FOR YOUR INFORMATION

FYI FYI FYI FYI FYI FYI FYI FYI FYI FYI

Issue 15-12 (REV) **Date: 10/05/16**

OBTAINING AGENCY SPECIFIC MEDICAL RECORDS

This FYI has been revised to include Harbor-UCLA Medical Center and cancels FYI 15-12 (dated 04/23/15).

This is to inform staff that DCFS and Children's Hospital Los Angeles (CHLA), Harbor-UCLA Medical Center, Olive View-UCLA Medical Center, LAC+USC Medical Center and Kaiser Permanente have jointly developed agency specific medical records requests forms. The request forms create a two-way process designed to expedite obtaining medical records for DCFS involved children/youth. Please click on the hyperlinks to view the forms or go to the Forms Page on LA Kids.

- DCFS/CHLA Medical Records Request
- DCFS/Harbor-UCLA Medical Records Request
- DCFS/Olive View-UCLA Medical Records Request
- DCFS/LAC+USC Medical Records Request
- DCFS/Kaiser Permanente Medical Records FAX

The forms must be completed in their entirety; incomplete forms will delay processing.

NOTE: The legal authority under which DCFS is requesting the records must be specified.

NOTE: It is the CSW's responsibility to complete and submit the form. CSWs should consult with the PHN for assistance in determining what medical records to request.

Fax the completed form to:

- CHLA Medical Center Release of Information Office at (323) 361-1106.
- Harbor-UCLA Medical Center, Release of Information Office at (310) 782-1796.
- Olive View-UCLA Medical Center Release of Information Office at (818) 364-3518.
- LAC+USC Medical Center Release of Information Office at (323) 441-8127.
- Kaiser Medical Records Contact (KMRC). FAX to the appropriate KMRC listed on page two of the Kaiser FAX form or it will not be processed. To arrange an "in person" pick up, contact the KMRC after the Kaiser FAX has been sent.

FOR CHLA, OLIVE VIEW-UCLA, LAC+USC AND HARBOR-UCLA ONLY

(Special instructions for CHLA and Kaiser Permanente follow this section)

Routine requests will be processed within 5 business days; urgent requests within 48 hours. For Harbor-UCLA, urgent requests will be processed within two (2) business days.

Indicate on the form whether the records should be mailed, faxed, or held for pick up. Mailing ensures confidentiality and readability and is preferred over faxing. Harbor-UCLA will only consider faxing on a case-by-case basis; please call (310) 222-2061 to discuss, if fax is requested. Records that are held for pick-up may be obtained between 8:00 a.m. and 5:00 p.m., (4:30 p.m. for Harbor-UCLA), Monday through Friday and County ID badge must be provided.

Children's Hospital Los Angeles
Release of Information Section
4650 Sunset Blvd.
Los Angeles, CA 90027

Olive View-UCLA Medical Center
Release of Information Office
14445 Olive View Drive, Rm. 1B114 (First Floor)
Sylmar, CA 91342

LAC+USC Medical Center
Release of Information Office
Clinical Tower
1100 N. State St., Ste: A2D
Los Angeles, CA 90033

Harbor-UCLA Medical Center
Release of Information Office
1000 W. Carson St., PCDC, Rm. 101
Torrance, CA 90509

If you have any questions regarding this release please e-mail your question to:

Policy@dcfs.lacounty.gov

For status Inquiries regarding a submitted record request contact the Release of Information Office:

- CHLA (323) 361-6055
- Harbor-UCLA Medical Center (310) 222-2061
- Olive View-UCLA Medical Center: (818) 364-4124
- LAC+USC Medical Center: (323) 409-6850

Immediate information on a child currently hospitalized may be obtained in person by going to the hospital unit, contacting the Nursing Manager and requesting to review the patient's chart. In person requests must be accompanied by the completed appropriate Medical Records Request form and your County ID badge.

FOR CHLA ONLY

Please note that records received on HIV may only be further disseminated to persons who are legally permitted to have that information. Please also note that records received on STI results may only be disseminated when a signed authorization from the parent, the consenting minor age 12 or older is received, or the sharing is otherwise legally permissible.

FOR KAISER PERMANENTE ONLY

When completing the Kaiser FAX form the following information is of particular importance and must be included to ensure your request is not delayed:

a) The name and phone number of the child/youth's Kaiser doctor.
b) The date and time records are needed by.
c) Legal authorization for Kaiser to release information to DCFS (use the check boxes above Section I).
d) Either the DCFS CPH Referral Number (19 digits) or Case Number (7 digits) and the Kaiser Permanente Medical Record Number (if available).
e) Completion of Section II: Information Requested.
f) Specific dates of treatment or range; specific records requested; facility/facilities where treatment took place and; a clear statement of what information is being requested.

The KMRC will make every effort to obtain the requested records by the date the CSW needs them and either:

- FAX them to the CSW (using the two-way feature of the Kaiser FAX form);
- Have the records ready for the CSW to pick up in person by the date requested. To arrange an "in person" pick up, contact the KMRC after the Kaiser FAX has been sent. In person requests must be accompanied by the completed appropriate Medical Records Request form and your County ID badge or;
- Through a secured email link sent to the CSW by Kaiser. The email link will prompt the CSW to complete a onetime registration for a login and password. Once the registration is completed, the CSW is able to obtain the requested client records through Kaiser's secured web-based system. The emailed link and the records are time sensitive.

The KMRC will communicate with the CSW regarding any additional information Kaiser needs in order to comply with the request. In addition, KMRC will notify the CSW if there will be delays in completing the request.

In the event, that Kaiser shares more information than requested through submission of the medical records, it is the responsibility of the CSW to review the records and address new concerns. The CSW should be mindful of any additional confidentiality concerns related to those documents (e.g., HIV/AIDS diagnosis or treatment information) and follow existing procedures to maintain confidentiality of HIV/AIDS and other protected health information.

For questions about the use of any of the Medical Records Request forms, please contact the DCFS Child Welfare Health Services Section at (213) 351-5714.