

Subject: HIPAA Privacy Policies & Procedures

Policy #: ??-?

Title: Authorization for Release of Protected Health Information For Other Than Treatment, Payment & Healthcare operation

Page 1 of 3

Effective Date of This Revision: April 27, 2007

Contact:	HIPAA Chief Privacy Officer	Responsible Department:
	"Insert Addressee Here"	
	"Insert Street Address Here"	
	"Insert Phone Number Here"	

Applies to:	<input type="checkbox"/> Officers	<input type="checkbox"/> Staff/ Faculty	<input type="checkbox"/> Student clinicians	<input type="checkbox"/> Volunteers
	<input type="checkbox"/> Other agents	<input type="checkbox"/> Visitors	<input type="checkbox"/> Contractors	

I PURPOSE

Provide guidance to ORGANIZATION regarding the release of protected health information (PHI) to third parties for other than treatment payment and healthcare operations.

II POLICY

ORGANIZATION or members of ORGANIZATION's workforce shall not release PHI to third parties for purposes of treatment, payment and healthcare operations or as otherwise allowed by law without the specific authorization of the patient, plan member or authorized personal representative.

In addition, ORGANIZATION or members of ORGANIZATION's workforce shall not release PHI specifically protected by Oregon law or other federal law for any purpose without the specific authorization of the patient, plan member or authorized personal representative. This includes HIV/AIDS, genetic, mental health, chemical dependency/alcohol abuse and certain information about minors (includes sexually transmitted diseases, birth control, and mental health) over the age of 14.

Any authorization for release of information needs to specifically identify what is to be released in as great a detail as possible. Also, all authorization forms must be time limited (e.g., the authorization is valid until X date) or event driven (e.g., the authorization is valid until X occurs).

III PROCEDURE

ORGANIZATION has adopted specific authorization forms for use when releasing PHI to a third party or release of a third party to ORGANIZATION. The form includes check boxes to specifically authorize release of specially protected PHI.

1. Authorization for Release to Third Party:

Subject: HIPAA Privacy Policies & Procedures

Policy #: ??-?

Title: Authorization for Release of Protected Health Information For Other Than Treatment, Payment & Healthcare operation

Page 2 of 3

If ORGANIZATION receives a request from a third party for release of PHI for other than treatment, payment, healthcare operations or as otherwise authorized by law the request will be routed to _____ (specify position or department). The _____ will review the request and determine if a specific authorization is needed.

1. The _____ (specify position or department) will review the request and determine if specific authorization is required.
2. If specific authorization is required, the _____ (specify position or department) will contact the patient, plan member or authorized representative in a written letter explaining the nature of the request for release and send the appropriate authorization form with the letter.
3. The letter will state that if authorization is granted by an authorized personal representative, the returned authorization form needs to be accompanied by appropriate documentation validating the personal representative has the authority to represent the patient or the member.
4. If authorization is granted, the _____ (specify position or department) will notify the third party requesting the information that authorization has been granted and will include requested information with the letter.
5. If the patient, plan member or authorized personal representative denies release, the _____ (specify position or department) will notify the third party requesting the information that authorization has been denied by the patient, plan member or authorized personal representative. Notification will be in writing.
6. All letters and signed acknowledgement forms shall become part of the patient or plan member's permanent record.

B. ORGANIZATION Request for Third Party Release of Information:

1. If ORGANIZATION requires access to third party PHI for purposes other than treatment, payment, healthcare operations, as allowed by law or for specifically protected PHI under Oregon and federal law, the workforce member will first document the need and purpose for release.
2. The appropriate authorization form will be mailed to the third party specifying in as much detail as possible the PHI requested accompanied by a letter specifying the reason for the release of PHI.
3. The ORGANIZATION authorized workforce member will follow up by phone with the third party if no response has been received within two weeks from the date of the request. The phone call will be documented and become a part of the patient or plan member's permanent record.
4. If the authorization is granted and the PHI forwarded to ORGANIZATION, the released PHI shall only be used for the purposes documented. The authorization form received from the third party shall become part of the patient or plan member's permanent record.
5. If the authorization is denied, the request will be forwarded to _____ (specify position or department) for review and to make a determination if ORGANIZATION intends to contact the specific patient or plan member to directly request authorization.
6. If it is determined the PHI requested is critical, _____ (specify position or department) will contact the patient or plan member in writing detailing the information

Insert Your
Logo
Here

Insert Your Organization Name
Here

Subject: HIPAA Privacy Policies & Procedures

Policy #: ??-?

**Title: Authorization for Release of Protected Health Information For Other Than
Treatment, Payment & Healthcare operation**

Page 3 of 3

requested and the reason for the release of PHI. The letter will be accompanied with the appropriate authorization form.

7. If authorization is granted, _____ (specify position or department), the third party will be contacted in writing. The letter to the third party shall be accompanied by a copy of the completed authorization request.
8. If the authorization is denied, all documentation will become part of the patient or member's permanent record and ORGANIZATION will be required to take appropriate action depending on the situation. This could include doing nothing, proceeding with the activity the information is to be released for without the requested PHI or, if the purpose of release is directly related to legal action, pursue obtaining a subpoena demanding release of specified information.

Reviewed by: "Insert Text Here"
Approved by: "Insert Text Here"
Effective Date "Insert Date Here"
Supersedes Policy: "Insert Policy Number Here"

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