

## **GUIDELINE FOR RECORDS MANAGEMENT PROCESSES FOR ADOPTIONS**

Approved by the Provincial Health Information Management Leadership Committee

Initially approved March 21, 2012

Revised June 12, 2014, March 12, 2015

The Department of Child, Youth and Family Services (CYFS) manages adoption services on behalf of the Government of Newfoundland and Labrador. CYFS provides redacted immunization records and summaries of relevant medical reports to adoptive parents. The community health nurse completes a health summary for the adoptive parents. To facilitate continuity of medical insurance coverage post-adoption, upon placement adoptive parents are instructed to seek a new MCP card for the child/youth.

Through a separate process, staff of CYFS will initiate a notification process to the health system which will trigger actions on the part of the Newfoundland and Labrador Centre for Health Information (NLCHI), the Regional Health Authorities (RHAs) and pharmacies connected to the Pharmacy Network (PN) regarding appropriate records management related to the adoption. To support future health care, the health records of the child/youth must be managed in a timely and specific manner to ensure historic records are vetted appropriately, yet associated with the new identity of the child/youth in a privacy sensitive manner.

The following process should be strictly followed by staff within the RHAs and the Registry Integrity Unit (RIU) of NLCHI in response to notification from CYFS of adoptions and adoption disruptions. Where appropriate, the RIU will also work with Pharmacy Network Program staff to support this process. By implementing these processes, the pre-adoptive and post-adoptive identities of the child/youth are kept separate but relevant historic health information is available to support care to the individual.

This process does NOT apply to adoptions by step-parents, relatives, people with permanent custody and adoptions external to CYFS. These adoptions are treated as an official name change and demographic information is not severed between the pre-adoption and post-adoption record.

Regardless of whether the adoption was managed through CYFS or not, in the case of adoptions in which the surname of the adoptee does not change, MCP does NOT issue a new MCP# for the child. When the adoptee's MCP# does not change, there are limitations on the ability of the RHAs to separate the pre and post adoptive records to protect the identity of the child and natural parents within the health record. In such cases, redaction of the pre-adoptive record is not required but the mother's name within the registration system should be updated to that of the adoptive mother along with the appropriate demographic, next of kin and contact information. In such cases, the RHAs should implement workflow processes to reduce the risk of inappropriate disclosure of personal and personal health information of the birth parents such as checking chart notes for any reference to the birth parent/s prior to release of information. Questions that arise regarding specific cases should be directed to CYFS for guidance.

### **ADOPTION NOTIFICATION**

1. Child Youth & Family Services will send notification of EACH adoption managed through CYFS to the Registry Integrity Unit using the NLCHI Managed File Transfer (MFT) process.

2. Registry Integrity Unit staff will review the Client Registry of the Provincial Electronic Health Record (EHR) to identify all source systems having a record for the adopted person. Source systems include any organization's information system that shares data with the Client Registry and has a local source record for the adopted person. This includes, but is not limited to, the information systems of the four regional health authorities, the Department of Health and Community Services-MCP and community pharmacies connected to the Pharmacy Network.

#### REGIONAL HEALTH AUTHORITY PROCESS

3. Registry Integrity Unit staff will contact each RHA source and provide relevant demographic details regarding pre-adoptive and post-adoptive status enabling the organization to action local records appropriately (as described in step 4 below). Information to validate the adoption will be sent via the MFT process and phone calls will be utilized to follow up and ensure proper management of the records is completed. RIU Notifications of Adoption include the child/youth's:

Name before adoption	Parents name before adoption
Name after adoption	Parents name after adoption
MCP number before adoption	Date of Birth
MCP after adoption (if available)	Gender
Address before adoption	Place of Birth
Address after adoption	Date of placement
Phone number before adoption	Unit number
Phone number after adoption	

4. Upon receipt of notification of an adoption:  
The **RHA** will take the following steps to ensure both paper and electronic records are managed appropriately and no link can be made between the pre-adoptive and the post-adoptive identities:

##### Secure the existing record under the pre-adoptive name

The original record (paper or electronic) should remain intact in case the child/youth requests access at 19 years of age. The custodian should:

- Review and adjust electronic and manual wait lists as appropriate.
- Review and notify applicable departments with stand alone systems that do not interface with Meditech to exchange demographic information (e.g., PICIS OR Manager).
- Cancel appointments under the pre-adoptive name.
- Notify the Picture Archiving and Communications System (PACS) Administrator if relevant information is contained within the existing record.
- Electronically 'lock' the record in the Meditech Patient Care Inquiry (PCI) module.
- Segregate the original paper record from other paper records in a secure manner.

