e., principal) appoints another as the individual's agent and confers authority upon the agent to perform certain specified acts or kinds of acts on behalf of the principal. ***NOTE:*** *A POA that does not include the ability for the POA to make decisions related to health care in its scope would not authorize the holder to exercise the individual's privacy rights.*

m. **Protected Health Information (PHI).** PHI is individually-identifiable health information maintained in any form or medium. ***NOTE:*** *PHI excludes employment records held by a covered entity in its role as an employer.*

n. **Routine Release.** A routine release is a situation-specific release that does not require specialized knowledge of the full scope of privacy requirements and may be performed by those

outside of the traditional ROI section. For example, a fee basis clerk may release records to a non-VA health care provider for treatment and referral purposes.

o. **Routine Uses.** A routine use is a Privacy Act discretionary authority published in the Federal Register that permits VHA to disclose information or records from a Privacy Act-protected record without the patient's prior signed authorization. A "routine use" permits the:

(1) Release of PHI only when disclosure is also authorized by other applicable legal authority.

(2) Release of drug or alcohol abuse, HIV, or sickle cell anemia medical information only when the disclosure is also authorized by 38 U.S.C. § 7332.

p. **Third-party Request.** A third-party request refers to all signed written requests for patient information other than those requests that are for one's own information.

q. **Tort Claim.** A tort claim is a claim under the Federal Tort Claims Act.

r. **Title 38 U.S.C § 7332 Protected Information.** Title 38 U.S.C. § 7332 Protected Information is information related to the diagnosis of sickle cell anemia, the treatment of or referral for drug abuse, treatment of or referral for alcohol abuse, or the treatment of or testing for infection with HIV.

4. SCOPE

The ROI section within a HIM Department provides direct customer service to the Veteran (or third party) by providing copies of the Veteran's PHI when a signed, written request is received or upon the Veteran's valid authorization to a third party. In order to ensure only the information that the Veteran has specified be released, to only those whom the Veteran has authorized or who have legal authority to receive such information, and that all applicable Federal laws, rules and regulations regarding release of health information are followed, the ROI section must be staffed with, and supervised by, qualified, trained personnel.

5. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The facility Director is responsible for:

a. Ensuring information released and all duties associated with the releasing of information are done in a timely manner and in accordance with existing policies, statutes and regulations.

b. Ensuring each ROI section is under the supervision of a qualified professional who is well versed in all aspects of ROI, preferably the Chief, HIM, Health Information Manager, or delegate.

c. Ensuring facility policies exist to further define responsibilities and interdependencies of the Privacy Officer, the Chief, HIM, and ROI processes and responsibilities.

d. Ensuring a system is in place to identify and prioritize expedited requests.

6. RESPONSIBILITIES OF THE CHIEF OF HEALTH INFORMATION MANAGEMENT (HIM)

The Chief, HIM, is responsible for the following ROI activities:

a. Ensuring processes are created and monitored to ensure all requests for information are responded to in an accurate, complete, and timely manner.

b. Ensuring the DSS ROI Manager software is used to its full potential, including the ensurance of the installation of updates, as required by DSS ROI Manager product announcements, and procedures listed in the DSS ROI Manager User Manual located on the VHA Privacy Office Web site at: http://vaww.vhaco.va.gov/privacy/ROI.htm. ***NOTE:*** *This is an internal VA Web site and is not available to the public.*

c. Supporting MHV in conjunction with the local MHV Point of Contact to ensure Veterans complete the IPA, as required by VHA Handbook 1907.02, My HealtheVet In-person Authentication.

d. Supporting identity proofing processes in addition to MHV IPA, as required.

e. Completing requests for legal health records from Regional Counsel according to guidelines outlined in the HIM Practice Brief # 4 Legal Record Practice Brief located on the VHA Health Information Management Web site at: http://vaww.vhaco.va.gov/him/refsresources.html. ***NOTE:*** *This is an internal VA Web site and is not available to the public.*

f. Collaborating with the Billing Unit or Consolidated Patient Accounts Center (CPAC) as required to ensure that all information required to support payment and for which authority exists to release information, is accurate and processed in a timely manner.

