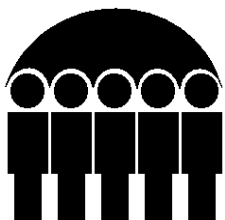


Revised June 27, 2000

Employees' Manual
Title 1
Chapter C Appendix

CONFIDENTIALITY AND RECORDS OF THE DEPARTMENT

APPENDIX



Iowa
Department
of
Human Services

	<u>Page</u>
Authorization for Release of Information, Form 470-0461 and 470-0461(S).....	1
Authorization for the Department to Release Information, Form 470-2115	3
Child Records Query, Form 470-4375.....	4
Consent to Obtain and Release Information, Form 470-0429	4b
Designation of Personal Representative, Form 470-3948	6a
Electronic Security Information, Form 470-2078.....	7
Fees for Examining and Copying Records, Reference Card RC-0063.....	9

HIPPA FORMS

Acknowledgement of Notice of Privacy Rights and Practices, Form 470-3946	10
Authorization to Obtain or Release Health Care Information, Form 470-3951 and 470-3951(S)	11
HIPAA Complaint, Form 470-3981	14
Record of Disclosure of Health Information, Form 470-4015	14a
Request for Access to Health Information, Form 470-3952.....	15
Request for List of Disclosures, Form 470-3985.....	17
Request to Amend Health Information, Form 470-3950	18
Request to Change How Health Information Is Provided, Form 470-3947	19
Request to Restrict Use or Disclosure of Health Information, Form 470-3953	20
Request to End an Authorization, Form 470-3949.....	21

Authorization for Release of Information, Form 470-0461 and 470-0461(S)

Purpose Form 470-0461 is designed to secure the client's permission for the Department to investigate items of eligibility or to obtain information needed for providing services. The source of information may also use the form to furnish the requested information.

Source Department staff may complete the English version of this form on line using the template on the DHS Intranet eForms web page. The English version of this form is also printed in pads of 25 two-part precarboned sets. Order supplies from Iowa Prison Industries at Anamosa.

The Spanish version of this form can be printed from the on-line manual or photocopied from the sample in the paper manual.

Completion Workers may complete this form when it is necessary to obtain information from a source other than the client. Complete a separate form for each source of required information.

Note: This form should not be used to request mental health information, substance abuse information, or HIV information. See form [470-0429, *Consent to Obtain and Release Information*](#).

The worker completes the identifying information and the description of the information requested. The client (or the person authorized to obtain the information) signs that section to give the authorization. The source of information completes the remainder of the page. Additional pages may be used if necessary.

Distribution Send one copy of this form to the source of information, with a self-addressed stamped envelope enclosed. Keep one copy as a control copy.

When the source of information returns the original copy, destroy the control copy and file the completed copy in the case record.

Data

To initiate the form, enter:

- ◆ The worker number.
- ◆ The name and address of the source of information.
- ◆ The date you are sending the form.
- ◆ Your name and address.
- ◆ Your phone number.

In the box for “Information Requested,” enter the information the source will need to respond to the request. Be as specific as possible. Include the client’s name, as well as the client’s address or social security number, if they are needed to identify the requested information.

Enter the date the authorization expires. This shall be 60 days from the date the form is signed, unless supervisory approval is given to extend the date.

The client shall sign and date the form after these items have been completed.

The source of information completes the remainder of the form.

Authorization for the Department to Release Information, Form 470-2115

Purpose	Form 470-2115 is designed to secure the client’s permission for the Department to release confidential information to persons or agencies outside the Department.
Source	Workers may complete this form on line using the template in the on the DHS Intranet eForms web page.
Completion	<p>The worker prepares this form when the client requests the Department to release information to a person or agency outside the Department, and the client has not provided the Department with a release.</p> <p>The worker completes everything except the signature and date, which are completed by the client.</p>
Distribution	Keep the original of the form in the case record. Give the copy to the client.
Data	<p>Enter:</p> <ul style="list-style-type: none">◆ The name of person or agency that will receive the information.◆ The nature of the confidential information that will be released. Be as specific as possible.◆ The date the authorization expires. This should be no more than 60 days from the date the form is signed, unless supervisory approval is given to extend the date. <p>The client shall sign and date the form after the other items have been completed.</p>

Child Records Query, Form 470-4375

Purpose	Form 470-4375 is designed to inform a current or former client of a request from a parent who is not on the Department's case for information about a mutual child, including medical records, and to obtain the client's response.
Source	Complete this form on line using the template on the DHS Intranet eForms web page.
Completion	Both the Department worker and the client (or the person authorized) complete this form. A response must be provided to the requester no later than the 20 th day.
Distribution	Mail the original and the client's copy of the form to the current or former client's last known mailing address with a self-addressed stamped envelope. Keep one copy of the form for the case file and track the form by the due date.
Data	Department staff completes the following: <ul style="list-style-type: none">◆ In the identifying information, enter the client's name and address; the date; the county and worker numbers; the worker's name, phone number, and office address; and the names of the parent requesting the information and the child that the information is requested about.◆ In the "Information requested" box, indicate what the parent of the child has requested.◆ Enter the due date (ten calendar days from the date of the letter) in the blank space in the following sentence: "If we do not get an answer from you by _____, we will decide what information can be shared based on Iowa law."

The client:

- ◆ Checks the response box of “agree” or “do not agree” that the Department may share this information.

If the “do not agree” box is selected, the client needs to give the reason for not agreeing and send copies of any proof to support the reason.

- ◆ Signs, dates, and returns the form with copies of any necessary proof to the designated address.

[Consent to Obtain and Release Information, Form 470-0429](#)

Purpose

Form 470-0429 is designed to get the permission of the client or the client's legally authorized representative to:

- ◆ Release information about the client to a third party.
- ◆ Obtain information needed to provide service to the client.