The record will remain in the Master Patient Index under the pre-adoptive name and can still be searched; for this reason, 'digging' for additional identifying information during registration should be discouraged.

The original record can be unlocked if the child/youth decides at 19 years of age to request access to his/her information, or if the adoption is disrupted.

#### Start a new record under the post-adoptive name

- Create a new record with a new chart number under the post-adoptive name; if the new MCP number is not yet issued, the new record should still be created.
- Rebook appointments originally booked under the pre-adoptive name in the post-adoptive name.

#### Notify the PACS Administrator

The PACS Administrator is responsible for managing the pre-adoptive identity associated with the PACS exams completed by his/her associated RHA that reside under the pre-adoptive name. The PACS Administrator will:

- Create a copy of the PACS exams completed by that RHA in Radworks (or similar software application).
- Edit patient demographic information to remove all pre-adoptive identifiers and replace them with post-adoptive identifiers. Facility and RHA identifiers will also be removed from the image header to the extent possible. See Appendix A for a listing of identifiers to be vetted from the health record. Radworks will return exams as 'Unspecified'.
  - Exams that contain 'burnt in' pre-adoptive identifiers (e.g., nuclear medicine, fluoroscopy) and scanned referrals and requisitions (e.g., digitized paper copy) embedded into the image cannot be changed and therefore may contain pre-adoptive identifiers. These exams cannot currently be copied to the post-adoptive name however; the exam reports and requisitions can be redacted as part of the Health Records process. New software applications under consideration may enable "burnt in" pre-adoptive identifiers to be replaced by the post-adoptive identifiers in the future.
- Utilize Exam Manager to revise 'Unspecified' returned exams with a descriptor that includes the procedure description and date of the event. The exam status will be marked 'Referenced'.
- Mark the pre-adoptive report 'Confidential' in the PACS system to further limit future access to the pre-adoptive record.

New imaging completed on a go forward basis will be available under the post-adoptive name field.

#### Create a copy of the original record from each applicable facility/program

- Create a paper copy; print off all reports that are in an electronic form.
- Vet the record of site and personal identifiers, redact, scan and index this copy of the original record under the post-adoptive name. See Appendix A for a listing of the information to be redacted in the record.  
*Note:* Visit history is not carried forward.
- In the case of in or out-of-province adoptions, a complete copy of this vetted record (including requisitions and PACS reports) will be retained within the Health Records department until a request to transfer the health record to another facility is received.

Notify the Registry Integrity Unit when the above process is complete:

- Registry Integrity Unit staff will work with RHA staff to ensure there is no linkage of records within the Client Registry.

*Note:* CYFS continues to develop policies in this area which may necessitate future updates to this guideline.

## COMMUNITY PHARMACY (PHARMACY NETWORK) PROCESS

5. The RIU will notify Pharmacy Network Program staff who will in turn contact each community pharmacy connected to the Pharmacy Network at which the adoptee had filled prescriptions to action local records appropriately. Communication will take place through phone calls and the secure MFT process.

In most situations, Pharmacy Network Program staff will:

- Advise the pharmacy that due to an adoption it should inactivate the patient profile in the pharmacy's information system and insert a local note indicating "Inactivated upon request of NLCHI. Do not use this file as it may result in a patient confidentiality breach".
- Provide direction that a new patient profile should be created ONLY if the patient presents to the pharmacy.
- Advise pharmacies to contact Pharmacy Network Program staff if they suspect an adoption has been re-identified or if they have any concerns regarding the adoptions record management process.
- Include education and training related to adoptions record management in PN deployment and pharmacy follow up visits to ensure pharmacy staff are aware of the rationale and procedure.

There may be situations (e.g., active refills on prescriptions) where Pharmacy Network Program staff will work with pharmacy staff on a case by case basis.

6. Upon notification, pharmacies are expected to:

- Inactivate the patient profile in the pharmacy's information system and insert a local note indicating "Inactivated upon request of NLCHI. Do not use this file as it may result in a patient confidentiality breach".

OR

Place a note on the patient profile (if there are prescription refills) cautioning pharmacy staff that utilizing this record may contribute to a confidentiality breach.

- Create a new patient profile ONLY if the patient presents to the pharmacy.
- Contact Pharmacy Network Program staff if they suspect an adoption has been re-identified or if they have any concerns regarding the adoptions record management process.