g. Developing standard operating procedures or other reference documents that outline responsibilities for both the CPAC and local medical center staff regarding ROI, and making them available to all staff involved in the ROI process.

h. Complying with mandated ROI processes to the Social Security Administration (SSA) and its affiliated State Disability Determination Services (DDS) using the Electronic Record Exchange (ERE).

i. Ensuring sites adhere to the processes outlined in Appendix A, when using ERE.

j. Ensuring continuous quality improvement activities are developed, monitored, and implemented to ensure disclosures are made only for information for which a valid authorization exists, disclosure is limited to the minimum amount of PHI requested, and disclosure was completed within required timeframes.

k. Ensuring that at least 2 ROI section personnel, generally the supervisor and at least one technician, have the hardware and software necessary to complete requests for information in compact disc (CD) format. ***NOTE:*** *Refer to HIM Practice Brief #6, Handling Information in an Electronic Format, for instructions on producing information in CD format.*

7. RESPONSIBILITIES OF THE FACILITY RELEASE OF INFORMATION SUPERVISOR

The facility ROI Supervisor is responsible for:

a. Managing day to day ROI operations.

b. Monitoring quality and quantity of work.

c. Authenticating or verifying the identity of the Veteran prior to the Veteran (or third party) receiving copies of the PHI.

d. Authenticating or verifying the identity of the Veteran prior to the Veteran receiving online access to their PHI.

e. Adhering to all applicable requirements and regulations, including, but not limited to:

(1) Keeping ROI staff informed of the latest updates to VA and VHA policies, rules, and regulations involving ROI;

(2) Making staff aware of, and ensuring access to, updated or new resources; and

(3) Validating that staff participate in all applicable training.

f. Ensuring all requests are complete within 20 work days except for the rare circumstance when it is impossible, for good cause, to complete a request within 20 work days (e.g., when paper records cannot be retrieved from a storage site within 20 days). A delay notification letter must be mailed to the requestor within the same 20 working days explaining the delay and providing an estimated timeframe for completion. Completion cannot exceed 40 working days from receipt of request.

g. Working in conjunction with the facility Privacy Officer, to ensure:

(1) Monitors are in place for the use of approved ROI forms and authorizations available using the iMedConsent™ product;

(2) Only those who are authorized to release information are utilizing the forms; and

(3) All forms are appropriately stored in the VistA Imaging software. ***NOTE:*** *iMedConsent™ use is not mandated or required, however those utilizing iMedConsent™ must have a system in place to monitor quality and usage.*

h. Ensuring, when iMedConsent™ is utilized, the results of monitoring activities are used as a basis for providing education to all staff using iMedConsent™.

i. Monitoring daily reports for open and pending requests in order to track productivity of the section.

j. Establishing a priority system for completion of requests to ensure all requests are completed within required timeframes. Generally, requests are completed in the order in which they were received; however, certain requests may be of an urgent nature and must be expedited.

k. In conjunction with the Chief, HIM, determining the process and identifying the person responsible for notifying requestors, in writing, of their appeal rights when requests cannot be completed.

l. Ensuring Regional Council is notified of all court orders or subpoena requests for reproduction of records. When authority exists, copies of the requested records are prepared (see VHA Handbook 1605.01 for specific information on preparing records for court).

m. Performing daily reviews of anticipated delays and utilization of the 10-day follow-up letter option within the DSS ROI Manager software, when necessary, to ensure all requests are completed within defined timeframes.

8. RESPONSIBILITIES OF THE FACILITY PRIVACY OFFICER

The facility Privacy Officer is responsible for ensuring:

a. Overall compliance with Federal privacy laws and regulations as required in VHA Directive 1605, VHA Privacy Program, and monitoring compliance activities as outlined in VHA Handbook 1605.03, Privacy Compliance Assurance Program and Privacy Compliance Monitoring. The Privacy Officer serves as a subject matter expert and is required to know how to use the DSS ROI Manager Software.

b. Working in conjunction with the facility ROI Supervisor, monitors are in place for the use of approved ROI forms and authorizations available using the iMedConsent™ product, to ensure that only those who are authorized to release information are utilizing the forms, and that all forms are appropriately stored in the VistA Imaging software. ***NOTE:*** *iMedConsent™ use is not mandated or required, however those utilizing iMedConsent™ must have a system in place to monitor quality and usage.*

c. The results of monitoring activities are utilized as a basis for providing education to all staff using iMedConsent™.

