STATEMENT REGARDING
DISCLOSURE OF INFORMATION
Ohio Department of Mental Health

HIPAA policies, Section 5122.31 of the Ohio Revised Code, and applicable hospital directives at each facility, require the records of all present and former patients of the Ohio Department of Mental Health be kept confidential. (The law also provides for the proper disclosure of information in the few instances where it is required.)

It is important that users of the Electronic Medical Record understand that the law applies to the information stored electronically as well as in the traditional written records.

In order to help maintain confidentiality within the system, access to the various sections of the Electronic Medical Record is restricted, depending on who the users are. For instance, staff from certain areas may be able to update part of a patient's record while others may only be allowed to review it, or staff from certain areas may be able to view statistical reports but not have access to patient/client names or specific patient/client information.

I have read the above and agree to abide by state, Department of Mental Health, and RPH confidentiality requirements as a condition of accepting access to the Department of Mental Health Electronic Medical Record/Intranet/Internet.

This form must be returned to the Ohio Department of Mental Health, c/o Help Desk, 30 E. Broad Street, Room 3304, Columbus, OH 43215-3430. You may submit via fax to (614) 752-6474.

Signature	Date
First Name Middle Initial Last Name (please print)	Title
ODMH/Board Email Address:	

For PCS:

Area Sign On needed for: _____
RPH Campus/Board/Cardinal (please print)

- ☐ Admissions
- ☐ Forensic
- ☐ Unusual Incidents
- ☐ Medical Records
- ☐ Cardinal
- ☐ Transcription
- ☐ Social Worker Flow
- ☐ Pharmacy
- ☐ Med Errors
- ☐ Social Worker Maint (Add, Update, Review Social Worker)
- ☐ Case Manager
- ☐ Central Office/Director Flow
- ☐ History Patient
- ☐ Avatar
- ☐ Asset (OSS, BHO, MHCO, OR SUPV) circle one
- ☐ Nursing/ENA
- ☐ Crystal Reports
- ☐ Board Reports
- ☐ CPOE License Number: _____ DEA: _____

Patient Billing Flows

- ☐ Hosp clinician MED-B (Phys) billing
- ☐ Hosp MED-A (non-clin.) billing
- ☐ C. Office Part-A billing
- ☐ C. Office Pat. Liab. billing
- ☐ PRS Flow
- ☐ PRS Audit-Administar

Level of Security (please check one)

- ☐ Review Only
- ☐ Update
- ☐ Password Reset Authority (MIS/Nurse Supv)
- ☐ Top Security/Delete

Approved:

Signature of EMR Coordinator or Management Designee	Date
RPH (or non-ODMH agency name)	