Ask QM FAQs

Special Topic
Letters & Release of Information
February 17, 2021
Mental Health Question: All clinicians on our team were under the impression that our psychiatrist needs to follow the same HIPPA/Legal and ethical in regards to consulting with providers outside our BHRS system-meaning you need an ROI to consult regarding a client’s mental health and/or AOD issues.

Q1: Our MD is saying that an ROI is not needed between doctors discussing shared cases, since they are consulting about the medical care of the same patient they’re both treating. Is this true?

A1: Yes this is true, two treatment providers (not only MDs any clinical staff working with the client) with a shared client may share treatment related information without consent from the client.

However, it is best practice to talk with your client about this in advance, you may obtain written consent from the client for transparency with the client.

For Mental Health, an ROI is not required for mandated reporting/managing risk to self/others - 5150/current treatment providers/payment/operations.

When sharing information, with and without client consent, only the minimum amount of information necessary for the purposes of the disclosure should be shared.
Q2: Mental Health Question:

To clarify, can a BHRS Psychiatrist communicate with an outside provider/agency or private practice without an ROI?

A2: Yes, if they are both current treatment providers, no ROI is needed. Yes, the psychiatrist may speak with another current treatment provider (primary care, health treatment, etc). An ROI is not required by law regardless of if they are BHRS staff or not.
Q3: Do Psychiatrists and clinicians have different consents for treatment and release?

A3: No, we use the same forms. The ROI should be written for “San Mateo Behavioral Health & Recovery Services” not a specific program or individual.
Q4: Mental Health Question:
When do I need an ROI? When do I have to report a release of information to QM with an Incident Report?

A4: An ROI is required for communication with a non-current treatment provider and other agencies/individuals that are not current treatment providers.

Complete an Incident Report:
• If the client is closed to BHRS, there is no ROI, and information is released without a mandate.
• If there is a disclosure without a ROI when it is not for mandated reporting/managing risk to self/others - 5150/current treatment providers/ payment/ operations.
Q5: Mental Health Question:
How do I document a disclosure without an ROI for mandated reporting or managing risk to self and others for 5150?

A5: Indicate in your progress note the reason for the disclosure without an ROI.
Q6: A client’s parent requested a letter stating that she must work from home to care for her child (client). I provided a letter simply verifying youth’s involvement in services but not making the claim that mom needed to stay home.

The client’s parent reached out again asking if I could provide more information in my letter, as it was not sufficient. What can I do?

A6: In your clinical judgement, if you feel that enhancing the letter you provided to include your recommendation that the mother increase time spent at home to support the mental health needs of child is appropriate, you may do so. However, be aware that anything you say/recommend in a letter you are responsible for backing up, should this be required.

(you might write: At this time, you believe that the mother staying home with the child will benefit the child’s mental health needs).

Please be sure to review the letter with your supervisor prior to providing it to the mother.
Q7: I am an intern working at the regional clinics. I was wondering what the legalities are surrounding using my Kaiser access (which I have as I am currently rotating at a Kaiser location) to look up information on my BHRS clinic patients?

A7: Please do not look up BHRS clients in other organization’s EHRs or vice versa.

Follow-up Q: What if my client signs an ROI between Kaiser and BHRS?”
A: You still need to follow the policy of BHRS and Kaiser. If you need a chart from BHRS for a Kaiser client, Kaiser Medical Records should request the chart and get a copy sent to them.
Q8: We need to block staff person from accessing her family member’s chart in Avatar. How do I do that?

A8: Please have the staff member complete attachment F “Staff Request to Block Chart” and return completed form to QM. This block remains in place until the block is revoked.

Q9: Do I open an episode to document a CPS report on a closed case? Family is not engaged in services.

A9: No need to open the client, if you do not plan to provide additional ongoing services to the client, you may document the CPS reporting in the last episode as a Progress Notes with Face to Face, independent note.

If you are planning on providing ongoing services to the client, and this contact occurred within 45 days of discharge, you may ask your admin to backout the discharge date and document in the existing episode.

Follow-up Q: What if the client is returning after 45 days? Do I have to open them in a new episode and create a new treatment plan?”
A: Yes, open a new episode and complete a new treatment plan.
Q10: Can clinical staff write letters for clients and/or family members?