9. RELEASE OF INFORMATION STAFF AND STRUCTURE

To ensure that information is released only to those who have a valid request or authorization, or right to such information, it is essential to recruit, hire, train, and retain staff

knowledgeable in health information practices and legal requirements for ROI. ***NOTE:*** *It is recommended that ROI operations be centralized under a single supervisor who provides services to the main hospital, health care center, on site clinics, and any medical center associated community-based outpatient clinics (CBOC).* ROI staff may be located in a centralized physical location or may be placed in alternate locations, such as a CBOC or large outpatient clinics.

a. Veteran customer service and the ability to safeguard the Veteran's privacy must be considered when designing the ROI Department.

b. The ROI staff must possess:

(1) A comprehensive knowledge of Federal privacy laws, as well as VA's interpretation of these laws as outlined in VHA Handbook 1605.01 to appropriately disclose information.

(2) A working knowledge of information technology equipment within the ROI section to efficiently assemble the selected documents.

(3) The ability to navigate efficiently and effectively through the paper and electronic patient record, as well as to utilize the DSS ROI Manager software to find the requested information.

(4) A knowledge of the health record tracking system and the facility's storage system to determine if paper records exist; the location of the paper records; and the process to request or recall the records if not at the facility (i.e., a Federal storage facility).

(5) A thorough knowledge of health record guidelines and procedures to ensure that a complete search for the requested records is accomplished.

10. RELEASE OF INFORMATION PROCESS

All requests for information are processed and completed following the requirements outlined in the most current version of VHA Handbook 1605.01.

a. Each request is prioritized to determine urgency and ensuring the most urgent requests are completed first using a facility established priority system.

b. Upon receipt of a ROI request, the technician carefully reviews the request to determine if the request is a first-party or third-party request, if a valid authorization (third-party) or a signed, written request (first-party) exists and if legal disclosure authority exists.

(1) The ROI staff member must validate the signature against existing documentation that contains the Veteran's signature for requests received in the mail.

(2) When the Veteran presents to the ROI section and requests information in person, authentication in the form of a single government-issued photo identification is required (see Appendix. B for steps in determining if a valid third-party request exists).

c. If a valid request exists, the request must be processed within 20 working days. If it is anticipated that the request cannot be completed within 20 working days, the requestor must be notified within the same 20-day timeframe, informing the requestor that the request cannot be completed within 20 days, the reason for the delay, and advising the requestor of an expected completion date. This delay must not exceed 40 working days from receipt of request.

d. If the third-party request is not valid due to missing components of a valid authorization, the ROI technician may call the requestor and ask that a valid request be completed. If the requestor does not respond or a valid request cannot be completed, the requestor must be notified in writing that the request cannot be completed and state the reason for non-completion (e.g., invalid authorization). When appropriate, appeal rights must be given. ***NOTE:*** *This does not apply to an invalid request for health information that contains 38 U.S.C. § 7332-PHI. The requestor may be contacted and informed that the authorization is invalid, however they cannot be advised that IIHI relates to drug abuse, alcoholism, or alcohol abuse, tests for or infection with HIV, or sickle cell anemia is the reason the authorization is invalid.*

e. First party requests must be in writing. VA Form 10-5345a, Individuals' Request for a Copy of Their Own Health Information, can be utilized for the request, however, this form is not required and any signed, written request must be honored. The identity of the requestor as the person to whom the information pertains must be verified. Single Government-issued photo identification suffices as identity verification. ***NOTE:*** *VA Form 10-5345a can be found at: http://www.va.gov/vaforms/.*

f. Third-party requests must be in writing, have a valid authorization (unless other legal authority exists which allows disclosure without a valid authorization) and specify records requested. A determination whether legal authority exists to release the information must be made (see VHA Handbook 1605.01). Review the information requested to determine if any 38 U.S.C. § 7332-PHI is documented, and if so, determine if other legal authority or the authorization covers the release of 38 U.S.C. § 7332-PHI.

