

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
CENTER FOR SLEEP RELATED DISORDERS  
ORGANIZATION AND MAINTENANCE OF PATIENT CHARTS HIPPA**

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**Effective Date: June, 2010**

**Policy No: 7.022**

**Cross Referenced:**

**Origin: Center for Sleep Disorders**

**Reviewed Date: 04/12**

**Authority: Cardio/Pulmonary Manager**

**Revised Date:**

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**PURPOSE:** A consistent procedure for obtaining authorized consent for the release of patient information assures that all federal, state and regulatory agency requirements are met.

**POLICY:** The center staff will obtain appropriate written consent from patients for authorization to release patient information for any purpose. The center will follow all regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**PROCEDURE:**

**See Hospital HIPAA policies contained in Appendix**