



- ADULT OUTPATIENT SERVICES for SMI
8623 N. Wayne Rd., Ste. 220 & 310, Westland, MI 48185
Telephone: (734) 425-0636 Fax: (734) 425-4771
Telephone: (734) 425-0636
Fax: (734) 425-4771
- Housing & Employment Services - Ste. 220
Telephone: (734) 427-1144
Fax: (734) 742-0608
- Hegin house - Ste. 220
Telephone: (734) 427-1144
Fax: (734) 742-0608
- Next Step Clubhouse
1403 Inkster Rd., Inkster, MI 48141
Telephone: (313) 565-2800
Fax: (313) 565-2580
- CHILDREN'S OUTPATIENT SERVICES
8623 N. Wayne Rd., Ste. 123, Westland, MI 48185
Telephone: (734) 367-0469
Fax: (734) 367-0791

HEGINA-COMPREHENSIVE HEALTH CLINIC
8623 N. Wayne Rd., Ste. 104, Westland, MI 48185
Telephone: (734) 742-0191
Fax: (734) 793-5312

COMMUNITY OUTREACH for PSYCHIATRIC EMERGENCIES
33505 Schoolcraft Rd., Livonia, MI 48150
Telephone: (734) 721-0200
Fax: (734) 838-0085

LIVONIA COUNSELING CENTER
37450 Schoolcraft Rd., Ste. 170, Livonia, MI 48150
Telephone: (734) 744-0170
Fax: (734) 744-0171

NORTHVILLE COUNSELING CENTER
670 Griswold, Suite 3
Northville, MI 48167
Telephone: (248) 347-3470
Fax: (248) 347-2422

OAKDALE RECOVERY CENTER
43825 Michigan Avenue, Ste. 1, Canton, MI 48188
Telephone: (734) 397-3088
Fax: (734) 397-0078

OAKDALE HOUSE
43825 Michigan Avenue, Suite 2, Canton, MI 48188
Telephone: (734) 713-0088
Fax: (734) 398-5618

WESTLAND COUNSELING CENTER
8623 N. Wayne Road, Suite 210, Westland, MI 48185
Telephone: (734) 523-6250
Fax: (734) 425-8250

REQUEST TO ACCESS PROTECTED HEALTH INFORMATION (PHI)

I am asking to view, receive, or send copies of my health information from the clinic/program checked above.

Patient Name: _____ Date of Birth: _____

Name of personal representative or guardian* if any: _____

Phone Number: _____

Please initial all that apply to your request:

- I am requesting to view my health information.
- I am requesting paper copies of my health information prepared for my pickup.
- I am requesting electronic copies of my health information on a compact disc (CD) prepared for my pickup.
- I am requesting paper copies of my health information to be sent to: _____
Name

_____ and address of person and/or place

- I am requesting electronic copies of my health information on a compact disc (CD) be sent to:

RECORDS DEPOSITION SERVICE, INC., PO BOX 5054, SOUTHFIELD, MI, 48086-5054, P: 248-357-3330
Name and address of person and/or place

I am requesting my health information that covers: From (Date): _____ to (Date): _____

Information for review or copies in my records:

- | | |
|---|--|
| <input type="checkbox"/> Biopsychosocial assessments/intake/diagnoses | <input type="checkbox"/> Psychiatric evaluations/diagnoses |
| <input type="checkbox"/> Continuing care recommendations | <input type="checkbox"/> Summary of treatment |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Treatment Planning |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Treatment progress/response attendance/ participation |
| <input type="checkbox"/> Other medical information (medical history, lab results, medical conditions, etc.) | |

Signed: (Patient Name): _____ (Date) _____ or

(Personal Guardian/Representative*) _____ (Date) _____

I.D. **must** be provided for health records pick-up.

*Person designated by a court with the authority to make health care decisions for the individual/patient. Legal documented proof must be given.

NOTICE

We have received your subpoena requesting records/testimony from program personnel. Federal confidentiality law and regulations (42 U.S.C. § 290dd-2, 42 C.F.R. Part 2) prohibits this program and its personnel from complying with your request or even acknowledging whether or not this individual is or ever was a patient in our program, unless [he/she] executes a proper consent form or the court issues an order authorizing disclosure in accordance with Subpart E of the federal confidentiality regulations. (42 C.F.R. § 2.13).

The federal confidentiality law and regulations permit the release of information about current or former patients with written patient consent in a particular form specified in the regulations. (See 24 C.F.R. § 2.31). A general medical release is not sufficient.

The federal law and regulations prohibit a program from disclosing information in response to a subpoena (even a judicial subpoena), unless the subpoena is accompanied by a proper consent or a court issues an order in compliance with the procedures and standards set forth in Subpart E of the regulations, §§ 2.61 – 2.67.

Subpart E of the regulations provides that before the court may issue an order authorizing a program to release patient information, both the alleged patient (or his/her representative) and the program must be notified that a hearing will be held to decide whether an authorizing court order will be issued, and both the patient and the program must be given an opportunity to appear in person or file a responsive statement. (42 C.F.R. § 2.64(b).)

In order to issue an authorizing order, the court must find, at or after the required hearing, that "good cause" exists to issue the order (§ 2.64(d)). Section 2.64 provides:

To make this good cause determination, the court must find that:

1. Other ways of obtaining the information are not available or would not be effective; and
2. The public interest and need for the disclosure outweigh the potential injury to the patient, the physician-patient relationship and the treatment services.

The federal regulations also limit the kind and amount of records/information that a court may order a program to release. Section 2.64(e) provides that an order must "limit disclosure to those parts of the patient's record which are essential to fulfill the objective of the order" and that only those persons having a need for the information may receive patient records. Section 2.63 provides that a court may not order any disclosure of confidential communications made by a patient to program staff unless one of these three additional conditions is met: (1) the disclosure is necessary to protect against an existing threat to life or of serious bodily injury, (2) the disclosure is necessary in connection with the investigation or prosecution of a very serious crime, such as homicide or rape, or (3) the patient has already offered evidence about confidential communications.

Thus, for the court to issue a court order permitting program personnel to release records/information containing confidential communications by a patient or to testify about any communications made by a patient, it would first have to find that:

1. there is no other way to obtain the necessary information, or other ways would be ineffective;
2. disclosure would not harm the public interest in attracting people to substance abuse treatment; and
3. one of the three specific conditions of § 2.63 has been met.

Since this program has not yet received a proper written consent form from the individual about whom records/testimony is/are sought, or an authorizing court order that was obtained under 42 C.F.R. Part 2, Subpart E, we are compelled by federal law not to release any information.

This decision was reached after a thorough review of the federal law and regulations governing the confidentiality of alcohol and drug abuse patient records, and is not intended in any way to impede justice.