

## **IC 16-39-4**

### **Chapter 4. Provision of Mental Health Information**

#### **IC 16-39-4-1**

##### **Application of chapter**

Sec. 1. This chapter applies only to patients receiving mental health services.

*As added by P.L.2-1993, SEC.22.*

#### **IC 16-39-4-2**

##### **"Primary caregiver" defined; written request from relative or guardian for information**

Sec. 2. (a) As used in this section, "primary caregiver" means an individual who provides for the physical, emotional, and social needs of another individual who cannot provide for the other individual's own needs.

(b) Upon the written request of a patient's:

- (1) spouse;
- (2) parent if:
  - (A) the patient does not have a spouse; or
  - (B) the parent is the primary caregiver to the patient;
- (3) adult child if the patient has neither a spouse nor a parent;
- (4) sibling if the patient has neither a spouse, a parent, nor an adult child; or
- (5) guardian, guardian ad litem, or court appointed special guardian;

who is involved in the planning, provision, and monitoring of mental health services delivered to the patient and the written consent of the treating physician for the patient, the provider shall provide the individual described in subdivision (1), (2), (3), (4), or (5) with the information described in section 3 of this chapter.

*As added by P.L.2-1993, SEC.22. Amended by P.L.189-1995, SEC.2.*

#### **IC 16-39-4-3**

##### **Summary response from provider**

Sec. 3. If a provider has received a written request under section 2 of this chapter, the provider shall provide the individual who made the request with the following information:

- (1) A summary of the patient's diagnosis.
- (2) A summary of the information required to be given to the patient under IC 12-27-6-2 and IC 12-27-6-3.
- (3) The types of medication that have been prescribed for the patient.
- (4) A summary of the patient's prognosis.

*As added by P.L.2-1993, SEC.22.*

#### **IC 16-39-4-4**

##### **Copying fees**

Sec. 4. IC 16-39-9 governs the fees that may be charged for making and providing copies of records under this chapter.

*As added by P.L.2-1993, SEC.22. Amended by P.L.102-1994, SEC.5.*

**IC 16-39-4-5**

**Information subject to disclosure; exempt institutions; failure of patient to authorize release of information**

Sec. 5. (a) This section does not apply to the following:

- (1) An institution licensed under IC 12-25.
- (2) A hospital licensed under IC 16-21.
- (3) A treatment facility certified under IC 12-23-1-6.
- (4) A state institution listed under IC 12-24-1.

(b) This section applies only to a patient's mental health records.

(c) A patient, or the patient's legal representative if the patient is incompetent, who consents in writing to the release of information to an insurer that has issued a policy of accident and sickness insurance (as defined in IC 27-8-5-1) covering the patient, authorizes the provider to disclose the following information to the insurer:

- (1) The patient's name and the policy or contract number.
- (2) The date the patient was admitted to a treatment facility or the date the patient began receiving mental health, mental retardation, or substance abuse (as defined in IC 27-8-5-15.5) services.
- (3) The date of the beginning of the patient's illness.
- (4) The date the patient was discharged from the treatment facility or the date the services were terminated, if known.
- (5) The diagnosis for the patient with concise information substantiating the diagnosis.
- (6) A brief description of the services provided to the patient, including the type of therapy used, medications ordered and administered, the total number of hours spent in individual, group, or family treatment, recreational therapy, or rehabilitation activities.
- (7) The patient's status as either an inpatient or outpatient.
- (8) The patient's relationship to the policyholder or contract subscriber.
- (9) The patient's prognosis and plan of treatment.

An insurer's request for the release of additional mental health information relating to subdivisions (1) through (9) does not require a further release in order for the provider to submit the additional information to the insurer. The provider may release to the insurer mental health information in addition to that reasonably related to subdivisions (1) through (9) if an additional written consent is obtained from the patient or the patient's representative authorizing the release of all information necessary for the insurer to adjudicate a claim made by the patient or the patient's representative. If such a release is obtained, no further releases are required in order for the provider to submit additional information in response to subsequent requests for information by the insurer to complete its review of the claim.

(d) Nothing in this section removes the obligation of a patient to pay for services if the patient's failure to authorize the release of

information under this section results in the limitation or denial of insurance benefits.

*As added by P.L.102-1994, SEC.6.*

**IC 16-39-4-6**

**Application to other mental health records laws**

Sec. 6. This chapter does not prohibit the application to mental health records of any law concerning health records that is not addressed by this chapter.

*As added by P.L.4-1997, SEC.11.*