

Department of Mental Health  
Routine Disclosures – Chart # 3  
Mandatory Reports

Purpose of Disclosure	Disclosed to	Authority for Disclosure (When the authority is a document, a copy of the authorizing document must be in the DMH records for the disclosure to occur)	Permitted Amount of Information to be Disclosed (May be verbal or written unless limited by the authority for disclosure)	Special Requirements
<b>Abuse, child: DSS investigation of report of abuse or neglect</b>	Department of Social Services	G.L. c.119, §51B	Information which a mandated reporter believes might aid DSS to determine whether a child has been abused or neglected	Any person required to make a report pursuant to §51A who has information which he/she believes might aid DSS in determining whether a child has been abused or neglected shall, if requested by the DSS, disclose such information
<b>Abuse, child: mandated reporting of abuse and/or neglect against</b>	Department of Social Services	G.L. c.119, § 51A	Verbal report followed by written report with child's and parent/guardian/caregiver's names and addresses, and the nature and extent of the child's injuries, abuse, maltreatment, or neglect	
<b>Abuse; disabled person: mandated reporting and investigation of abuse, neglect, patient death, or felony crime against</b>	Disabled Persons Protection Commission (DPPC)	G.L. c. 19C, §10	Verbal/written report as outlined in 118 CMR 3.01-3.05. including: the allegedly abused person's name, address, telephone number, age, gender and disability; programs and services received by the allegedly abused person and any special requirements (e.g., sign language interpreter or wheelchair); brief description of the nature and extent of the alleged abuse including injuries received and actions taken in response to the alleged abuse;	If the client/patient does not have a Personal Representative, he or she promptly must be informed of the disclosure except where there is a professional judgment that informing the person would place the person at risk of serious harm. If the client/patient does have a Personal Representative, the Personal Representative promptly must be informed of the disclosure except where there is a professional

**VERIFICATION**

Prior to making any permitted disclosure of Protected Health Information (PHI), DMH must (1) verify the identity of the party to whom the PHI is to be disclosed and (2) confirm that the party has the proper authority to receive the PHI. See Chapter 10, Verification of the Identity and Authority of the Requester. *If there is any doubt about the identity of the receiver and/or the authority to disclose the PHI, the PHI should not be disclosed and the DMH Privacy Officer or Legal Office should be contacted for assistance.*

Department of Mental Health  
Routine Disclosures – Chart # 3  
Mandatory Reports

Purpose of Disclosure	Disclosed to	Authority for Disclosure (When the authority is a document, a copy of the authorizing document must be in the DMH records for the disclosure to occur)	Permitted Amount of Information to be Disclosed (May be verbal or written unless limited by the authority for disclosure)	Special Requirements
			name or description of alleged abuser and relationship between alleged abuser and the alleged victim DPPC investigator may view and/or receive copies of records as requested	judgment that informing the PR would not be in the client/patient's best interests. Such professional judgment determinations must be appropriately documented in the client/patient record
<b>Abuse; elderly person: mandated reporting of abuse against</b>	Department of Elder Affairs, or agency designated by DEA to receive such reports	G.L. c.19A, §§15 (a), (c), (e), and (f)	Verbal report followed by written report with name, address, age, nature and extent of abuse, caretaker name, medical treatment received or immediately needed due to the abuse, and other information relevant to the abuse investigation	If the client/patient does not have a PR, he/she promptly must be informed of the disclosures except where there is a professional judgement that informing the person would place the person at risk of serious harm. If the client/patient does have a PR, the PR promptly must be informed of the disclosure except where there is a professional judgement that informing the PR would not be in the client's patient's best interests. Such professional judgement determinations must be appropriately documented in the client/patient record
<b>Accreditation activities</b>	Joint Commission on Accreditation of Healthcare Operations (JCAHO); other accrediting bodies	Authorization by individual or Personal Representative, if any, or best interest as provided in 104 CMR 27.17 or	May view patient records, may view and receive reports containing PHI to the extent necessary to ensure that	

**VERIFICATION**

Prior to making any permitted disclosure of Protected Health Information (PHI), DMH must (1) verify the identity of the party to whom the PHI is to be disclosed and (2) confirm that the party has the proper authority to receive the PHI. See Chapter 10, Verification of the Identity and Authority of the Requester. *If there is any doubt about the identity of the receiver and/or the authority to disclose the PHI, the PHI should not be disclosed and the DMH Privacy Officer or Legal Office should be contacted for assistance.*

Department of Mental Health  
Routine Disclosures – Chart # 3  
Mandatory Reports

Purpose of Disclosure	Disclosed to	Authority for Disclosure (When the authority is a document, a copy of the authorizing document must be in the DMH records for the disclosure to occur)	Permitted Amount of Information to be Disclosed (May be verbal or written unless limited by the authority for disclosure)	Special Requirements
		28.09	applicable standards are being met	
<b>AWA Reporting: AWA status withdrawn</b>	District Attorney of county where facility located; local and state police, next of kin; legally authorized representative; persons at risk	G.L. c.123, §30 104 CMR 27.16(2)(d)	Report that AWA status has been withdrawn (e.g., patient returned to facility or patient discharged)	
<b>AWA Reporting: patient is AWA</b>	District Attorney of county where facility located; local and state police, next of kin; legally authorized representative; persons at risk	G.L. c.123, §30 104 CMR 27.16(2)(d)	Minimum necessary, but including patient's description, information that would assist in locating the patient, and information about risk or dangerousness. See 104 CMR 27.16	
<b>Communicable and other infectious disease reporting</b>	Department of Public Health and/or local Board of Health	Authorization by individual or Personal Representative, if any or best interest as provided in 104 CMR 27.17 or 28.09	Personal identifiers and relevant medical information as required by DPH regulations	
<b>Deaths, Medicolegal: reports to Medical Examiner, coroner</b>	Medical Examiner	G.L. c.38, §§ 2, 3, and 4 or best interest as provided in 104 CMR 27.17 or 28.09	All known facts concerning the time, place, manner, and circumstances of the cause of death	
<b>Deaths, violent or unnatural causes at a DMH facility</b>	District Attorney	G.L. c.123, §28	Name, address, cause of death	
<b>Felony reports: notify DA of felony crimes committed on premises, or committed by or upon patients</b>	District Attorney (or state or local police at DA request as part of MOU)	G.L. c.19, §10 104 CMR 32.06(1)	Verbal or written report of information pertaining directly to alleged crime, including patient names and locations	There are Area MOUs with District Attorney Offices that contain specific procedures for reporting of a felony against a DMH patient

