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**Authorized Signature**

**Number:** SS-IM-11-041  
**Issue Date:** 11/15/2011

**Topic:** Medical Benefits

General information about Authorized Release of Information/ Authorized Representative, updated procedure to track agreements;

**Subject:** Guidance regarding OHA 7210 revisions.

**Applies to (check all that apply):**
- [x] All DHS employees
- [x] Area Agencies on Aging
- [ ] Children, Adults and Families
- [ ] County DD Program Managers
- [ ] County Mental Health Directors
- [ ] Health Services
- [ ] Seniors and People with Disabilities
- [ ] Other (please specify): CAF SSP transmittal group

**Message:**
The current OHA 7210 application includes questions on page 7 which refer to the client’s ability to establish an Authorized Representative, or an agreement of Authorization for Use and Disclosure of Information. Please see below for clarification regarding the intent of the following questions:

**Question 13: You can name a person to whom we can release information.**

A client may complete this question with the intention of providing a third-party access to their application and eligibility information.

- When the client indicates a person to whom information can be released, the worker should provide the client with an Authorization for Use and Disclosure of Information (MSC 2099) form;
- Whenever possible, the MSC 2099 should be mutually completed in the presence of the client to facilitate discussion and case planning, and to assure that the client understands the form;
The worker should also answer any questions the client has about the MSC 2099 and explain the client’s right to request limitations on the disclosure of their information.

Question 14: You can name an authorized representative.

A client may complete this question to indicate that they would like to designate someone to act on their behalf.

- Simply filling in a name in this field does not establish an Authorized Representative, but should act as a trigger to the worker to send the client a DHS 231;
- The individual being assigned as the Authorized Representative must sign the DHS 231, agreeing that they understand that for cash and medical programs, they are liable for repayment of an overpayment if they give incorrect or incomplete information, or withhold information resulting in an overpayment.

Note: Whenever possible, workers should have a discussion with clients to let them know the implications of establishing an Authorized Representative. Authorized Representatives cannot only apply for benefits on a client’s behalf, but they can also close benefits, report information that affects eligibility or level of benefits, and access information that is part of the case record. Additionally, all mail correspondence regarding the client’s case will be addressed to the Authorized Representative.

Question 15: Is someone helping you fill out this application? If yes, please tell us about the person helping you.

A client may use this field on the application to identify an Assister or Grantee, or other individual, who is helping them to complete the application process.

- Until now, Assistors and Grantees have been determined to only have access to case status information (approved, denied, pending – no other details);
- A review of the OHA contracts with Assistors and Grantees has provided clarification regarding Assister and Grantee access to confidential information;
- Effective immediately, the information provided below should be applied to Assistors and Grantees.

The following information is quoted in part from the Family Services Manual, Generic Program Information, B – Confidentiality of Client Information:

“There are a number of instances in which federal and state law and rule allow information about a client to be used and disclosed without written authorization and as necessary to administer DHS programs (including title XIX).”
Written authorization is not required when:

- *The information being released is nonhealth information that is necessary to carry out the intent of an assistance or service program connected with or operated by the department or designated agency;*

- *The information is nonhealth information and is being released to a DHS contractor (JOBS, Family Support and Connections...) in order to administer DHS programs.*

- *Exchanging nonhealth, nontreatment information with other governmental or private, nonprofit agencies if necessary to assist applicants or recipients of public assistance to access and receive other governmental or private, nonprofit services that will benefit or serve the applicant or recipient.*

DHS Administrative Services policy DHS-100-004 applies the **Minimum Necessary Standard** to all of the above examples for DHS and OHA. **DHS defines minimum necessary as the least amount of information, when using or disclosing confidential client information that is needed to accomplish the intended purpose of the use, disclosure, or request.**

**Tracking Client Authorization of Release of Information to a Third Party**

In addition to the methods listed above, a client may also provide verbal authorization to allow verbal release of case record information **specified by the client** (except for health, treatment and domestic violence information) to third parties (OAR 461-105-0070).

- Verbal authorization is valid for a period of 30 days from the date the authorization is given, unless a shorter time period is specified by the client;

- Whenever a client establishes that a third party is authorized to receive client information, this information should be tracked for future reference in a TRACS narrative;

- To allow workers to quickly verify Authorization of Use and Disclosure of Information agreements, workers should use the TRACS “sticky note” to reference the specific TRACS narrative that provides the needed information.

**For example:** On 10/01/11, Jane receives a phone call from her client, Sally Smith. Sally indicates that she would like her mother, Norma Smith, to be able to talk to Jane on her behalf. Jane verifies the kind of information that Sally would like to be provided to her mother; eligibility criteria, pending information, case status and reason for approval/denial.

Jane enters a TRACS narrative that states, “Phone call received from Sally today, provided authorization to speak with her mother, Norma Smith, regarding eligibility...
criteria, pending information, case status, and reason for approval/denial. Authorization valid for 30 days, ending on 10/30/11.” Jane then adds a “sticky note” to Sally’s case which says “Please see TRACS #XX for information regarding Authorization for Use and Disclosure of Information.”

This way, if Norma calls in the future and requests case information, anyone reviewing the TRACS narrative can quickly locate verification of who is permitted to receive information, what kind, and if the agreement is still valid.

Questions?: If you have any questions about policy, please email SSP-Policy, Medical in Group Wise.

If you have any questions about this information, contact:

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