The Department uses this form to secure or release information (which may include mental health, substance abuse, or HIV information) for purposes of a client's health care treatment or determining a client's eligibility.

Exception: Department health care facilities do not use this form. See form [470-3951 or 470-3951\(S\), *Authorization to Obtain or Release Health Care Information*](#).

“Mental health information” means oral, written, or recorded information that indicates the identity of a person receiving professional services and relates to the diagnosis, course, or treatment of the person's mental or emotional condition.

“Substance abuse” means the use of chemical substances by persons suffering from chemical dependency, persons who are incapacitated by a chemical substance, substance abusers, or chronic substance abusers.

“AIDS” means a medical diagnosis of acquired immunodeficiency syndrome, based on the Center for Disease Control's “Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome.” “HIV” means a medical diagnosis of human immunodeficiency virus infection based on a positive HIV-related test.

Staff from a county case management or central point of coordination office (a county worker) may also use this form.

Source

Department staff may complete this form on line using the template in the public state-approved forms folder on Outlook. The form is also printed in pads of 25 three-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa.

Completion	<p>The Department or county worker prepares the form and secures the initials and signature of the client or the client's representative:</p> <ul style="list-style-type: none"> ◆ At the initial request for services. ◆ When the current authorization expires. ◆ When new services are added to the client's plan.
Distribution	<p>File the original in the case record. Give the copy to the client or the client's representative. Provide a photocopy to each individual or agency authorized to share information.</p> <p>A copy of this form must accompany all disclosures of mental health, substance abuse, or AIDS/HIV-related information (unless form 470-3951, <i>Authorization to Obtain or Release Health Care Information</i>, is used instead.</p>
Data	<p>Enter the requested identifying information at the top of the form. Check the applicable box to identify whether a Department worker or a county worker is preparing the form. For a county worker, also enter the name of the county.</p> <p>List each person or agency authorized to share information with or receive information from the Department or the identified county. In the box to the right of the list, enter the name, phone number, and address of the Department or county worker who is to receive the information.</p> <p>Describe any exceptions or limitations under Other. Sample entry: <i>DHS may obtain information from but not release information to Heartland AEA.</i></p> <p>In the SPECIFIC AUTHORIZATION FOR RELEASE section:</p> <ul style="list-style-type: none"> ◆ Describe what may be obtained from whom for one or more of the three types of information that requires specific consent. Sample entry for mental health evaluation or treatment information: <i>Psychiatric diagnosis and treatment plans from Broadlawns.</i> ◆ Secure the initials of the client or the client's legally authorized representative for each specific consent.

Note: Only the client or the client's **legally authorized** representative can give consent to release or obtain mental health and AIDS/HIV-related information. **Only** the client can give consent to release or obtain substance abuse information.

Discuss the authorization and explanation paragraph regarding the use of this form and answer any questions raised. Ensure that the client understands the right to withdraw authorization for one or more of the listed individuals or agencies.

The client or the client's legally authorized representative signs and dates the completed form to verify that the client understands and agrees to the use of this form to release and obtain information. **Note:** If the client has joint guardians, it is best if both sign the form, unless the order giving guardianship specifies that they can act independently.

Enter the expiration date if it is other than "*upon termination of services.*"

To use this form as the required documentation for the disclosure of mental health information, enter on the back of the form kept in the case record:

- ◆ The date.
- ◆ The name of recipient of information.
- ◆ The information disclosed.
- ◆ The name of the person who disclosed the information.

If the client **withdraws** authorization to share information with a listed person or agency, cross out the entry and secure the date and initials of the client or the client's legally authorized representative.

Designation of Personal Representative, Form 470-3948

Purpose	<p>Clients may use form 470- to designate a personal representative. A “personal representative” is someone designated by another as standing in the other’s place or representing the other’s interest for one or more purposes.</p> <p>Use of this form is not mandatory. Clients may write a letter designating a personal representative.</p> <p>If you know the client, the client may also verbally inform you of the client’s choice of personal representative and you can document the client’s choice in the case file.</p>
Source	<p>Print this form from the on-line manual or photocopy the sample form.</p>
Completion	<p>The client wanting to use this form to designate a personal representative completes the form and gives it to the worker or sends it to the Department’s Security and Privacy Office or to a facility privacy official.</p>
Distribution	<p>Give a copy of the form to anyone requesting it. File the form in the case record.</p>
Data	<p>The client completes the needed information and signs the form. You will not need to enter any information.</p>

Electronic Security Information, Form 470-2078

Purpose Form 470-2078 is required to attain a security authorization for Department employees and contractors for the access to electronic systems and files needed for their work.

Source Department supervisors can access this form through the public state-approved forms folder on Outlook, under “LAN/WAN/MF Access.” Choose the “Security Information Form.” Be sure to check “Enable macros” when you open the form.

Completion Department supervisors complete this form to add, delete, or change computer access for their employees and contractors. This includes:

- ◆ Electronic mail access and mailbox.
- ◆ Mainframe authorization (requires both CICS and NES access).
- ◆ Medicaid systems access, including MMIS Medically Needy subsystem access.
- ◆ Network access, including remote access. (Form 470-4068, *Network Share Request*, is also available separately.)
- ◆ ICAR access. (Form 470-4069, *ICAR Database Request*, is also available separately.)
- ◆ FACS access. (Form 470-4070, *FACS Database Request*, is also available separately.)

Note: Only supervisors can complete the form. The choices on the first page of the form cause other pages to generate. The information entered on the form is confidential. Nonsupervisory staff will not be able to access the form. (Nonsupervisory staff can access form 470-4068, *Network Share Request*, separately.)

When all of the required information is completed, double-click on the box at the bottom of the page to generate the other pages needed. If you chose mainframe access, there is a similar box to double-click at the bottom of the mainframe page to generate more forms.

