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Owner: Waneta Perkins: CCH
MANAGER HIM EX
Area: Health Information
Management
Regulatory Tags:
Applicability: CC Clinic, CC Employees

Release of Information-CCH Referral/Pre-op Information Requests

PURPOSE

To establish general guidelines for referral/pre-op procedure workflows for all CCH-Clinic Sites.

CentraCare adopts the following Policy/Procedure for:

CentraCare - Clinic
CentraCare - Employee

POLICY

- A. In releasing any information about the patient, discretion and care is exercised to determine if inquiries and request for information are legitimate. ROI Staff are expected to understand Release of Information policies/procedures, HIPAA Compliance, and knowledge of legal manual guidelines. If there is any doubt as to the authenticity of a request, or question that the information to be released may harm the patient, the information is not to be released.
- B. Medical information will only be released Monday through Friday, 8:00-4:30 p.m. No information will be released on weekends or holidays. To pull and prepare the record to be forwarded to off-site facilities, request should be coordinated with the Health Information Management Department Release of Information Assistant at least 24-48 hours prior to the anticipated referral/pre-op appointment date.

GUIDELINE

A. Referrals

- 1. Required referral information for completion of a referral request;
 - a. Facility Name/Address
 - b. Date of referral appointment, if known or state "pending"
 - c. Name of physician that that patient will be seeing for their appointment, if known

- d. Phone/Fax numbers are needed
 - e. Include a contact person name, if known
 - f. List all the information or records that need to be sent for the appointment
 - i. Specify if non-CCH patient health information should be included within the referral
 - g. Specify if CCH films, or outside facility films need to be sent
 - h. Add any additional comments/notes that may be pertinent for the referral request
2. Send referral information to your site's designated REFERRAL POOL

B. Pre-ops

1. Required pre-op information for completion of a pre-op referral request.
- a. Surgeons Name
 - b. Phone/Fax numbers are needed
 - c. Type of Surgery
 - d. Date of Surgery
 - e. Place of Surgery
 - f. Pre-op Provider Name
 - g. Date/Time of Pre-op Physical
 - h. Date/Time of Labs/X-rays
 - i. Add any additional comments/notes that may be pertinent for the pre-op request
2. Send pre-op information to your site's designated PREOP POOL

REGULATORY CITATIONS

Facility specific, none stated

REFERENCE CITATIONS

Facility specific, none stated

Disclaimer: The policies, guidelines and procedures posted on PolicyStat or other internal storage systems are for internal use only. They may not be copied by independent companies or organizations that have access to documents, as CentraCare cannot guarantee the relevance of these documents to external entities.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
CC HIM Leadership Committee	Lori Diederichs: CCH SR DIR SYS HEALTH INFO MGMT	05/2021
	Waneta Perkins: CCH MANAGER HIM EX	01/2021

Applicability

CentraCare - Clinic, CentraCare - Employees

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