

5.16 WVIN – Authorization for Release of Health Information Form

POLICY:

Each WIC participant, parent, or guardian must complete an **Authorization for Release of Health Information Form (ARHI) (Attachment #1 or Spanish Version Attachment #2)** to authorize WIC staff access to their West Virginia Health Information Network (WVIN) record. The participant, parent, or guardian can choose to decline WIC authorization to access the HIN. Declining authorization for WIC does not opt the participant out of WVIN. WIC benefits cannot be withheld due to declining authorization to WVIN access. A participant, parent, or guardian can change authorization at any time; a new **ARHI Form** must be completed.

A new **ARHI Form** must be completed if there is a custody change. Participants who are in the custody of the State of West Virginia DHHR (foster care) are **not** eligible to authorize WIC staff access to their WVIN record. Medical Liaisons will get notification from the State Agency Help Desk if a participant has moved families and needs a new **ARHI Form** completed.

The Local Agency will be responsible for distributing, receiving, and documenting completed **Authorization for Release of Health Information Forms (ARHI)**.

PROCEDURE:

A. Authorization for Release of Health Information Form (ARHI) (Attachment #1 or Spanish Version Attachment #2)

1. The Local Agency will distribute **Authorization for Release of Health Information Form (ARHI)** to each participant.
 - a. A separate **ARHI Form** must be completed for each participant, by the participant, parent, or guardian.
 - b. Send via mail or email.
 - c. If not returned, complete the next clinic visit.
2. The WVIN record cannot be accessed until the **ARHI Form** is completed and returned to the Local Agency.
 - a. A new **ARHI Form** received via WIC clinic email should be marked Unread. These emails should only be marked Read by the Medical Liaison or the Authorized User.
 - b. A new **ARHI Form** received via mail or in-person should be given to the Medical Liaison or the Authorized User.
 - i. A new **WIC HIN Declination Form(Attachment #3 or Spanish Version Attachment #4)** received in-person or filled

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out by WIC staff for a verbal declination should be given to the Medical Liaison or the Authorized User.

- c. The completed **ARHI Form**, giving authorization, must be scanned into each participant's **Crossroads Anthro/Lab Screen**
 - i. Choose **Anthropometric Contact**.
 - ii. The document must be titled Family Number - Form Title - Date Scanned.
 - iii. The **WIC HIN Declination Form** does not need to be scanned into **Crossroads**.
- d. The paper **ARHI Forms and WIC HIN Declination Forms** must be maintained by the Local Agency for 6 years and accessible for Internal and External Monitoring.
- e. When an **ARHI Form** is sent to a family, a **Family Alert** must be added into the participant's file in the **Crossroads Computer System**:
 - i. When an **ARHI Form** is sent:
 - Title:** ARHI Forms sent for family, MM/DD/YYYY and WIC staff initials
 - Text Box:** ARHI-form sent for family, MM/DD/YYYY and WIC staff initials.
- f. When a new **ARHI Form** or **WIC HIN Declination Form** is received, the **Family Alert** must be updated in the family record in the **Crossroads Computer System**:
 - i. When a completed **ARHI Form** is received update the existing family alert title and add a line in the alert text box:
 - Title:** ARHI – forms need scanned for family, MM/DD/YYYY and WIC staff initials
 - Text Box:** ARHI -forms need to be scanned for (participant's name(s)), MM/DD/YYYY and WIC staff initials.
 - ii. If a participant, parent, or guardian revokes authorization or declines participating in the WWHIN, update the existing family alert or if there is not an existing family alert, create one:
 - Title:** WWHIN declined MM/DD/YYYY and WIC staff initials.
 - Text Box:** Parent declined WWHIN authorization MM/DD/YYYY and WIC staff initials.

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iii. When the completed **ARHI Form** is scanned update the existing family alert title and add a line in the alert text box:

Title: ARHI - forms scanned for family MM/DD/YYYY, WIC staff initials.

Text Box: ARHI scanned for participant name(s) MM/DD/YYYY and WIC staff initials.

Note: Do not delete the **Family Alert**.

3. Any changes to the **ARHI Form** or the **WIC HIN Declination Form**, the above documentation must be repeated.

a. The participant, parent, or guardian can verbally decline WIC authorization to access the HIN. WIC staff must fill out the **WIC HIN Declination Form** and use the above documentation (see A. 2. f. ii.).

b. The participant, parent, or guardian cannot verbally authorize WIC staff access to their WWHIN record; the **ARHI Form** must be completed by the participant, parent, or guardian.

B. Local Agency Documentation of the Authorization for Release of Health Information Form (ARHI) and Other Documentation Forms

2. The Local Agency Medical Liaison will document all completed **ARHI Forms** on the **ARHI Tracking Form (Attachment #5)**.

a. **ARHI Tracking Form** must be completed weekly.

i. This will be updated on the Shared Drive by Friday, close of business.

b. The completed **ARHI Tracking Form** will be maintained for three (3) years, one-hundred fifty days (see **Policy 1.04 Record Retention**).

c. These forms must be accessible for Internal and External Monitoring.

3. The Local Agency Medical Liaison will document all data retrieved from the WWHIN on the **Tracking Form for WWHIN Access (Attachment #6)**.

a. **The Tracking Form for WWHIN Access** must be completed weekly.

i. This will be updated on the Shared Drive by Friday, close of business.

b. The completed **Tracking Form for WWHIN Access** will be maintained for three (3) years, one-hundred fifty days (see **Policy 1.04 Record Retention**).

c. These forms must be accessible for Internal and External Monitoring. Page 3 of 4

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4. The Local Agency Medical Liaison will document all Medical Liaison activity on the **Monthly Documentation of Medical Liaison Service Hours Form (Attachment #7)**.
 - a. The **Monthly Documentation of Medical Liaison Service Hours Form** must be completed every month.
 - b. Medical Liaison hours should be reflected as follows:
 - i. HIN is all training for the medical liaison position, and time accessing participant records in the WVHIN
 - ii. Portal is time sending and retrieving documents from the document sharing portal and/or communication with participants concerning the HIN.
 - iii. Outreach is time committed to preparation and completing outreach and communication with health care providers.
 - c. The Form must be submitted to the State Outreach Coordinator by the 15th of the following month.

Note: Authorized users, who are accessing the WVHIN must sign the **West Virginia WIC - WVHIN Acknowledgement Form (Attachment #8, Policy 5.16)**.

ATTACHMENTS:

1. Authorization for Release of Health Information Form (ARHI)
2. Authorization for Release of Health Information Form (ARHI) Spanish Version
3. WIC HIN Declination Form
4. WIC HIN Declination Form Spanish Version
5. ARHI Tracking Form
6. Tracking Form for WVHIN Access
7. Monthly Documentation of Medical Liaison Service Hours Form
8. West Virginia WIC - WVHIN Acknowledgement Form