When you exit the form, do not save changes. If you want a record of what you requested, print the form before closing it.

Each form contains information for only one person. To make a request for another employee, select the “Security Information Form” again from Outlook, and complete the process.

Distribution

Send the completed form to the Division of Data Management via E-mail. From the “File” menu, select “Send.” This will create an E-mail message with the request attached.

Enter “DHS, Security” in the “To:” field. In the “Subject” field, enter the name of the person whose access is in question and the type of request (add, delete, or change).

Data

The system enters the current date. On the first page, the supervisor must enter:

- ◆ The type of action requested.
- ◆ For a change request, the specific system access to be changed.
- ◆ The user’s classification and duties.
- ◆ The counties where the user works.
- ◆ The worker numbers assigned to the user at those locations.
- ◆ The systems that the user needs access to.
- ◆ The user’s CICS/NES user identification number, if already issued.
- ◆ The user’s e-mail user identification number, if issued.
- ◆ The user’s name and office phone number.
- ◆ The user’s mother’s maiden name.
- ◆ The user’s social security number and birth date.
- ◆ The supervisor’s name and worker number.
- ◆ The supervisor’s e-mail user-identification number.
- ◆ The supervisor’s telephone number, including the area code.
- ◆ The address of the user’s work location, including the county.
- ◆ Whether the user is a state employee or a contractor.
- ◆ The end date of the contract, if the user is a contractor.
- ◆ What mainframe and LAN/WAN access is requested.
- ◆ The systems that the user needs access to. (For access to the MMIS Medically Needy subsystem, check “Other” on the “Mainframe Authorization” Request page and specify this subsystem.)

Fees for Examining and Copying Records, Reference Card RC-0063

Purpose	Reference Card RC-0063 is designed to meet requirement for Department offices to post the charges for the costs of examining and copying public records in the custody of the Department.
Source	Print this poster from the on-line manual or photocopy the sample.
Completion	Offices involved in programming in response to requests for records that are stored electronically may wish to be more specific about charges for programming costs.
Distribution	Each office where members of the public may request to examine or obtain a copy of a public record should post this form or something similar.
Data	Data on the form are based on Department policy at 1-C, Fees .

[Acknowledgement of Notice of Privacy Rights and Practices, Form 470-3946](#)

Purpose	Form 470-3946 is used by Department health care facilities having a direct treatment relationship with a client to obtain written acknowledgement of the client's receipt of the notice of privacy rights and practices.
Source	Print this form from the on-line manual or photocopy the sample form as needed.
Completion	Add the client's name to the form and give it to the client or the client's representative to sign. If you are unable to get the client or the client's representative to sign, document your efforts to obtain the acknowledgement and the reason why the acknowledgement was not obtained in the case record.
Distribution	File a copy in the case record and give a copy of the form to the client or the client's representative upon request.
Data	The form contains the client's name, authorized signature, and date of signature.

Authorization to Obtain or Release Health Care Information, Form 470-3951 and 470-3951(S)

Purpose	<p>Form 470-3951 or 470-3951(S) is a two-way release form used to get the permission of the client or the client's legally authorized representative to:</p> <ul style="list-style-type: none">◆ Release health information about the client to a third party.◆ Obtain health information needed to provide service to the client.
Source	<p>Department staff may complete the English version of this form on line using the template in the public state-approved service forms folder on Outlook or on the DHS Intranet eForms web page. The English version is also printed in pads of 25 three-part precarboned sets. Order supplies from Iowa Prison Industries at Anamosa.</p> <p>The Spanish version of this form can be printed from the on-line manual or photocopied from the sample in the paper manual.</p>
Completion	<p>Staff at Department medical facilities shall complete this form whenever it is necessary to obtain health information from or release health information to a source other than the client.</p> <p>Income maintenance workers and service workers may furnish this form to a client who requests that the Department share protected health care information for a purpose other than health care treatment or payment.</p> <p>Complete a separate form for each source from which information is being requested or to which information is being released.</p> <p>The worker may complete the identifying information and the description of the information being obtained or released. The client (or the client's personal representative) signs the section to give the authorization.</p>
Distribution	<p>Send one copy to the source of information with a self-addressed stamped envelope enclosed. Keep one copy as a control copy. Give the third copy to the client.</p>

When the source of information returns the original copy, destroy the control copy and file the completed copy in the case record.

Data

To initiate the form, enter:

- ◆ The client's name, state or patient ID number, social security number, date of birth, and parent's or guardian's name, if applicable.
- ◆ Your name, address, telephone number, and fax number in the first set of agency information.
- ◆ The name or agency to which the information is being released, or from which the information is being requested, and the agency's address, telephone number, and fax number.

In the INFORMATION RELEASED OR SHARED MAY INCLUDE section, check the applicable boxes. If the OTHER box is checked, describe the information in a specific and meaningful fashion.

Describe any exceptions or limitations under **Other**. Sample entry:
The Department may obtain information from, but not release information to, Heartland AEA.

State the purpose for which the information will be used.

In the SPECIFIC AUTHORIZATION FOR RELEASE section, secure the client's or the client's legal representative's initials if mental health, AIDS/HIV-related, or substance abuse is to be obtained or released.

Note: Only the client or the client's **legally authorized** representative can give consent to release or obtain mental health and AIDS/HIV-related information. **Only the client** can give consent to release or obtain substance abuse information.

“Mental health information” means oral, written, or recorded information that indicates the identity of an individual receiving professional services and which relates to the diagnosis, course, or treatment of the individual's mental or emotional condition.

“Substance abuse” means the use of chemical substances by persons suffering from chemical dependency, persons who are incapacitated by a chemical substance, substance abusers, or chronic substance abusers.