g. All valid requests must be accurately entered into the DSS-ROI Manager software on a daily basis, and all required information completed.

h. The ROI technician carefully reviews the request and determines what information is being requested, for what timeframe, and under what legal authority the information may be released.

i. After determining disclosure authority exists within the Federal privacy statutes and regulations, the ROI technician must apply a comprehensive knowledge of medical terminology, human anatomy, and disease processes to fully understand the content of a patient health record when reviewing paper and electronic health records (i.e., scanned notes, reports, special tests, etc.) to identify material to be photocopied, printed, or written to electronic media, i.e., burned to a CD, and released to the requester.

j. VistA Records Tracking System must be utilized to verify location of paper records.

k. If required, archived health records are requested from storage facilities. Record retrieval for those records stored at the VA Record Center and Vault may be requested on-line utilizing the Electronic Records Retrieval System.

l. Once documents are compiled, a review of all information is performed to ensure only that information which is requested, for the timeframe requested, is included for disclosure.

m. A quality check of all assembled requests for information must be performed to ensure complete, accurate, and acceptable legal documents are included. All paper documents are carefully reviewed to ensure only those documents that pertain to the Veteran named in the request are included. Any identified errors in omission or addition of information will be corrected prior to completing the request.

n. Completed requests will be closed in the DSS ROI Manager software.

o. After completion of request, the original request form and any accompanying cover letters or documentation must be either scanned into VistA Imaging or maintained in the paper administrative folder. For those requests for information where the subject of the request is not registered or found in the Master Veteran Index and no information is available, maintain the original request and any accompanying cover letters in a secured location for 6 years.

p. Information is requested from non-VA providers as needed to support patient care. Any health information received from a non-VA provider must be scanned into VistA Imaging.

q. Billing invoices and statements for the cost of preparing copies for release are prepared in accordance with privacy regulations and local policy (see App. C for fees associated with ROI). ***NOTE:*** *In order to facilitate billing of costs associated with ROI, the DSS ROI Manager software contains an optional billing module that must be activated by those who hold administrative keys to the facility DSS ROI Manager software. For complete instructions on how to utilize the optional billing module, refer to the ROI Administrative Manual, billing administrator functions located on the VHA Privacy Office Web site at: http://vaww.vhaco.va.gov/privacy/ROI.htm. This is an internal VA Web site and is not available to the public.*

r. All subpoenas and court orders must be referred immediately to the supervisor, or designee, who refers them to Regional Counsel.

s. All requests that cannot be completed, due to issues other than an invalid or missing authorization, must be referred to the supervisor or designee.

11. SPECIAL RELEASE OF INFORMATION REQUESTS

Specials requests are non-routine requests that require specialized knowledge and an understanding of the full scope of the privacy requirements and may be performed by those outside of the ROI area. Scenarios in which a special request may occur include, but are not limited to:

a. Requests for information under the Freedom of Information Act (FOIA). The facility FOIA Officer is responsible for responding to all FOIA requests. Any FOIA request must be immediately forwarded to the FOIA Officer for action.

b. Tort claims require specific processing as outlined in the Legal Record Practice Brief located on the VHA Health Information Management Web site at: http://vaww.vhaco.va.gov/him/refsresources.html. ***NOTE:*** *This is an internal VA Web site and is not available to the public.*

c. Amendment requests are referred to the facility Privacy Officer for processing. If the amendment is approved, the Privacy Officer works directly with the Chief, HIM for document correction (see VHA Handbook 1605.01 and the Amendment Request Fact Sheet for further details). ***NOTE:*** *The Amendment Request Fact Sheet can be found on the VHA Privacy Office Web site at: http://vaww.vhaco.va.gov/privacy/FactSheets.htm. This is an internal VA Web site and is not available to the public.*

d. Subpoenas, court orders, requests to review the record in person and requests for certification of the completeness and accuracy of the information releases must be referred to the Chief, HIM or their designee, such as the Privacy Officer.

