

AUTHORIZATION OR CONSENT TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION PROCEDURE

1. Requests for uses and disclosures of PHI without written authorization that have not previously been reviewed under either the REQUESTS FOR, AND DISCLOSURES OF, PROTECTED HEALTH INFORMATION THAT ARE NOT ROUTINE AND RECURRING policy or the ROUTINE AND RECURRING REQUESTS FOR AND DISCLOSURES OF PROTECTED HEALTH INFORMATION policy, will be directed to the Privacy Official or Designee(s). The Privacy Official or Designee(s) will review such requests in accordance with applicable BHHF policies, and respond in writing with a determination as to whether the requested use or disclosure is permitted under BHHF policy, or federal and state law, or whether a written authorization from the patient is required. This determination will be kept in the patient's medical record and retained for at least six years or longer if required by state law or regulation. If the Privacy Official or Designee(s) determines that, an authorization is required prior to the requested use or disclosure, an authorization that complies with this policy must be obtained.
2. When a written authorization to use or disclose PHI is requested from a patient, or is presented by or on behalf of a patient, the practice manager, department manager, or director of medical records, for compliance with the BHHF policy regarding the content of authorization forms, will review the authorization document. See STANDARDS FOR FORM AND CONTENT OF AUTHORIZATION FORMS. This includes determining whether the correct form has been used and whether all required elements have been completed. In some instances, patients will present forms designed by other organizations. These forms are acceptable, as long as all of the required information is present. If there is any question as to the validity of an authorization form, the patient should be asked to use the BHHF authorization form instead.
3. If the authorization document does not comply, it is not valid and will be returned to the person from whom it was received, with a cover letter explaining the reason it was rejected, and inviting the patient to submit the authorization in the form approved by BHHF. A copy of the BHHF authorization form will be included with the letter. A copy of the returned form and the cover letter will be filed in the patient's chart and retained for at least six years or longer if required by state law or regulation.
4. If the authorization document does comply, the requested information will be released in accordance with the provisions of the authorization form, using BHHF's current policies regarding the copying and mailing of patient records. The original authorization form will be filed in the patient's chart and retained for at least six years or longer if required by state law or regulation. A notation will be made in the patient's chart to identify which information was disclosed, the date, the recipient, and the reason.

5. A consent for use or disclosure of PHI for treatment, payment or health care purposes should be presented and signed by the patient as part of his/her acknowledgement of receipt of BHHF's Notice of Privacy Practices. A copy shall be retained in the patient's medical file and retained for six years or longer if required by state law or regulation.

Revocation of authorization

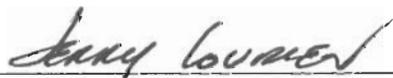
Any patient who wishes to revoke an authorization to use or disclose PHI will be directed to contact the Privacy Official or Designee(s). Such revocation must be in writing, and must be specific enough to permit identification of the original authorization that is being revoked. The Privacy Official or Designee(s) will notify workforce members in possession of the revoked authorization that it has been revoked, and will determine the extent to which action has been taken in reliance upon the authorization. The Privacy Official or Designee(s), with the advice of the Designated Attorney or Designee(s), will prepare directions regarding how the patient's PHI is to be handled following the revocation. This may include no further action on the initial authorization or action to the extent that it is permitted because BHHF has already relied upon the authorization.

REFERENCE: 45 CFR § 164.508(a)

See also: GENERAL POLICY -- USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION
STANDARDS FOR FORM AND CONTENT OF AUTHORIZATION FORMS
ROUTINE AND RECURRING REQUESTS FOR AND DISCLOSURES OF PROTECTED HEALTH INFORMATION
REQUESTS FOR, AND DISCLOSURES OF, PROTECTED HEALTH INFORMATION THAT ARE NOT ROUTINE AND RECURRING
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR PURPOSES OF RESEARCH
USE OR DISCLOSURE OF PSYCHOTHERAPY NOTES
WEST VIRGINIA CODE

Effective Date: 4/14/03

Dates Revised:



Jerome E. Lovrien, Commissioner, Bureau for Behavioral Health and Health Facilities