“AIDS” means a medical diagnosis of acquired immunodeficiency syndrome, based on the Center for Disease Control’s “Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome.” “HIV” means a medical diagnosis of human immunodeficiency virus infection based on a positive HIV-related test.

Discuss the authorization and explanation paragraph regarding the use of this form and answer any questions raised. Ensure that the client understands the right to revoke the authorization at any time by completing form 470-3949, *Request to End an Authorization*. Explain the consequences of failure to sign the form.

Facility workers enter the name of the facility’s privacy official and the privacy official’s telephone number. IM workers enter “Privacy Officer” under NAME and “1-800-803-6591” under TELEPHONE NUMBER.

Ask the client to sign and date the form and enter a date when the authorization is to expire.

Check the applicable box indicating the relationship of the individual who signs the form to the client.

Obtain the signature of two witnesses for clients who are incapable of signing their name due to a physical or mental disability.

To use this form as the required documentation for the disclosure of mental health information, enter on the back of the form kept in the case record:

- ◆ The date.
- ◆ The name of recipient of information.
- ◆ The information disclosed.
- ◆ The name of the person who disclosed the information.

HIPAA Complaint, Form 470-3981

Purpose	<p>Form 470-3981 may be used to complain about the Department’s policies or procedures implementing the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, and federal regulations (45 CFR Parts 160 and 164).</p> <p>This form is not to be used to file an appeal of a decision made by the Department in regard to a HIPAA privacy request.</p>
Source	<p>Print this form from the on-line manual or photocopy the sample form.</p>
Completion	<p>A person wanting to complain will usually complete the form and mail it to the DHS Diversity Program Unit.</p> <p>Use of this form is not mandatory. A person may also complain by writing a letter or e-mail to the DHS Diversity Program Unit.</p> <p>If a person complains to you in person or through a telephone conversation and is unable to put the allegation in writing, you may complete the form on behalf of that person. Make a notation on the form that you have completed it on behalf of the complainant. Forward the complaint to the DHS Diversity Program Unit.</p>
Distribution	<p>Give a copy of the form to anyone requesting it. If you should receive a completed form, mail it to the DHS Diversity Program Unit by the end of the next working day.</p>
Data	<p>The complainant completes the identifying information and the statement of the complaint. You will not need to enter any information except as described above when completing the form on behalf of a person who is unable to complete the form.</p>

Record of Disclosure of Health Information, Form 470-4015

Purpose Form 470-4015 is designed to notify the HIPAA Security and Privacy Office or the facility privacy official when Department staff disclose protected health information.

Source Complete this form on line using the template in the public state-approved forms folder on Outlook.

Completion Complete this form when you have made a disclosure of protected health information in one of the following categories:

- ◆ For health oversight activities,
- ◆ For judicial and administrative proceedings,
- ◆ For law enforcement purposes,
- ◆ For averting a threat to health or safety,
- ◆ To meet requirements of law,
- ◆ For public health activities,
- ◆ For disclosures about suspected victims of abuse, neglect or domestic violence,
- ◆ To coroners, medical examiners, and funeral directors,
- ◆ For cadaveric organ, eye, or tissue donation,
- ◆ For specialized government functions, except for national security or intelligence purposes,
- ◆ By whistle blowers, or
- ◆ Accidental disclosures.

Do **not** complete the form when you have made a disclosure of protected health information in one of the following categories:

- ◆ To carry out treatment, payment and health care operations,
- ◆ To the client regarding protected health information about them,
- ◆ Incident to a use or disclosure otherwise permitted or required,
- ◆ Pursuant to an authorization,

- ◆ To person involved in the client's care or other notification,
- ◆ For national security or intelligence purposes,
- ◆ As part of a limited data set in accordance with policies, or
- ◆ Disclosures made prior to April 14, 2003.

| Distribution

Send one copy to the Security and Privacy Office or the facility privacy official. Keep one copy for the client file.

Data

Complete the identifying information, check the category of the disclosure, and provide a brief explanation of the protected health information that was disclosed. The person who made the disclosure signs the form.

Request for Access to Health Information, Form 470-3952

Purpose	A client may use form 470-3952 to request access to or obtain a copy of the client's protected health information.
Source	Print this form from the on-line manual or photocopy the sample form as needed.
Completion	<p>If necessary, help the client or the client's personal representative to complete the form with the appropriate personal identifier for the client's circumstances.</p> <p>The Department Security and Privacy Office or facility privacy official shall complete the form and act on the client's request:</p> <ul style="list-style-type: none">◆ Within 30 days from the date on the request if the information is on-site or◆ Within 60 days from the date on the request if the information is not maintained or accessible to the Department on-site. <p>The Security and Privacy Office or facility privacy official may extend the time for an additional 30 days if additional time is needed to act. If a 30-day extension is needed, the Security and Privacy Office or facility privacy official shall notify the client in writing of the reasons for the delay.</p> <p>If the request is granted, the Security and Privacy Office or facility privacy official shall supply the requested information and charge the client any applicable fees.</p>
Distribution	Facility workers shall give one copy to the client and send one copy to the person acting as the facility privacy official. Field offices shall give one copy of the form to the client and send one copy to the Department's Security and Privacy Office.

Data

To initiate the form, enter:

- ◆ The client's name.
- ◆ The date of the request.
- ◆ The client's address.
- ◆ The client's state or patient ID number or social security number.
- ◆ The client's telephone number and date of birth.

Check the applicable program (Medicaid, *hawk-i*, or facility).

The client or the client's personal representative shall enter the period for which access to the client's health information is wanted and the personal health information desired.

