

## Authorization for use or disclosure of Health Information

### Policy

Client authorization is required for most uses or disclosures of protected health information that are not specifically for treatment, payment and health care operations. For example, a client authorization is required for:

- Use or disclosure requested by the client.
- Marketing of services by a covered entity.
- Disclosures to an employer for employment determinations.
- Use by anyone other than the originator of psychotherapy notes.
- Research purposes not related to treatment.

### Procedure

An authorization must be written in plain language and contain the following elements:

- A meaningful description of the health information to be used and disclosed.
- A description of each purpose of the requested use or disclosure.
- The name or specific identification of the person(s) or class of persons authorized to make the requested use or disclosure.
- The name or specific identification of the person(s) or class of persons to whom the use or disclosure may be made.
- An expiration date or event.
- A statement of the individual's right to revoke the authorization in writing.
- A description of how the individual may revoke the authorization.
- A statement acknowledging that the information may be subject to redisclosure and no longer protected by this rule.
- A statement of the entity's ability or inability to condition treatment, payment, enrollment, or eligibility for benefits on the individual's signing the authorization. A statement regarding remuneration, either direct or indirect, if the entity is to receive such remuneration for a use or disclosure for marketing purposes.
- Signature of the individual and date.
- If the authorization is signed by a personal representative, a description of the representative's authority to act for this individual.

### Duties Regarding the Authorization:

- Health Care Provider (HCP) must provide the individual with a signed copy of the authorization.
- HCP must document and maintain individual authorizations for a period of at least 6 years, or in accordance with State law, whichever is longer.

## HIPAA notice p.2

-HCP's use or disclosure of health information must be consistent with the individuals' authorization.

An authorization is not valid if any of the following occur:

- The expiration date or event has passed.
- The authorization has not been filled out completely.
- The authorization contains material information that the entity knows to be false.
- The authorization is known by the covered entity to have been revoked.
- The authorization lacks one or more of the required elements previously described or the authorization is a prohibited type. For example, the authorization is invalid if it improperly conditions treatment, payment, enrollment, or eligibility for benefits on the individual's signing the authorization, or is a prohibited compound authorization (see section immediately below).

An authorization for the use or disclosure of protected health information may not be combined with any other documents to create a combined authorization except in the following circumstances:

- An authorization for the use and disclosure of protected health information created for research may be combined with any other type of written permission for the same research study.
- An authorization for the use or disclosure of psychotherapy notes may only be combined with another authorization for use or disclosure of psychotherapy notes.
- A non-psychotherapy note authorization may be combined with another non-psychotherapy note authorization, except when a covered entity has conditioned the provision of treatment, payment, enrollment in the plan, or eligibility for benefits on obtaining any of the authorizations.

HCP may (but is not required to) use or disclose protected health information without patient authorization in a number of circumstances. These permitted uses and disclosures include:

- HCP's own treatment, payment or health care operations.
- To another covered entity for treatment, payment, or health care operations.
- To another covered entity for the purpose of health care fraud and abuse detection or compliance, if each entity has had a relationship with the individual whose protected health information is disclosed.
- To another covered entity that participates in the same health care arrangement for the purpose of any health care operations activities of the organized health care arrangement.

### HIPAA notice p.3

HIPAA may release certain directory information such as name, location in the facility, and general condition. (Clergy may receive religious information.) However, the client must be given the opportunity to object and these objections must be honored.

- To family members or close personal friends if the information is directly relevant to the person's involvement in the individual's care or payment of health care costs. However, different standards for disclosure apply based upon if the client is present during the disclosure.
- Disaster relief purposes.
- To certain public health authorities for public health purposes.
- To a government authority if the covered entity reasonably believes the client is a victim of abuse, neglect or domestic violence, or as otherwise required or permitted by law.
- In response to a court order.
- To law enforcement personnel for suspect, witness and victims of crimes identification and location purposes.
- To coroners and medical examiners to identify the decedent or determine the cause of death or to funeral directors to carry out their duties.
- To appropriate individuals or organizations to comply with laws relating to Worker's Compensation or similar programs.