TITLE

Uses and Disclosures of Protected Health Information—Authorization Required

PURPOSE

In accordance with 45 CFR § 164.508, this procedure provides assistance and guidance to The University of Arizona (UA) Health Care Components (HCCs) regarding permissible uses and disclosures of Protected Health Information (PHI).

REVIEW/REVISIONS

- 06/2015
- 08/2015 (updated Authorization checklist)

REFERNCES AND RELATED FORMS

- Capitalized terms are defined in HIPAA Privacy Program Guidance (Definitions of Key Words) and 45 CFR Parts 160 and 164
- HIPAA Privacy Program Form B (HIPAA Authorization)

PROCEDURES

Consistent with UA Policies and Procedures regarding permissible uses and disclosure of PHI, HCCs use and disclose PHI as necessary for the purposes of treatment, payment and health care operations. HCCs disclose and request disclosure of PHI for other purposes pursuant to valid Authorizations that comply with standards established in 45 CFR § 164.508 and as otherwise permitted by the HIPAA Privacy Rule.

1. HCCs must implement written procedures and practices regarding Authorization(s) to release PHI. HCCs must take particular care to incorporate the following standards into their Authorization procedures:
    a. Uses/disclosures of PHI for psychotherapy notes, marketing or sale of PHI is generally permissible only when the HCC has received a valid Authorization for such use/disclosure (see 45 CFR § 164.508(a)(2),(3) and (4)).
    b. Individuals may revoke an Authorization to use/disclose PHI at any time. Revocations must be in writing. Revocations do not apply to the extent that the HCC has taken action in reliance on the Authorization.

c. HCCs that are Covered Entities must provide the individual with a copy of the signed Authorization.

d. Compound Authorizations are prohibited; however, an Authorization for the use/disclosure of PHI for a research study may be combined with any other type of written permission for the same or another research study, including:

i. Combining Authorization for use/disclosure with another Authorization for the same research study. ii. Combining Authorization for use/disclosure with Authorization for creation of a research database/repository.

iii. Combining Authorization for use/disclosure with consent to participate in research.

iv. Authorization must clearly differentiate between what is conditioned (main study) and what is not conditioned (sub-study).

v. Authorization must allow the individual/patient to "opt-in" to the substudy; may not be "opt-out."

2. Core Elements and Required Statements: In addition to complying with the general requirements set forth in 45 CFR § 164.508(b)(1), HIPAA Authorizations must contain the Core Elements (45 CFR § 164.508(c)(1)) and Required Statements (45 CFR § 164.508(c)(2)). Those Core Elements and Required Statements are on the following page.

#	Core Elements and Required Statements	✓
1	Authorization is written in plain language.	
2	Authorization identifies the name of the patient whose PHI is being disclosed.	
3	Authorization has a specific and meaningful description of the type of information to be used or disclosed.	
4	Authorization identifies the names or classes of persons or types of healthcare providers authorized to make a disclosure.	
5	Authorization identifies the names or classes of persons or types of healthcare providers authorized to whom the organization may make the disclosure.	
6	Authorization identifies the purpose of the disclosure.	
7	Authorization contains the signature of the patient or patient's authorized legal representative.	
8	If signed by an authorized legal representative, the authorization identifies the relationship of that person to the patient.	
9	Authorization includes the date on which the authorization is signed.	
10	Authorization identifies the time period for which the authorization is effective and expiration date or event.	
11	Authorization contains a statement informing the individual regarding the right to revoke the authorization in writing and a description how to do so.	
12	Authorization contains a statement informing the individual about the organization's ability or inability to condition treatment, payment, enrollment or eligibility for benefits.	
13	Authorization contains a statement informing the individual about the potential for information to be redisclosed and no longer protected by the federal privacy rule.	
14	Authorization contains a statement that if an organization is seeking the authorization, a copy must be provided to the individual signing the authorization.	
15	Authorization contains statement that the individual may inspect or copy the health information disclosed.	
16	Authorization includes a statement regarding assessment of reasonable fees for copy services.	

b. Required Statements

i. The individual's write to revoke the authorization at any time (such revocation MUST be in writing) and EITHER

1. The exceptions to the right to revoke AND a description of how to revoke the authorization OR
2. A reference to the Component's Notice of Privacy Practices (NOPP) (in the case of Components that are covered entities).

ii. The ability/inability to condition treatment, payment, enrollment or eligibility for benefits by stating EITHER

1. That the covered entity Component may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization OR
2. The consequences to the individual of a refusal to sign the authorization in those limited circumstances when the covered entity Component can condition treatment or eligibility for benefits. Those limited circumstances are listed in 45 CFR 164.508(b)(4) and include research. iii. The potential for information disclosed pursuant to the Authorization to be subject to redisclosure by the recipient.