[Request for List of Disclosures, Form 470-3985](#)

Purpose	Clients may use form 470-3985 to request a disclosure of the protected health information that the Department has released to another person or agency.
Source	Print this form from the on-line manual or photocopy the sample form.
Completion	<p>The client wanting to make the request or the client's personal representative will complete the form and mail it or give it to the Department's Privacy Office or to the facility privacy official.</p> <p>The privacy official in the facility or the Security and Privacy Office, acting for Medicaid and <i>hawk-i</i>, shall make the final decision on whether to make the disclosure in time to release the information to the client no later than 60 days after receiving a completed form 470-3985.</p> <p>The Security and Privacy Office or facility privacy official may extend the 60 days for one 30-day period if the Security and Privacy Office or facility privacy official notifies the client in writing of the reasons for the delay and the date by which a decision will be made.</p>
Distribution	Give a copy of the form to anyone requesting it. If you should receive a form, forward it to the Security and Privacy Office or give it to your facility privacy official by the end of the next working day.
Data	You may complete the identifying information and date on the form or the client or client's representative may complete it. The client will complete the sections identifying whose health information is requested and the period for which it is requested.

Request to Amend Health Information, Form 470-3950

Purpose	Clients may use form 470-3950 to request that protected health information in a client's designated record set be amended.
Source	Print this form from the on-line manual or photocopy the sample form.
Completion	<p>The client wanting to make the request or the client's personal representative will complete the form and mail it or give it to the Department's Security and Privacy Office or to the facility privacy official.</p> <p>The facility privacy official or the Security and Privacy Office, acting for Medicaid and <i>hawk-i</i>, shall make the final decision on whether to agree to the requested amendment no later than 60 days after receiving a completed form 470-3950.</p> <p>The Security and Privacy Office or facility privacy official may extend the 60 days for one 30-day period if the Security and Privacy Office or facility privacy official notifies the client in writing of the reasons for the delay and the date by which a decision will be made.</p>
Distribution	Give a copy of the form to anyone requesting it. If you should receive a form, forward it to the Security and Privacy Office or give it to your facility privacy official by the end of the next working day.
Data	You may complete the identifying information and date on the form or the client or client's representative may complete it. The client will complete the section identifying which health information should be amended and why. The client shall identify the amendments requested.

[Request to Change How Health Information Is Provided, Form 470-3947](#)

Purpose	Clients may use form 470-3947 to request that protected health information be shared with them by alternative means, such as by e-mail or fax or at a different location, either by mail or in person.
Source	Print this form from the on-line manual or photocopy the sample form.
Completion	The client wanting to make the request or the client's personal representative will complete the form and mail it or give it to the Department's Security and Privacy Office or to the facility privacy official.
	The Security and Privacy Office (acting for Medicaid and <i>hawk-i</i>) may deny this request if a reasonable explanation of why the request is being made is not received. The facility privacy official may not deny the request for that reason.
Distribution	Give a copy of the form to anyone requesting it. If you should receive a form, forward it to the Security and Privacy Office or your facility privacy official by the end of the next working day.
Data	You may complete the identifying information and date on the form or the client or client's representative may complete it. The client will complete the section identifying which health information should be shared differently and why and how.

[Request to Restrict Use or Disclosure of Health Information, Form 470-3953](#)

Purpose	Clients may use form 470-3953 to request that the use or disclosure of protected health information be restricted.
Source	Print this form from the on-line manual or photocopy the sample form.
Completion	The client wanting to make the request or the client's personal representative will complete the form and mail it or give it to the Department's Security and Privacy Office or to the facility privacy official.
	The facility privacy official or the Security and Privacy Office, acting for Medicaid and <i>hawk-i</i> , shall make the final decision on whether to agree to the requested restrictions.
Distribution	Give a copy of the form to anyone requesting it. If you should receive a form, forward it to the Security and Privacy Office or your facility privacy official by the end of the next working day.
Data	You may complete the identifying information and date on the form or the client or client's representative may complete it. The client will complete the section identifying which health information should be restricted and why. The client shall identify the restrictions requested.

Request to End an Authorization, Form 470-3949

Purpose	Clients may use form 470-3949 to request that form 470-3951, <i>Authorization to Obtain or Release Health Care Information</i> , or form 470-4459, <i>Authorization to Disclose Information to the Department of Human Services</i> , be revoked.
Source	Print this form from the on-line manual or photocopy the sample form.
Completion	The client wanting to make the request or the client's personal representative will complete the form and mail it or give it to the Department's Security and Privacy Office or to the facility privacy official.
Distribution	Give a copy of the form to anyone requesting it. If this is a request to revoke an authorization in the case file for information you have requested, file the request with the authorization and mark the authorization void to make it clear the authorization is no longer valid. If this is a request to revoke an authorization that was sent to the Security and Privacy Office for information that is not available locally, forward the authorization to the Security and Privacy Office.
Data	You may complete the identifying information and date on the form or the client or client's representative may complete it. The client will complete the section identifying which authorization should be revoked.



September 17, 1996

GENERAL LETTER NO. 1-C-AP-8

ISSUED BY: Office of Field Support

SUBJECT: Employees' Manual, Title I, Chapter C, *Confidentiality and Records Appendix*; pages 17 through 19, revised, and form MH-2210-0, *Consent to Obtain and Release Information*, revised.

Summary

Form MH-2210-0 and the instructions for completing this form have been revised to permit:

- ◆ Use by either a Department or a county worker.
- ◆ Authorization to both obtain information from and provide information to multiple individuals and agencies on a single form.
- ◆ Use of the form to specify obtaining or releasing AIDS/HIV-related information.

Effective Date

October 1, 1996

Material Superseded

Remove the following pages from Employees' Manual, Title I, Chapter C, Appendix and destroy them:

<u>Page</u>	<u>Date</u>
MH-2210-0	3/87
17 - 19	May 12, 1987

Additional Information

Existing supplies of form MH-2210-0 may be used. Completed forms currently in use may be replaced immediately, when the current authorization expires, or when service changes require the completion of an additional form; but no later than the date the case plan, permanency, or individual comprehensive plan is revised or updated.