e. Generally when a Veteran requests copies of their own information, retracted and deleted notes are not included. However, if a Veteran specifically requests all retracted or deleted notes, then the record must be carefully reviewed to determine the basis for the reason the note was retracted or deleted. If the note was related to information that does not pertain to the Veteran requesting the information, then the Veteran has no right to request the information and the information is not to be included. If the note was retracted or deleted for other reasons, but does pertain to the Veteran the note can be released if the written requests clearly specifies that deleted or retracted notes are required. The written request for records must clearly specify that retracted or deleted notes are requested.

f. Virtual Lifetime Electronic Record leverages the Nationwide Health Information Network (NwHIN) to exchange specific health information between the local VA, Department of Defense and private partner non-VA health care providers. Where applicable, ROI staff receives, validates, and processes consent directives such as authorizations, revocations, and restriction requests to the ROI across the NwHIN.

12. PRIVACY OFFICER AND RELEASE OF INFORMATION

a. The Privacy Officer, the ROI supervisor, and ROI staff must interface and communicate regardless of organizational alignment.

b. Facility policies must exist to further define responsibilities and interdependencies of the Privacy Officer, the Chief, HIM, and ROI processes and responsibilities.

13. AWARENESS FACTORS

a. Requests for release of Compensation and Pension exams that are maintained in the patient health record may be disclosed by the VA medical center. Prior to release, the ROI technician must ensure the exam is a signed, finalized version. Requests for release of claims or health information in Veterans' claims folders, are to be referred to the Veterans Benefits Administration Regional Office Privacy Officer.

b. Requests for information from other facilities, with the exception of tort claims, may either be completed by the facility receiving the request or forwarded to the facility where the information resides for completion. Local policies outlining when records are to be referred and the process for referral must be developed and all ROI technicians made aware of the policies and processes.

c. Various medical forms may be received by the ROI staff from a Veteran. Completion of these forms is required under 38 CFR § 17.38(a)(1)(xv) as part of the medical benefits package (with the exception of the completion of examination forms if a third party customarily pays health care practitioners for the examination, but does not pay VA).

d. Records from external sources that have been incorporated into VA's health record are considered part of the health record and must be included when a request for "all" records is received. This includes health information from private sector providers, other government agencies such as the SSA, and any other record or health information that has been scanned or otherwise incorporated into the VA health record.

14. PRODUCTIVITY

a. Health Information Managers and ROI Supervisors are to utilize the tools available through the DSS ROI Manager software to monitor productivity. Additionally, managers or supervisors must perform routine recurring quality checks on completed work to ensure that prepared information is accurate, complete, and in accordance with the minimum necessary standard. ***NOTE:*** *Facilities are encouraged to develop incentive plans to recognize ROI technicians who exceed minimum productivity standards.*

b. The minimum recommended ROI productivity standards for experienced ROI performing only ROI activities technicians are:

SCOPE OF WORK	**MINIMUM STANDARD PER DAY** ***NOTE:*** *This is based on a 7.5 hour workday and does not include leave, educational hours, or activities the ROI technicians may be performing. Appropriate lower standards may be set for technicians in developmental positions. Standards must also be adjusted and lowered when issues beyond the employees control, such as system failures, excessive time spent searching for paper records, etc., impede the employee's ability to complete requests.*
1. Standard Releases	18 requests per day.

2. Torts	Due to the complex nature and potential volume of information requested, the most experienced ROI technicians must only complete tort claims. Rather than a productivity standard for tort claims, standards for accuracy, completeness of information and adherence to guidance outlined in the Legal Record Practice Brief must be developed and each tort claim must be reviewed for accuracy of information. ***NOTE:*** *The Legal Record Practice Brief is located on the VHA Health Information Management Web site at: http://vaww.vhaco.va.gov/him/refsresources.html. This is an internal VA Web site and is not available to the public.*

NOTE: *Productivity standards were developed by reviewing existing facility standards, as well as industry standards (i.e., American Health Information Management Association benchmark).*

15. ACCURACY

a. ROI must be reviewed for accuracy of information sent to the requestor to ensure only the minimum necessary is sent based on the written authorization of the Veteran, pursuant to a written request from a third-party. A 95 percent accuracy rate for each individual technician and for the ROI section overall must be maintained. Accuracy is based on:

(1) Validity of authorization to release information.

