COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

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CLINICAL RECORDS BULLETIN

Announcements

- **Next Keeper of Clinical Records Meeting:**
  Monday, December 17th 8:30am - 12:00pm 2nd Floor Conference Room-550 S. Vermont
- Clinical Records Unit is anticipating an annual **State DMH EPSDT Chart Audit** before the end of this year. Notification is provided to the Department one month prior to the audit and the list of client names two weeks prior to the audit. Providers will be notified if any of their records will be needed for the audit as soon as the list of client names is received.

Caregiver's Authorization Affidavit Form

New Form Available on Internet

(www.dmh.lacounty.gov—see Provider Tools, Forms, Authorization)

DMH Official Form Usage

Directly Operated: *must* use the Affidavit form, when applicable, in its original format.
Contractors: because this is a codified form, contractors must reference Part 1.5, Section 6550 of the California Family Code and develop their own form.

Effective as of the date of this Clinical Records Bulletin, the Caregiver's Authorization Affidavit form has been added to the Department's inventory of approved forms and is available on the Internet as noted above. Please note that **this form is two pages** (may also be printed front to back) with important information regarding the Affidavit on the second page (or backside) of the form. Both pages of the form must be given to the Caregiver to complete.

PURPOSE OF THE CAREGIVER'S AUTHORIZATION AFFIDAVIT FORM

This form, when completed by a "Qualified Relative", allows that relative to authorize mental health services for a minor in the absence of the parent(s) or other person(s) having legal custody.

Obtaining permission for services to children who are not in the care of their legal guardian has been a long-standing problem for our system. This form, created by the State, while not resolving all of the gap issues, does bridge the gap for those minors who are in the care of a certain blood relatives, thus allowing these minors to receive needed services.

Future plans include having this Affidavit printed in other identified threshold languages. Until other translations are available, the form may be verbally interpreted for non-English readers, but the caregiver must not be prompted regarding his/her responses.

DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

1. Is DMH authorized to share clinical record information with agencies not directly-operated by DMH without client authorization?
2. Is DMH authorized to disclose clinical record information to Homeland Security, United Stated Secret Service, without client authorization?

Answers on the next page

Key points about what the Caregiver's Authorization Affidavit form does not do are:

- The use of the Affidavit *does not* affect the rights of the minor's parents or legal guardian regarding the care, custody and control of the minor.
- This form *does not* give legal custody of the minor to the Caregiver.

Key administrative points about the Caregiver's Authorization Affidavit form are:

- This form is authorized by the California Family Code, Part 1.5, Section 6550.
- Both pages of the form must be given to the Caregiver to complete.
- The completed and signed Affidavit is filed in the clinical record in Section #2 of the eight-part chart, Consents & Notices.
- The Affidavit is valid for only **one year** after the date on which it is executed so a new Affidavit must be obtained annually as long as the minor remains with the Caregiver.
- DMH staff who rely on an Affidavit completed by a "qualified relative" have no obligation to make further inquiry or investigation into the validity of the facts declared by the caregiver.

Key requirement points about the Caregiver's Authorization Affidavit form are:

- The Caregiver *must* be one of the "Qualified Relatives" listed on page 1 of the form, #5.
- The "Qualified Relative" *must* be 18 years of age or older.
- An attempt *must* have been made by the Caregiver to notify the minor's parent(s) or other person(s) having legal custody of the Caregiver's intended authorization for mental health care of minor.
- The Caregiver *must* report to the mental health agency to which they have provided this Affidavit if the minor stops living with him/her.
- The Caregiver's signature is required, under penalty of perjury, to ensure that all statements on the Affidavit are true and correct. Incorrect statements can be punishable by a fine, imprisonment, or both.
- A photo I.D. is required. See TO CAREGIVERS on page 2 of the form, #4.

If you have questions regarding this form, contact Rose Esquibel at (213) 739-6335.

c: Executive Leadership Team
District Chiefs
Program Heads
Program Record Keepers
ACHSA

I KNOW THE ANSWERS TO THOSE QUESTIONS!

1. **Yes.** *See Clinical Records Guidelines, Chapter 2, Pg 7, #1; DMH Policy 500.2, §4.1.2; WIC §5328(a).* DMH is authorized to share Protected Health Information (PHI) among professionals providing care to a person without the person's authorization. This includes not only DMH contractors, but also health and mental health professionals outside the Los Angeles County DMH system of care. Before information is released, verify that the requestor is indeed a current provider of health/mental health services. A written request that includes a declaration by the provider is preferred, but in emergency situations a return phone call may be the best possible verification.
2. **Yes.** *See Clinical Records Guidelines, Chapter 2, Pg 8, #3; DMH Policy 500.2 §4.1.2; WIC 5328(g).* The request must be in writing and may only be granted when the stated disclosure is for the purpose of protecting federal and state public officials and their families from possible harm. The request should be filed in the clinical record under the Correspondence Section after the request has been listed on the HIPAA Account Tracking Sheet.