Refer questions about this letter to your regional service administrators.



THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

June 27, 2000

GENERAL LETTER NO. 1-C-AP-9

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 1, Chapter C, **CONFIDENTIALITY AND RECORDS APPENDIX**, Title page, revised; Contents (page 1), revised; pages 1 through 8, revised; and the following forms:

- 470-0461 *Authorization for Release of Information*, revised
- 470-2115 *Authorization for the Department to Release Information*, revised
- 470-0429 *Consent to Obtain and Release Information*, revised
- 470-2078 *Electronic Security Information*, revised

Summary

Form PA-3149-0, *Request for Permission to Inspect Public Assistance Lists*, is removed from this Appendix, since Senate File 2368, enacted in the 2000 legislative session, removed the statutory authority for the Department to produce this list, effective July 1, 2000.

Forms 470-2078, *Security Information*, 470-2252, *Security Authorization Request*, and other forms used to request access to various computer systems have been combined into a single form, *Electronic Security Information*, 470-2078. This form is now completed on line using a Word template stored in the public state-approved forms folder on Outlook. Macros in the template generate additional pages as needed to collect information required for the specific options chosen. Only Department supervisors have access to the complete set of forms.

Forms 470-0461, 470-2115, and 470-0429 have been revised to update form numbers and to make electronic templates available for Department staff to complete on line.

Current versions of the forms which are used exclusively for income maintenance programs have been added to 6-Appendix. Therefore, these forms are removed from I-C-Appendix:

- ◆ *Employer's Statement of Earnings*, 470-2844
- ◆ *Financial Institution Questionnaire*, 470-1631
- ◆ *Household Member Questionnaire*, 470-1630
- ◆ *Landlord Questionnaire*, 470-1632
- ◆ *Request for School Verification*, 470-1638
- ◆ *Verification of Educational Financial Aid*, 470-1640

Effective Date

July 1, 2000

Material Superseded

Remove the entire Chapter C, Appendix, from Employees' Manual, Title I, and destroy it. This includes:

<u>Page</u>	<u>Date</u>
Title page	January 6, 1987
Contents (page 1)	May 21, 1991
PA-3149-0	11/76
1	November 23, 1976
2-4	January 6, 1987
470-2115	11/86
PA-2206-0	11/86
470-2844	7/94
5, 6	October 11, 1994
470-1640	11/92
7-16	January 6, 1987
470-1632	8/93
470-1630	4/94
470-1638	11/86
470-1631	11/86
MH-2210-0	7/96
17-19	September 24, 1996
20, 21	January 3, 1989
470-2078	12/88
470-2252	12/88

Additional Information

Discard any remaining supplies of forms PA-3149-0, 470-2078, and 470-2252, and of the versions of 470-2844 and 470-1632 that were previously in this appendix. Use up remaining supplies of the other forms.

Printed versions of forms 470-0429, 470-0461, and 470-2115 continue to be available from Iowa State Industries at Anamosa. Form 470-2078 is available only electronically. No supplies are printed.

Refer questions about this general letter to your regional benefit payment or service administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

May 29, 2001

GENERAL LETTER NO. 1-C-AP-10

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 1, Chapter C, **CONFIDENTIALITY AND RECORDS APPENDIX**, Contents (page 1), revised; page 9, new; and the following forms:

470-2078 *Electronic Security Information*, updated
RC-0063 *Fees for Examining and Copying Records*, new

Summary

The page called "Department of Revenue and Finance Centralized Payroll User Justification Form" has been deleted from the *Electronic Security Information*, form 470-2078. Department supervisors complete this form on line using a template in the public state-approved forms folder on Outlook. Only supervisors have access to the form.

Poster RC-0063 has been developed to assist Department offices in meeting the requirement to post the charges for examining and copying public records. Fees shall generally be charged for copying and supervision. However, the fee may be waived when the cost of handling the fee would exceed the amount collected. Fees are also waived for:

- ◆ A reasonable number of forms that people need to use in dealing with the Department.
- ◆ Child support payment histories.
- ◆ Copies of informational publications, such as news releases and pamphlets.
- ◆ Copies provided under provision of an agency contract.
- ◆ Copies requested by another government entity, courts, or law enforcement agencies.
- ◆ Copies requested by parties in an appeal of a Department action.
- ◆ Requests from employees or former employees for a copy of their employee records.

Effective Date

Upon receipt

Material Superseded

Remove from Employees' Manual Title 1, Chapter C, Appendix, the Table of Contents (p. 1), dated June 1, 2000, and form 470-2078, dated 5/97, and destroy them.

Additional Information

Form 470-2078 is available electronically only. No supplies are printed. Supplies of RC-0063 may be printed from the on-line manual.

Refer questions about this general letter to your regional benefit payment, collections, or service administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 6, 2003

GENERAL LETTER NO. 1-C-AP-11

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 1, Chapter C, **CONFIDENTIALITY AND RECORDS APPENDIX**, Contents (page 1), revised; pages 1 through 8, revised; pages 10 through 21, new; and the following forms:

470-2078 *Electronic Security Information*, revised
470-3946 *Acknowledgement of Notice of Privacy Rights and Practices*, new
470-3951 *Authorization to Obtain or Release Health Care Information*, new
470-3981 *HIPAA Complaint*, new
470-3952 *Request for Access to Health Information*, new
470-3985 *Request for List of Disclosures*, new
470-3950 *Request to Amend Health Information*, new
470-3947 *Request to Change How Health Information Is Provided*, new
470-3953 *Request to Restrict Use or Disclosure of Health Information*, new
470-3949 *Request to End an Authorization*, new

Summary

This letter transmits

- ◆ New forms the Department has designed to facilitate compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). Clients may use these forms to exercise their rights under this law.
- ◆ An update of the form used to authorize network and mainframe access to include the new food stamp electronic benefit transfer system.

