



North Carolina Department of Health and Human Services
Division of Public Health • Local Technical Assistance and Training Branch
1916 Mail Service Center • Raleigh, North Carolina 27699-1916
Tel 919-707-5130 • Fax 919-870-4833

Michael F. Easley, Governor
Dempsey Benton, Secretary

Leah Devlin, DDS, MPH
State Health Director

TO: Local Health Directors
Local Public Health Nursing Directors and Supervisors
Local CSC Leads
Local WIC Directors

FROM: Joy F. Reed, Head
Local Technical Assistance & Training Branch

DATE: November 1, 2007

SUBJECT: Release of records containing information on family members other than the client

Several public health programs require that staff include information in the clinical/program record for one client (e.g., a child) about other family members (e.g., one or both parents.) Often that information is “sensitive” but must be documented to be in compliance with program requirements (e.g., documenting that the child is eligible for CSC due to substance abuse by a parent.) This type of information may also be important for developing an appropriate care plan.

There is a problem, however, when the agency needs to release the record. In a 2004 memo from Jill Moore with the School of Government, she indicated that “when information about multiple individuals is maintained in a single record, multiple individuals may have a right of access to some, but not all, of the information in that record. The CSC program’s policies and procedures must ensure that individuals are able to access information about themselves, but unable to access information about others (unless they are the client’s personal representative.)”

That memo makes a further distinction between information about family members that is a part of a family history and information on records for Programs such as CSC and WIC where the “family” may be the focus of services provided. In the case of the health history, the individual *may* authorize release of their entire record containing health history information about other family members. Please note when doing so that HIPAA is not entirely clear on the issue of whether an individual can authorize the release of health history information that refers to other family members. However, our attorneys believe it is a reasonable position to take .

In the instance, such as CSC or WIC, where the family is the focus of services, the memo provides two options:

- 1) every family member whose information will be disclosed should authorize its release; or
- 2) the information pertaining specifically to other family members should be redacted from the record.



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Each agency should have in place policies and procedures for such release that assure that individuals have access to their own information but are not able to inappropriately* obtain protected health information on others without their consent, and which detail the process by which this occurs. Procedures should specifically address who will determine what information can be released and what information must be redacted without another individual's consent for its release.

In most cases it may be appropriate for an administrative or records management staff member to receive a request for a copy of a clinical record, make that copy and mail it out. In programs where the focus of services is the family, we recommend that a clinical or program person determine which part of the record should be released. First, that person will be familiar with the format of the records for their Program and where information on other family members is most likely to be recorded. Second, they will be more likely to have an understanding of what information can be released and what information must be redacted without another individual's consent for its release..

In programs where family information is documented, such as the CSC Program, it is recommended that the program documentation be included in one clinical record and not separately maintained. However, it could be helpful for the program documentation to be compiled within one section in that clinical record. Doing so would facilitate redaction.

* In cases where one individual is the "personal representative" of another, the personal representative may access information about both him/herself and the person for whom he or she is the personal representative. For example, suppose a record contains information about a 6-month-old child, the child's mother, and the child's father. The father and mother are both personal representatives of the child, but they are not personal representatives of each other. Therefore, the mother may access information about the child and herself, but may not access information about the father. Likewise, the father may access information about the child and himself, but not information about the mother.