(2) Only the information that is authorized is released.

b. The following is the formula for determining the accuracy of compliance:

Numerator: Number of Correct ROI Requests = **% compliance**
Denominator: Number of ROI Requests Reviewed

c. The following process for reviewing ROI must be used to accurately comply:

(1) ROI supervisor or lead technician performs monthly reviews to determine accuracy.

(2) Sample size of review may vary, however, sample size must be large enough to determine accuracy rate for each technician. An overall sample size of 30 releases, per month, may be sufficient, with an even number of releases from each ROI technician reviewed.

(3) Any issues related to accuracy are compiled and used as the basis for educational efforts to ensure that each ROI technician has a thorough knowledge of the ROI process and requirements.

DEPARTMENT OF VETERANS AFFAIRS (VA) AND SOCIAL SECURITY ADMINISTRATION (SSA) AND ITS AFFILIATED STATE DISABILITY DETERMINATION SERVICES (DDS) STANDARD SUMMARY

This Appendix outlines the standard set of national health summary components in Veterans Health Information Systems and Technology Architecture (VistA) and Computerized Patient Record System (CPRS) that must be met for the release of information data transmissions from the Veterans Health Administration to SSA-DDS. A facility may discover local components that offer more complete information due to utilization of the various VistA packages (i.e., one VA facility may utilize the Medical Reports package whereas another facility may not). Facilities need to negotiate use of those components, in lieu of those in this Appendix, with their local SSA-DDS Professional Relations Officer.

1. Important Notes

a. Components are listed in the desired order of presentation.

b. Limits (time and occurrence) are noted for each component.

c. Do not suppress print of components without data.

d. Pages are to be numbered with patient name in header. If using the Health Summary component in the DSS-ROI software, the patient's name appears in the lower left. The page number shows in the lower right, lower left, or lower center of the document dependent on the custom settings of the user.

e. The title of the summary for each VA medical center is to read **"[VA Medical Center site] VA SSA-DDS Standard" so that the header on each page includes, e.g.: ***** CONFIDENTIAL [VA Medical Center site name] VA SSA-DDS STANDARD SUMMARY pg. 1 *******

f. Use this SSA-DDS Standard Summary to respond to all initial DDS requests for records. Occasionally, DDS needs records prior to the established limit of this summary. Each DDS needs to devise a simple, but easily seen alert when they require records prior to the established window and give the date(s) requested. If a date range is given, falling completely or partially inside the established standard limit, prepare the Standard Summary. However, a second file, where only the added older dates override the established limit of the Standard summary, must also be created. **Do not prepare one combined summary for both time periods, because the Standard occurrence limits may prevent display of the older information.**

g. DDS occasionally requests certain images to document disability. Electrocardiograms (ECG) and pulmonary function tests (PFTs) tracings and audiograms are found in separate VA systems such as VistA Imaging or the Marquette Universal System for Electrocardiograph. Currently these systems are not fully interfaced with CPRS system. To search for such images on every request would slow down the progress and efficiency of the Standard Summary process. As a relatively small percentage of all claims require these images, they can be

requested by a carefully targeted second request, when needed. Once the images are located, they can be printed and then scanned and transferred through the SSA Electronic Records Express (ERE) Web site or faxed (with the bar-coded request DDS request letter) to the DDS' designated fax server. ***NOTE:*** *Over time, the capability to pull these images will be reassessed along with the other records for the summary.*

h. Verify that formatting transfers to SSA-DDS correctly and avoids large white spaces.

i. If one of the following components is not available locally, use the best available substitute (with same limits). All local modifications are to be agreed upon by both the State DDS and VA Medical Center.