Income maintenance, service, and PROMISE JOBS staff will continue to use form 470-0429, *Consent to Obtain and Release Information*, to obtain permissions from clients to get or share health information used to plan treatment or services or to determine eligibility.

Mental health institutes and state resource centers will use new form 470-3951, *Authorization to Obtain or Release Health Care Information*, for every instance when consent or authorization for use or disclosure of health care information is required.

Effective Date

April 14, 2003

Material Superseded

Remove the following pages from Employees' Manual, Title 1, Chapter C, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (p. 1)	May 29, 2001
1-6	June 27, 2000
470-2078	05/1997

Additional Information

Printed supplies of form 470-3981 will be available from Iowa Prison Industries at Anamosa. Template versions of forms 470-3981 and 470-2078 are available on Outlook. No supplies of the other forms will be printed. Print them as needed from the on-line manual or photocopy the printed sample.

Refer questions about this material to your institution's privacy official or to the Department's Privacy Office.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 9, 2003

GENERAL LETTER NO. 1-C-AP-12

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 1, Chapter C, **CONFIDENTIALITY AND RECORDS OF THE DEPARTMENT APPENDIX**, Contents (page 1), revised; page 17, revised; pages 6a, 14a, and 14b, new; and the following forms:

- 470-3948 *Designation of Personal Representative*, new
- 470-3951 *Authorization to Obtain or Release Health Care Information*, revised
- 470-4015 *Record of Disclosure of Health Information*, new
- 470-3952 *Request for Access to Health Information*, revised
- 470-3985 *Request for List of Disclosures*, revised
- 470-3950 *Request to Amend Health Information*, revised
- 470-3947 *Request to Change How Health Information Is Provided*, revised
- 470-3953 *Request to Restrict Use or Disclosure*, revised

Summary

This letter transmits six revised forms and two new forms.

- ◆ Form 470-3948, *Designation of Personal Representative*, may be used when the client wishes or needs to designate a personal representative. Use of this form is for the client's convenience. If the client prefers, the client may write a letter indicating the client's choice of a personal representative; or, if the worker knows the client, the client may verbally inform the worker of the choice of personal representative. If the designation is verbal, the worker shall indicate the client's designation in the case record.
- ◆ Form 470-3951, *Authorization to Obtain or Release Health Care Information*, is revised to add client rights that were previously omitted.
- ◆ Form 470-4015, *Record of Disclosure of Health Information*, is designed to notify the HIPAA Privacy Office when Department staff makes disclosures of protected health information.
- ◆ Form 470-3952, *Request for Access to Health Information*, is revised to delete the phrase that indicated access to the information could not be before April 14, 2003.
- ◆ Form 470-3985, *Request for List of Disclosures*, is revised to update terminology.
- ◆ The address of the Civil Rights Commission is updated on forms 470-3951, 470-3952, 470-3985, 470-3950, 470-3947, and 470-3953.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 1, Chapter C, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	May 6, 2003
470-3951	4/03
470-3952	4/03
470-3985	4/03
17	May 6, 2003
470-3950	4/03
470-3947	4/03
470-3953	4/03

Additional Information

Destroy existing supplies of form 470-3951, *Authorization to Obtain or Release Health Care Information*. Order additional supplies from Anamosa or complete the form on Outlook.

No supplies of the other forms will be printed. A template version of form 470-4015 is also available on Outlook. Print supplies of forms 470-3948, 470-3952, 470-3985, 470-3950, 470-3947, and 470-3953 as needed from the on-line manual or photocopy the printed sample.

Refer questions about this material to your institution's privacy official or to the Department's Privacy Office.



June 22, 2004

GENERAL LETTER NO. 1-C-AP-13

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 1, Chapter C, **CONFIDENTIALITY AND RECORDS OF THE DEPARTMENT APPENDIX**, pages 1, 6a, 7, 8, 14, 14a, 14b, 15, and 17 through 21, revised; and the following forms:

470-0461 *Authorization for Release of Information*, revised
470-2078 *Electronic Security Information*, revised
470-3981 *HIPAA Complaint*, revised
470-4015 *Record of Disclosure of Health Information*, revised
470-3952 *Request for Access to Health Information*, revised
470-3985 *Request for List of Disclosures*, revised
470-3950 *Request to Amend Health Information*, revised
470-3947 *Request to Change How Health Information Is Provided*, revised
470-3953 *Request to Restrict Use or Disclosure*, revised
470-3949 *Request to End an Authorization*, revised

Summary

This letter transmits ten revised forms.

- ◆ Form 470-0461, *Authorization for Release of Information*, and its instruction page have been revised to reflect that the number of copies required has been cut from four to two.
- ◆ Form 470-2078, *Electronic Security Information*, has been revised to update system information, especially as regards IWD access, add a separate page for Medicaid systems access, and include the pages for FACS, ICAR, and network remote access requests.

The *Network Share Request* (470-4068), *ICAR Database Request* (470-4069), and *FACS Database Request* (470-4070) can be accessed through this form or as stand-alone documents.

- ◆ Seven forms and their instruction pages are revised to change references to Privacy Office to Security and Privacy Office. In addition, the word "Facility" has been added where appropriate to clarify form distribution instructions. Forms and their instructions pages revised for this reason are:
 - 470-4015, *Record of Disclosure of Health Information*
 - 470-3952, *Request for Access to Health Information*
 - 470-3985, *Request for List of Disclosures*

- 470-3950, *Request to Amend Health Information*
 - 470-3947, *Request to Change How Health Information Is Provided*
 - 470-3953, *Request to Restrict Use or Disclosure*
 - 470-3949, *Request to End an Authorization*
- ◆ Form 470-3981, *HIPAA Complaint*, is revised to provide the address of the DHS Diversity Program Unit, because this unit is now assigned to investigate HIPAA privacy complaints.