**VERIFICATION**

Prior to making any permitted disclosure of Protected Health Information (PHI), DMH must (1) verify the identity of the party to whom the PHI is to be disclosed and (2) confirm that the party has the proper authority to receive the PHI. See Chapter 10, Verification of the Identity and Authority of the Requester. *If there is any doubt about the identity of the receiver and/or the authority to disclose the PHI, the PHI should not be disclosed and the DMH Privacy Officer or Legal Office should be contacted for assistance.*

Appendix C

4/14/03

C:\Users\B\Documents\

Department of Mental Health  
Routine Disclosures – Chart # 3  
Mandatory Reports

Purpose of Disclosure	Disclosed to	Authority for Disclosure (When the authority is a document, a copy of the authorizing document must be in the DMH records for the disclosure to occur)	Permitted Amount of Information to be Disclosed (May be verbal or written unless limited by the authority for disclosure)	Special Requirements
<b>Firearm identification card/license to carry</b>	Police chiefs or designees	G.L. c.140, §129B(2)	Name of facility, date of admission and date of discharge for psychiatric inpatient admissions	
<b>Incident Reporting; major incident reporting regarding physicians</b>	Board of Registration in Medicine	G.L. c.111, §203; G.L. c.112, §§ 5 and 5I, 243 CMR 3.08	Must report incidents as directed by regulation. Board may also request additional information	
<b>Investigation DMH: conduct investigation or fact finding; make mandatory reports, if applicable; coordinate investigation with other agencies, if applicable</b>	Witnesses and other investigative agencies	104 CMR 32.00	Client/patient identity information and information about the incident or condition under investigation, but limited to the minimum amount of disclosure of PHI required to conduct the investigation or fact finding, and/or coordinate the investigation with other agencies	
<b>Investigation DMH: notify parties of the outcome of an investigation; provide redacted copy of investigation report.</b>	Parties to a DMH complaint	104 CMR 32.08(2); DMH Non-disclosure Form	Decision letter should not contain patient names or initials. Investigation Report should be redacted to de-identify information concerning clients	
<b>Investigation DMH: request by witness or other person for portion of investigation file where s/he is mentioned</b>	Individuals (other than parties to complaint) mentioned in a complaint file (i.e. witness)	104 CMR 32.08(2)(b)1; written request required	Portion of investigation record where person is mentioned; should be redacted to de-identify information concerning clients	

**VERIFICATION**

Prior to making any permitted disclosure of Protected Health Information (PHI), DMH must (1) verify the identity of the party to whom the PHI is to be disclosed and (2) confirm that the party has the proper authority to receive the PHI. See Chapter 10, Verification of the Identity and Authority of the Requester. *If there is any doubt about the identity of the receiver and/or the authority to disclose the PHI, the PHI should not be disclosed and the DMH Privacy Officer or Legal Office should be contacted for assistance.*

Department of Mental Health  
Routine Disclosures – Chart # 3  
Mandatory Reports

Purpose of Disclosure	Disclosed to	Authority for Disclosure (When the authority is a document, a copy of the authorizing document must be in the DMH records for the disclosure to occur)	Permitted Amount of Information to be Disclosed (May be verbal or written unless limited by the authority for disclosure)	Special Requirements
<b>Investigation law enforcement</b>	Law Enforcement Officials	Court order or authorization by individual or Personal Representative, if any	As specified in the authority	
<b>Organ Donation: assessment</b>	New England Organ Bank, Inc.	Required by federal law for Medicaid/Medicare participation	As specified in Memorandum of understanding between DMH and New England Organ Bank, Inc. that is attached to Commissioner's Directive #10	MOU applies only to DMH operated facilities
<b>Sex offender registration</b>	Mass. Sex Offender Registry Board	G.L. c. 6, §§178C – 178p	Required registration information including name, facility address, personal identifying information, height, weight, age, gender, eye color, hair color, social security number, aliases, and date and place of birth	
<b>HIPAA compliance investigation/audit</b>	U.S. Secretary of Health and Human Services	45 CFR 164.502	As specified by the Secretary or designee	
<b>Warn/Protect: to take reasonable precautions to warn or protect persons known to be at risk from a client/patient.</b>	Person known to be at risk, police, court, emergency service provider, or other individual deemed necessary in order to discharge duty to take reasonable precautions to warn/protect	G.L. c.123, §36B; 104 CMR 27.16(2)(d), if applicable	Information sufficient to discharge duty to take reasonable precautions to warn/protect, including level of dangerousness and location of patient/client, if known	

**VERIFICATION**

Prior to making any permitted disclosure of Protected Health Information (PHI), DMH must (1) verify the identity of the party to whom the PHI is to be disclosed and (2) confirm that the party has the proper authority to receive the PHI. See Chapter 10, Verification of the Identity and Authority of the Requester. *If there is any doubt about the identity of the receiver and/or the authority to disclose the PHI, the PHI should not be disclosed and the DMH Privacy Officer or Legal Office should be contacted for assistance.*