2. Components. The standard extract of health records to select using the Health Summary Protocol of VistA and CPRS.

Component Order	Acronym, Name, and Limits	Description
1	**BDEM (Brief demographics)** Limits: not applicable (NA)	Brief patient demographic information, which includes address, phone number, age, sex, race, ethnicity, mean test, and eligibility code and known VA facilities that have provided care.
2	**PLL (All Problems List)** or **PLA (Active Problems)** and **PLI (Inactive Problems)** Display International Classification of Diseases (ICD) text =Yes, Display provider narrative =Yes Limits: NA	All known problems, active (PLA) and inactive (PLI) for a patient. This includes provider narrative, date of onset on active problems, date problem resolved on inactive, date last modified, responsible provider and all active comments for the problems (caution: list may be incomplete).
3	**CVF (Future Clinic Visits)** Limits: NA	Displays future appointment dates and what VA component the patient will see. The potential value is in lieu of consultative examination.
4	**OE (Outpatient Encounters)** Display long text narrative Limits: Time = 2 years Occurrences = 150 *(whichever comes first (WCF))*	Concise listing of all outpatient events including date, outpatient diagnosis (International Classification of Diseases-9th edition- (ICD-9), and procedure (Current Procedural Terminology (CPT)) for each event. The complete VA record needs to have a detailed Compensation and Pension or Progress Note (PN) for each OE. If number of PNs exceeds occurrence limit, OE helps to target possible follow-up for older encounters.

Component Order	Acronym, Name, and Limits	Description
5	**GAF (Global Assessment Functioning)** Limits: Time = 2 years Occurrences = no limit	This displays score taken from the GAF Scale to evaluate the psychological, social, and occupational functioning on a hypothetical continuum of mental health or illness. Also displayed is date of assessment and name of health care professional giving the score. This is a potential indicator of longitudinality and decompensation.
6	**DCS (Discharge Summaries)** Limits: Time = 4 years Occurrences = 5 *WCF*	Inpatient discharge summaries, including report text for the time period.
7	**C&P (Compensation and Pension Exams)** Limits: Time = 4 years Occurrences = 5 *WCF*	C&P examinations for Veterans benefits.
8	**PN (Progress Note)** Limits: Time = 2 years Occurrences = 40 *WCF* ***NOTE:*** *Occurrences can be reduced to 30, if the PNs can be pulled selectively (see description).*	This includes: date and time, title, and text of note. ***NOTE:*** *The need to assess local VA capabilities to distinguish types of PN and exclude unneeded PN (e.g., inpatient notes (captured in DCS), nurses notes, telephone triage, physical therapy) as possible.* *-- Outpatient PNs that exceed the occurrence limit are highlighted in OE for follow-up request as needed.*
9	**SR (Surgery Report)** or **OR (operating room)** or **NOR (non operating room)** Limits: Time = 2 years, Occurrences = 10 *WCF*	This contains reports of operative procedures and non-operative procedures. Includes: date, specialty, pre and post operative diagnosis, procedures performed, surgeon's dictation, and indications for procedure.
10	**SCD (Spinal Cord Dysfunction)** Limits: N/A	This includes patient registration status, highest level of injury, information source for SCD, completeness of injury, and extent of paralysis.
11	***MEDF (Medical Full Report)** Limits: Time = 2 years, Occurrences = 15 *WCF* *If unavailable locally, determine best alternative (e.g., Clinical Procedures-Brief (CPB)).	This component provides a full report of procedures (e.g., ECG, PFT, sleep studies) as defined by the Medicine View file.

Component Order	Acronym, Name, and Limits	Description
12	**IP (Imaging Profile)** CPT modifiers = No Limits: Time = 2 years, Occurrences = 10 *WCF*	This contains information from Radiology or Nuclear Medicine and includes: study date, procedure, status, report status, staff and resident interpreting physicians and history, report, diagnostic text and impression.
13	**CY (Cytopathology)** Limits: Time = 2 years, Occurrences = 10 *WCF*	This includes: collection date and time, specimen, gross description, microscopic exam, brief clinical history, and cytopathology diagnosis.
14	**EM (Electron Microscopy)** Limits: Time = 2 years, Occurrences = 10 *WCF*	This includes: collection date and time, specimen, gross description, microscopic exam, brief clinical history, supplemental report, and EM diagnosis.
15	**MIC (Microbiology)** Limits: Time = 2 years, Occurrences = 10 *WCF*	This includes: collection date and time, collection sample, site and specimen, specimen comment, tests, urine screen, sputum screen, sterility control, sterility results, comments for reports, smear and prep, acid fast stain Parasite Report, organism(s), Mycology Report, Bacteriology Report, Mycobacteriology Report, Gram Stain Result, Culture and Susceptibility, Antibiotic Serum Level, and remarks.
16	**SP (Surgical Pathology)** Limits: Time =2 years, Occurrences = 10 *WCF*	This includes: collection date and time, specimen, gross description, microscopic description, brief clinical history, supplemental report, frozen section, and surgical path diagnosis.
17	**ON (Oncology)** Limits: Time = 2 years, Occurrences = NA	Selected data elements from the Oncology Primary file.
18	**CH (Chemistries and Hematology)** Display comments = Yes Limits: Time = 2 years Occurrences = 20 *WCF*	This includes: collection date and time, specimen, test name, results (with flag, either High, Low, or Critical), units, and reference range.