Effective Date

July 1, 2004

Material Superseded

Remove the following pages from Employees' Manual, Title 1, Chapter C, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
470-0461	4/00
1	May 6, 2003
6a	September 9, 2003
470-2078 (3 pp.)	5/03
7, 8, 14	May 6, 2003
470-3981	4/03
470-4015	4/03
14a, 14b	September 9, 2003
470-3952	8/03
15	May 6, 2003
470-3985	8/03
17	September 9, 2003
18	May 6, 2003
470-3950	9/03
470-3947	9/03
19, 20	May 6, 2003
470-3953	9/03
470-3949	4/03
21	May 6, 2003

Additional Information

Except for form 470-0461, no supplies of these forms are printed. Templates for forms 470-0461, 470-2078, and 470-4015 are available on Outlook. Print supplies of forms 470-3981, 470-3952, 470-3985, 470-3950, 470-3947, and 470-3953, and 470-3949 as needed from the on-line manual or photocopy the printed sample.

Refer questions about this general letter to your service area manager, to your institution's privacy official or to the Department's Security and Privacy Office.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 15, 2005

GENERAL LETTER NO. 1-C-AP-14

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 1, Chapter C, **CONFIDENTIALITY AND RECORDS OF THE DEPARTMENT APPENDIX**, form 470-2078, *Electronic Security Information*, revised.

Summary

This letter transmits form 470-2078, *Electronic Security Information*. The *Mainframe Authorization Request* has been revised to make IEVS a separate CICS transaction and to remove obsolete CICS transactions.

Effective Date

Upon receipt.

Material Superseded

Remove the following form from Employees' Manual, Title 1, Chapter C, Appendix, and destroy it:

<u>Page</u>	<u>Date</u>
470-2078	6/04

Additional Information

Refer questions about this general letter to your service area manager, to your institution's privacy official, or to the Department's Security and Privacy Office.



October 5, 2007

GENERAL LETTER NO. 1-C-AP-15

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 1, Chapter C, Appendix, **CONFIDENTIALITY AND RECORDS OF THE DEPARTMENT APPENDIX**, Contents (page 1), revised; pages 1, 2, 4, 11, 12, and 13, revised; pages 4a and 4b, new; and the following forms:

470-0461(S) *Authorization for Release of Information (Spanish)*, new
470-4375 *Child Records Query*, new
470-0429 *Consent to Obtain and Release Information*, revised
RC-0063 *Fees for Examining and Copying Records*, revised
470-3951(S) *Authorization to Obtain or Release Health Care Information (Spanish)*, new
470-3952 *Request for Access to Health Information*, revised
470-3985 *Request for List of Disclosures*, revised
470-3950 *Request to Amend Health Information*, revised
470-3953 *Request to Restrict Use or Disclosure of Health Information*, revised

Summary

This chapter is revised to:

- ◆ Add the Spanish version of form 470-0461, *Authorization for Release of Information*. This version can be printed from the online manual or photocopied from the sample in the paper manual.
- ◆ Add the new form 470-4375, *Child Records Query*, and instructions to the chapter. This form is designed to inform a client and obtain a client's response to a request received by the Department from a child's parent who is not on the Department's case information about a child, including medical records.
- ◆ Include the current revision of form 470-0429, *Consent to Obtain and Release Information*, which was revised in 2004 to update the appeal rights and policy on nondiscrimination.
- ◆ Change the dollar amounts on form RC-0063, *Fees for Examining and Copying Records*, to reflect updated amounts, based on recent legal interpretations of the authorizing statute.
- ◆ Add the Spanish version of form 470-3951, *Authorization to Obtain or Release Health Care Information*. This version can be printed from the online manual or photocopied from the sample in the paper manual.

◆ Update the appeal rights and policy on nondiscrimination on the following forms:

- 470-3952, *Request for Access to Health Information*
- 470-3985, *Request for List of Disclosures*
- 470-3950, *Request to Amend Health Information*
- 470-3953, *Request to Restrict Use or Disclosure of Health Information*

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 1, Chapter C, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	September 9, 2003
1	June 22, 2004
2	May 6, 2003
4	May 6, 2003
470-0429	4/00
RC-0063 (before p. 9)	5/01
11-13	May 6, 2003
470-3952 (before p. 15)	6/04
470-3985	6/04
470-3950	6/04
470-3953	6/04

Additional Information

Department offices shall remove the posting of RC-0063 dated 5/01 and substitute the revised version.

Refer questions about this general letter to your area income maintenance administrator, your service area manager, or your regional collections administrator.



January 4, 2008

GENERAL LETTER NO. 1-C-AP-16

ISSUED BY: Bureau of Medical Supports,
Division of Financial, Health and Work Supports

SUBJECT: Employees' Manual, Title 1, Chapter C, **CONFIDENTIALITY AND RECORDS OF THE DEPARTMENT APPENDIX**, pages 1, 3, 4, 11, and 21, revised.

Summary

This appendix is revised to:

- ◆ Note that form 470-3949, *Request to End an Authorization*, may also be used to revoke authorization given on form 470-4459, *Authorization to Disclose Information to the Department of Human Services*.
- ◆ Reflect the move of income maintenance forms from Outlook to the Intranet eForms web page.

Effective Date

Upon receipt

Material Superseded

Remove the following pages from Employees' Manual, Title 1, Chapter C, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
1	October 5, 2007
3	May 6, 2003
4, 11	October 5, 2007
21	June 22, 2004

Additional Information

Refer questions about this general letter to your area income maintenance administrator.