



# MISSOURI DEPARTMENT OF MENTAL HEALTH

Keith Schafer, Department Director



DEPARTMENT  
OPERATING  
REGULATION  
NUMBER

DOR  
8.060

CHAPTER Regulatory Compliance	SUBCHAPTER HIPAA Regulations	EFFECTIVE DATE 6/17/15	NUMBER OF PAGES 3	PAGE NUMBER 1 of 3
SUBJECT The Provision of an Accounting of Disclosures of Protected Health Information to Consumers		AUTHORITY Section 630.050 RSMo		History See Below
PERSON RESPONSIBLE General Counsel			SUNSET DATE 7/1/18	

**PURPOSE:** It is the policy of the Missouri Department of Mental Health (DMH) and this facility to abide by the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191, standards for privacy of individually identifiable health information (PHI). A consumer has the right to receive a written accounting of disclosures of their PHI made by DMH in the six (6) years prior to the date of which the accounting is requested. (45 CFR § 164.528). A consumer may request an accounting of a period of time less than six (6) years.

**APPLICATION:** DMH, its facilities and workforce.

**(1) Definitions:**

(A) **Consumer:** Any individual who has received or is receiving services from the Department of Mental Health.

(B) **Disclosure:** The release, transfer, provision of access to, or divulging in any other manner of information outside the entity which holds the information. This includes disclosures to or by business associates of the covered entity.

(C) **Protected Health Information (PHI):** Individually identifiable health information that is transmitted or maintained in any form or medium by a covered entity, health plan or clearinghouse as defined under the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 and 164.

**(2) Procedures:** Each facility Privacy Officer shall assure that a mechanism is in place that tracks disclosures of both written and verbal PHI. The following information shall be included:

(A) The name and identification number of the consumer whose PHI was disclosed;

(B) Date of Disclosure;

(C) Name and address, if known, of the entity or person who received the PHI;

(D) Brief description of the PHI disclosed; and

(E) Brief statement of purpose that reasonably informs the consumer the purpose for the disclosure, or provides the consumer with a copy of the authorization, or provides the consumer with a copy of the written request for disclosure.

(F) If multiple disclosures are made to the same entity or person for the same reason, it is necessary to document items (A-D) for each disclosure.

**(3) Disclosures that do not need to be tracked or be accounted for upon the request of the individual include:**



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**(A) Disclosures made for treatment, payment, and healthcare operation purposes as set out in 45 CFR §164.502.**

**(B) Disclosures made to the consumer, or to the legal guardian, personal representative, or if a minor, then to the parent. (45 CFR §164.502)**

**(C) Disclosures made for facility directory purposes, if utilized (45 CFR §164.510) (Please note that no DMH state-operated facility will utilize a facility directory as defined under HIPAA).**

**(D) Disclosures made for national security or intelligence purposes. (45 CFR §164.512 (k)(5))**

**(E) Disclosures made to correctional institutions or law enforcement officials. (45 CFR §164.512(k)(5)).**

**(F) Disclosures made more than (6) six years prior to the date the accounting was requested.**

**(4) The consumer (or legal guardian) must make a written request for an accounting of disclosures to the facility Privacy Officer, or designee. The request shall be submitted on the DMH “Request for Accounting of Disclosures of Consumer Protected Health Information” form attached to this DOR. Staff may assist the consumer in completing the form if requested to do so.**

**(5) DMH has sixty (60) days after receipt of the request for such an accounting to complete the request. If a business associate has been or is in possession of consumer data, DMH will request from the business associate an accounting of disclosures to be included in the report. The business associate has twenty (20) calendar days to provide the accounting to DMH. The facility may request one thirty (30)-day extension by notifying the consumer of the extension within sixty (60) days of the initial request for such an accounting. This written notification shall include:**

- (A) the reason for the delay and**
- (B) the date the accounting will be provided.**

**(6) DMH shall provide the first accounting of disclosures free of charge in any twelve (12)-month period. Any subsequent request may be charged based on Missouri Statute (RSMo Section 191.227). Before charging a fee, DMH shall inform the consumer of the cost and allow them the opportunity to withdraw or modify their request to avoid or reduce the fee. No handling fee is allowed.**

**(7) DMH shall retain a copy of the written accounting that is provided to the consumer in the consumer’s medical record.**

**(8) REVIEW PROCESS: Information shall be collected from the facility Privacy Officers annually to monitor compliance and identify any issues with this DOR.**



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**(9) LOCAL POLICIES:** There shall be no facility policies pertaining to this topic. The Department Operating Regulation shall control.

**(10) SANCTIONS:** Failure of staff to comply or assure compliance with the DOR may result in disciplinary action, including dismissal.

**(11) ATTACHMENT:** "Request for Accounting of Disclosures of Consumer Protected Health Information" form.

*History: Original DOR effective January 1, 2003. Final DOR effective June 1, 2003. Amendment effective July 1, 2006. On July 1, 2009, the sunset date was extended to July 1, 2012. Amendment effective June 25, 2012. Amendment effective June 17, 2015.*



**STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH  
REQUEST FOR ACCOUNTING OF DISCLOSURES OF CONSUMER  
PROTECTED HEALTH INFORMATION**

<b>Consumer Name and Date of Birth and SSN:</b>	<b>Statewide ID/Local Facility ID</b>
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**Consumer Address: Street number, Street name, City, State, Zip Code**

**Please specify the time period for which you are requesting the accounting of disclosures:**

**This is the first request for an accounting of disclosures: \_\_\_\_yes \_\_\_\_no. IF NO, I agree to pay costs associated with this request for an accounting of disclosures  
Yes \_\_\_\_\_ No \_\_\_\_\_  
(The first request in a 12 month rolling period is free of charge. Charges accrue for more than one request within that 12 month period).**

**Please indicate the consumer, parent of a minor, or any legal guardian or personal representative who is requesting the accounting of disclosures**

<b>Individual's Name</b>	<b>Relationship to Consumer</b>

<b>Signature of Consumer or Legal Representative</b>	<b>Date</b>
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**Missouri Department of Mental Health Use Only**

**Date Received** \_\_\_\_\_ **Accounting has been:** \_\_\_\_\_ **granted**

**Copy provided to consumer on** \_\_\_\_\_ **(date)**

**Letter written to consumer on** \_\_\_\_\_ **(date)**

**Name and Title of Staff Member processing request:**

**Date the Accounting of Disclosures Provided:**

<b>Signature of Privacy Officer or designee</b>	<b>Date</b>
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