

(2) WHEN A DISCLOSURE IS MADE UNDER THIS SUBSECTION, DOCUMENTATION OF THE DISCLOSURE SHALL BE INSERTED IN THE MEDICAL RECORD OF THE RECIPIENT.

(H) (1) A HEALTH CARE PROVIDER SHALL DISCLOSE A MEDICAL RECORD WITHOUT THE AUTHORIZATION OF A PERSON IN INTEREST:

(I) TO THE MEDICAL OR MENTAL HEALTH DIRECTOR OF A JUVENILE OR ADULT DETENTION OR CORRECTIONAL FACILITY OR TO ANOTHER INPATIENT PROVIDER OF MENTAL HEALTH SERVICES, ~~WHEN IN CONNECTION WITH THE TRANSFER OF A RECIPIENT IS TRANSFERRED FROM AN INPATIENT PROVIDER, IF:~~

1. THE HEALTH CARE PROVIDER WITH THE RECORDS HAS DETERMINED THAT DISCLOSURE IS NECESSARY FOR THE CONTINUING PROVISION OF MENTAL HEALTH SERVICES; AND

2. THE RECIPIENT IS TRANSFERRED:

A. AS AN INVOLUNTARY COMMITMENT OR BY COURT ORDER TO THE PROVIDER;

B. UNDER STATE LAW TO A JUVENILE OR ADULT DETENTION OR CORRECTIONAL FACILITY; OR

C. TO A PROVIDER THAT IS REQUIRED BY LAW OR REGULATION TO ADMIT THE RECIPIENT;

(II) TO THE STATE DESIGNATED PROTECTION AND ADVOCACY SYSTEM FOR MENTALLY ILL INDIVIDUALS UNDER THE FEDERAL PROTECTION AND ADVOCACY FOR MENTALLY ILL INDIVIDUALS ACT OF 1986, AS AMENDED, IF:

1. THE STATE DESIGNATED PROTECTION AND ADVOCACY SYSTEM HAS RECEIVED A COMPLAINT REGARDING THE RECIPIENT ~~OR AND~~ OR THE DIRECTOR OF THE SYSTEM HAS CERTIFIED IN WRITING TO THE CHIEF ADMINISTRATIVE OFFICER OF THE HEALTH CARE PROVIDER THAT THERE IS PROBABLE CAUSE TO BELIEVE THAT THE RECIPIENT HAS BEEN SUBJECT TO ABUSE OR NEGLECT;

2. THE RECIPIENT BY REASON OF MENTAL OR PHYSICAL CONDITION IS UNABLE TO AUTHORIZE DISCLOSURE; AND

3. A. THE RECIPIENT DOES NOT HAVE A LEGAL GUARDIAN OR OTHER LEGAL REPRESENTATIVE WHO HAS THE AUTHORITY TO CONSENT TO THE RELEASE OF HEALTH CARE INFORMATION; OR

B. THE LEGAL GUARDIAN OF THE RECIPIENT IS A REPRESENTATIVE OF A STATE AGENCY;

(III) TO ANOTHER HEALTH CARE PROVIDER OR LEGAL