## DEPARTMENT OF CHILD, YOUTH AND FAMILY SERVICES PROCESS

7. Upon placement of a child/youth with the post adoptive family, CYFS will

- Redact demographic information on belongings for children moving to an adoption placement at their discretion.
- Advise adoptive parents to apply for a new MCP card immediately upon placement of their child/youth.

## ADOPTION DISRUPTION NOTIFICATION

1. Child Youth & Family Services will send notification of EACH adoption disruption managed through CYFS to the Registry Integrity Unit using the NLCHI Managed File Transfer (MFT) process.
2. Registry Integrity Unit staff will review the Client Registry of the Provincial Electronic Health Record to identify all source systems having a record for the adopted person.

## REGIONAL HEALTH AUTHORITY PROCESS

3. Registry Integrity Unit staff will contact each RHA source and provide relevant demographic details regarding the adoption disruption enabling the organization to action local records appropriately. Information to validate the adoption disruption will be sent via the MFT process and phone calls will be utilized to follow up and ensure proper management of the records is completed. RIU Notification of Adoption Disruption include the child/youth's:

Name before adoption	Parents name after adoption
Name after adoption	Date of Birth
MCP number before adoption	Place of Birth
MCP after adoption (if available)	Gender
Address before adoption	Unit number
Address after adoption	Date of disruption (Direction regarding the effective date of the disruption and when the reversal of the data should be implemented)
Phone number before adoption	
Phone number after adoption	
Parents name before adoption	

4. Upon receipt of notification of an adoption disruption, the RHA will take all steps necessary to reverse the actions taken previously to return the records to their original state.
5. Notify the Picture Archiving and Communications System (PACS) Administrator if relevant information is contained within the existing record so steps can be taken to reverse previous actions. The PACS Administrator will merge the current and previous records to create a new record under the pre-adoptive name; this will contain all images and reports that existed under the pre-adoptive name and those that were completed in the post-adoptive name prior to disruption of the adoption.
6. RHA staff will ensure any new information recorded on the client's post-adoptive health record is vetted and added to the pre-adoptive record for completeness of the record.
7. Organizations must notify the Registry Integrity Unit when all record correction relative to each adoption disruption is completed.
8. Registry Integrity Unit staff will then work with RHA staff to ensure there is no linkage of records within the Client Registry.

## COMMUNITY PHARMACY (PHARMACY NETWORK) PROCESS

9. In the event of an adoption disruption, the RIU will notify Pharmacy Network Program staff who will in turn contact each applicable pharmacy to reverse the previous action. Pharmacy Network Program staff will provide relevant demographic details regarding the adoption disruption enabling the organization to action local records appropriately. Information to validate the adoption disruption will be sent via the MFT process and phone calls will be utilized to follow up and ensure proper management of the records is completed.

### **Questions regarding this recommendation can be directed to:**

Director Data Quality and Standards  
Newfoundland and Labrador Centre for Health Information  
Telephone: 752-6003

Master Index Reference Number 2012-01  
Issued 2012-04-13 Revised 2014-06-12, 2015-03-12

## APPENDIX A

### REDACT PROCESS

When vetting the pre-adoptive health record of personal and potential identifiers, the following information should be redacted from all components of the client's health record for optimal consistency and privacy. This information must be redacted regardless of where this information is found in the **printed** record.

- Client Name
- Client Address
- Client MCP number/HCN #
- Facility Name, address, logo, ID number, disclaimer details and other information which can identify the facility at which the person received care
- Meditech location/nursing unit references (e.g. ICU, 5NA)
- Meditech Unit number
- Chart number (which equates to the Unit number for Meditech records)
- Meditech Account number
- Report numbers on Meditech Departmental module reports
- CRMS ID number
- CRMS File number
- Radiology Exam number on radiology reports
- PACS prefix
- Next of Kin/Person to Notify
- Birth Parents-Mother's Name (this may be on chart as well as in registration system as an identifier)
- Birth Parents-Father's Name
- Names of babysitters, grandparents and other family references
- Birth Parents Address
- Home Telephone Number
- Other Telephone Number
- Maiden/Other Name
- Other Insurance Number (Alternate HCN)
- Other Insurance Description (Alternate HCN description)
- Foster Parent Name(s)
- Foster Parent Address
- Foster Parent Home Telephone Number
- Foster Parent Other Telephone Number

Date of Birth, Attending Physician and Other Service Providers should NOT be redacted.