

DIVISION OF MENTAL HEALTH AND HOSPITALS  
ADMINISTRATIVE BULLETIN 3:10A

Date: February 19, 1993

Subject: Access to Medical Records by Human Services Police

I. Purpose

To establish a uniform administrative procedure for release of patient information to the Human Services Police (HSP).

II. Policy

It is the policy of the Division of Mental Health and Hospitals to protect the privacy of individuals to the fullest extent possible while nonetheless allowing, within permissible legal limits, an exchange of information required to fulfill the administrative and program responsibilities of the Division and the Department of Human Services.

Copies of the medical record, or portions thereof, may be provided by the hospital to the HSP: 1) if there is written consent of the patient or his/her legally qualified representative; 2) pursuant to an order of a court of competent jurisdiction; or 3) upon written approval of the CEO or his or her designee in accordance with the procedural requirements noted below.

III. Legal Authority

N.J.S.A. 30:1-12 and 4-24.3.

IV. Scope

This policy applies to all patients, except those who have a diagnosis and/or are being treated for alcohol and/or drug abuse, HIV+ status or AIDS, being admitted to, and residing at, State psychiatric hospitals as specified in N.J.S.A. 30:4-160:

1. Greystone Park Psychiatric Hospital
2. Trenton Psychiatric Hospital
3. Marlboro Psychiatric Hospital
4. Ancora Psychiatric Hospital
5. The Forensic Psychiatric Hospital
6. The Senator Garrett W. Hagedorn Center for Geriatrics
7. Arthur Brisbane Child Treatment Center

State and Federal statutes governing the disclosure of AIDS, HIV+ or drug/alcohol information provide for non consensual disclosure only in limited circumstances, none of which are applicable to the conduct of police investigatory or law enforcement activities.

#### V. Procedures

- 1) The Human Services Police (HSP), in the conduct of a legitimate law enforcement activity, shall be permitted to review a record on hospital premises, in the presence of hospital personnel designated by the CEO. After hours, the Officer of the Day shall designate the hospital staff member(s) responsible to be present during HSP review of the record.
- 2) Each facility should identify a location suitable for supervised review of patient records. At no time should any records be released, be reproduced, removed or relocated to another area, absent express approval from the CEO or his or her designee, and compliance with internal procedures governing record inspection and review.
- 3) Prior to any site visit for the purposes of inspection and review of patient records, it is incumbent on the police to submit a written request to review said records, including a detailed description as to the type of records to be reviewed, an explanation as to the reason for such review, and the law enforcement activity for which said record is sought. Such requests, absent exigent circumstances, shall include, at least, twenty-four hour notice, and appropriate administrative approval (e.g. CEO or his or her designee).
- 4) Prior to the disclosure or release of any patient record to the Departmental police, the police officer shall complete the attached form, and submit same to appropriate hospital staff for filing.
- 5) Any patient information released to the HSP will be accompanied by a cover sheet informing HSP that: all records that directly or indirectly identify an individual presently or formerly receiving services from the Division must be kept confidential according to federal and state law; that the HSP are responsible to secure these documents against loss, defacement and access or copying by unauthorized persons; and that this information is not to be disclosed without written consent of the patient or pursuant to a court order.

- 6) Designated hospital personnel shall inform patients that their records may be reviewed and released to the DHS police in the conduct of their official law enforcement activities, provided such information is not to be used, by the police, to prosecute or otherwise implicate the client in any criminal action, investigation or complaint.
- 7) The timing and manner in which the forementioned information is to be disclosed to patients may vary from site to site and based on clinical or administrative concerns may vary from patient to patient. Provided such notice is communicated to the patient and documented within the patient's chart, each facility, at its own discretion, may determine the appropriate time, place and manner for such notice to be given.

#### VI. Hospital Operational Procedure

Each hospital shall develop and implement appropriate local operational procedures within ninety days of the effective date of this policy to assure local compliance with the provisions of this policy. Hospital operational procedures shall be reviewed annually and statements that no changes have been made or copies of revised procedures forwarded to the Office of Quality Improvement and Specialty Services annually thereafter.

  
Alan G. Kaufman, Director

2/19/93  
Date

ACKNOWLEDGEMENT OF CONFIDENTIAL NATURE  
OF PATIENT RECORDS

I hereby acknowledge receipt of the medical records of patient, \_\_\_\_\_ for my review. I understand that any and all information contained in these records are confidential and shall not be disclosed to any other person or entity absent consent of the patient or court order.

I have been informed that disclosure of any of this information, verbally or otherwise, absent consent or court order shall constitute violation of Departmental administrative policy, state law and patient rights.

I affirm that the request for and subsequent use of this information is to enable me to effectively carry out my investigative responsibilities as a Departmental police officer. And I confirm that such information will in no way be utilized, by me, to prosecute or otherwise incriminate or implicate the patient in any criminal investigation or complaint.

\_\_\_\_\_  
Name of Police Officer

Date: \_\_\_\_\_