

LEGAL TOPICS

Legal Name Change

Program participants who change their name must provide written proof (legal document) of the change before the name can be officially changed in the participant record or in the SHS Information System.

The Service Coordinator will view the legal document and record the information (including effective date) in the Progress Notes of the SHS Information System. A copy of the legal document must be kept in the participant's file.

Subpoena of Participant Records

The Adult Brain Injury Program is required to respond to a subpoena for participant records. When a subpoena is received in a contracting agency office involving a participant's legal record, the following must occur:

- The subpoena for ABI participant records shall be accepted by the ABI Service Coordinator. The Service Coordinator shall notify the ABI Program Manager within twenty-four (24) hours. The instructions in the subpoena must be followed. The subpoena for a ABI Service Coordinator shall be accepted by the Service Coordinator. The Service Coordinator shall notify the ABI Program Manager with twenty-four (24) hours. The instructions in the subpoena must be followed.

The Program Manager will work in collaboration with the Service Coordinator and contracting Agency Administrator to track the legal process and actions generated by the subpoena.

Obtaining or Releasing Information

All information about the participant/family (verbal, electronic, or in written form) is confidential. All access to health/medical information should be requested, released, or viewed using a written and signed Health Insurance Portability and Accountability (HIPAA) document considered by DHSS to be compliant with current regulatory guidance. If in doubt please contact your designated HIPAA officer at the respective LPHA or Program representative for assistance.

Compliant documents:

- DHSS Notice of Privacy Policy and Acknowledgement Form is required upon enrollment and annually thereafter.
- DHSS Authorization for Disclosure of Consumer Medical Health Information is necessary when requesting records and when sharing information on an as needed/need to know basis. An original signed Authorization must be obtained and kept in the hard file.

Staff of contracted agencies must use the DHSS Authorization for Disclosure of Consumer Medical Health Information form when releasing ABI information.

Contractors or Providers may also require their own Authorization form in conjunction with the DHSS Authorization for Disclosure of Consumer Medical Health Information form.

Requests for participant records for legal proceedings must be in writing and sent to the ABI Program Manager. ABI Program Manager will coordinate the release of information with the Service Coordinator.