A10: Yes, if it seems appropriate. Review the letter with your supervisor.

Common Letters Include:
- Clearance letter for a client who wants to join the Military
- Social Security
- Immigration
- Summary of treatment letter
- Jury Duty excuse letter for a caregiver
- Family Court Clearance letter
- Letter to support client to remain in stable housing
- Letter of support is being requested by lawyer in a case of unlawful eviction.
- Letters for emotional support animal – for travel, for apartment
- Letters that state if parent is ready/not ready to regain/maintain custody of their child
- Letters regarding advocating for disability benefits/services
Letter Basic Guidelines

Make sure that you have a release of information authorization.
1. The letter should be about 1 page (2 TOPS)
2. It should be just the facts
3. AVOID making predictions about the future
4. Usually address the letter to “To whom it may concern” and give the letter to the client/family
5. Add your contact information - use letterhead

Things that you might include:
1. The type of services provided (individual, group, family, case management etc..), to whom (child, parent etc....), the length of time the client has been seen.
2. The general areas of treatment/DX, if appropriate, addressed (i.e. trauma, depression, anxiety...)
3. A statement about the recommended course of treatment (number of treatment sessions per week and length of treatment, etc..) which can include the parent's involvement in the client's treatment.
4. General statements about the progress of your work with the client.
Q11: I wanted to clarify what the QM policy is around requests to assist with registering Emotional Support Animals. My understanding is that we are not allowed to write a letter or be involved, and only doctors can.

A11: Any clinical staff may write a letter to support the client’s need for an Emotional Support Animal. The registering agency may or may not accept the letter; however you may write the letter if you think it is appropriate. 

[Link](https://usdogregistry.org/information/#esa)

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Under the Fair Housing Amendments Act (FHAA) and the Air Carrier Access Act (ACAA), an individual who meets the proper criteria is entitled to an emotional support dog to assist them with their life. The FHAA protects individuals by allowing their emotional support dog to live with them (even when there are no pet policies in place). The ACAA protects individuals by allowing the emotional support dog to fly with them in the cabin of an airplane (without having to pay any additional fees). Any dog can be an emotional support dog, and emotional support dogs do not have to be professionally-trained.

**A Medical Recommendation is Required**

You are required to have a letter from a doctor or mental health professional recommending that you have an emotional support dog for your condition. You may be asked to present this letter by airline staff when flying or by your landlord when renting a home.
Sample Emotional Support Animal

Date

To Whom it May Concern,

(Name) is under my professional care for treatment of a medical condition. I have prescribed an emotional support animal as part of the treatment program developed for (Name). The presence of this emotional support animal is necessary for (Name’s) mental health. I am a licensed (Title). My license number is (xxxxx).

Please allow (Name) to be accompanied by their emotional support animal.

Signature

Provider printed name & title
Q12: I made a mistake regarding a progress note and am wondering the best approach to amend the issue. It doesn’t have the note body, so wondering what to do? I did put the correct time and everything else is correct, I just need to add the info to justify the note.

A12: Please use the Avatar form "Append Progress Note" and add in the information, so it will be added to the finalized progress note.
Q13: Can a letter be accepted to verify the legal guardianship of a non-parent caregiver and is this sufficient to be able to screen and refer the client for services?

A13: Yes, a letter may be accepted as proof of legal guardianship of the client. That person may consent for treatment. Make sure this is documented and the letter is scanned into Avatar.

Here is a standard form that may be used:
COVID-19 Incident Reporting Update 2-10-2021

- A staff member who tests positive for COVID-19 and has been in contact with other staff, clients, or has been to your facility
- A client who tests positive for COVID-19 and has been in contact with staff, other clients, or has been to your facility
- Continue to report any death of a client as usual

Critical Incident Reports must never be filed or referenced in a client’s chart or in an employee’s personnel record. Incident report forms can be sent or faxed to Quality Management. Click Here for the Critical Incident Policy 93-11. Click here for the Critical Incident Reporting Form

County Staff please send the incident report to HS_BHRS_QM@smcgov.org Contracted Programs can send incident reports via secure email to HS_BHRS_QM@smcgov.org or send via fax to 650-525-1762