AUTHORIZATION REQUIREMENTS FOR THIRD PARTY REQUESTS

Valid signed, written authorization must contain ALL of the following elements:	Yes	No
Veteran's name and Social Security Number or date of birth (ability to identify the appropriate individuals to whom the information pertains).		
Identifies the Veterans Health Administration (VHA) or the specific Department of Veterans Affairs medical center as the agency to release the information.		
Requestor's name and address who will be receiving the information.		
Description of the information to be disclosed that identifies the information in a specific and meaningful fashion. If Title 38 United States Code 7332-protected health information is to be disclosed, this information must be specifically identified in the description.		
Description of each purpose of the requested use or disclosure.		
Expiration date, condition or event that relates to the individual or the purpose of the use or disclosure.		
Signature of the Veteran, or		
A court appointed legal guardian, or		
An individual authorized in writing by a competent individual (or the individual's legal guardian) to act on behalf of the individual (i.e., Power of Attorney), or		
If individual is deceased, the Executor of Estate, Next of Kin, or anyone with a significant personal relationship to the individual.		
Date authorization was signed.		
A statement that the individual has the right to revoke the authorization in writing, except to the extent that VHA has already acted in reliance on it, and a description of how the individual may revoke the authorization.		
A statement that the health care organization's ability or inability to condition treatment, payment, enrollment, or eligibility for benefits is not based on the individual completing an authorization.		
Statement that the information might be re-disclosed by the recipient and no longer protected by Federal laws or regulations.		

Authorization is valid.

Authorization is not valid. Return to requestor. File copy of initial request along with Document Store System Release of Information Manager letter and this form in patient's administrative record.

TABLE OF FEES FOR PRIVACY ACT REQUESTS

1. For health records by patient, guardian or personal representative.	a. First copy free then $0.15 per page after the first 100 one-sided pages for subsequent copies of the same records. b. Free in support of a Veterans Benefits Administration (VBA) claim on appeal. c. No search or review fees.
2. For a Privacy Act (PA) System of Records other than medical record filed and retrieved under the requestor's identity **or** a third-party requester, i.e., attorney, for any PA System of Records, not seeking the records in support of a VBA claim on appeal.	a. First 100 one-sided pages free then $0.15 per page. b. No search or review fees.
3. Non-paper copies (x-rays, video tapes, slides, microfilms, Compact Disc, disk computer files etc.).	Actual direct cost of duplication.
4. Abstracts or copies to insurance companies for other than litigation purposes.	$10.00 per request.

NOTE: *Actual direct cost is calculated by determining the cost of operating the duplication equipment and the cost of the employee's time (base hourly rate of pay plus 16 percent multiplied by number of hours). Actual direct cost does not include the overhead cost of operating the facility or building, including utilities, where the equipment is located.*

LINKS FOR DEPARTMENT OF VETERANS AFFAIRS (VA) SITES REFERENCED IN THIS HANDBOOK

1. Amendment Request Fact Sheet.
2. Document Store System (DSS)-Release of Information (ROI) Administrative Manual.
3. DSS ROI product announcement.
4. DSS ROI User Manual.
5. Handling Information in an Electronic Format Practice Brief.
6. Legal Record Practice Brief.
7. Veterans Health Administration (VHA) Handbook 1605.01.
8. VHA Handbook 1605.03.
9. VHA Handbook 1907.02.

NOTE: *Items 1-6 are internal VA Web sites and are not available to the public.*