

## **STANDARDS FOR FORM AND CONTENT OF AUTHORIZATION FORMS POLICY**

**RESPONSIBILITY:** Privacy Official or Designee(s)

**BACKGROUND:**

Federal and state laws, and Behavioral Health and Health Facilities (BHFF) policy, permit the use and disclosure of protected health information for certain purposes without obtaining the patient's written authorization. For instance, an authorization is not required when most PHI is used for medical treatment, for payment, health care operations or as described in the Notice of Privacy Practices.

PHI also may be disclosed without an authorization when required by law, or when permitted to assist law enforcement or other public purposes. These situations are addressed in other BHFF policies. (See GENERAL POLICY -- USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION).

In all other cases, the patient must sign an authorization form before BHFF may use or disclose the patient's PHI or a patient may sign a consent for the use or disclosure of PHI for payment, treatment, or health care operations. See the AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION policy. Federal regulations establish standards for the content of the authorization form. There is no standard for the content of a consent form.

This policy specifies the form and content of an authorization form in order for it to be valid.

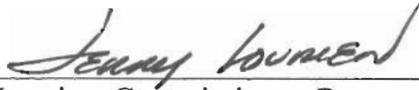
**POLICY:**

1. An authorization to use or disclose protected health information (PHI) must contain the following core elements:
  - 1.1. A description of the information to be used or disclosed, that identifies the information in a specific and meaningful fashion. Examples: "laboratory results from July, 1998" or "all laboratory results" or "results of MRI performed in July, 1998" or "entire medical record." The description must be specific enough to indicate that the patient has a clear understanding of how much information will be used or released.
  - 1.2. The name or other specific identification of the person or organization that is authorized to use or disclose the information. Examples: "BHFF" or "any health care provider."
  - 1.3. The name or other specific identification of the person or organization to which BHFF is authorized to make the disclosure. Examples: "ABC Life Insurance Co." or "John Smith, JD, attorney." If the authorization is intended to permit BHFF to use PHI internally, and does not authorize any disclosure of PHI to other parties, the correct entry is "BHFF." An entry of "not applicable" or "NA" is not valid.

- 1.4. A description of each purpose of the requested use or disclosure. The statement “at the request of the individual” is a sufficient description of the purpose when a patient initiates the authorization and does not, or elects not to, provide a statement of the purpose. If the information will be used for marketing, this must be stated on the authorization form. See USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR MARKETING PURPOSES.
- 1.5. An expiration date, or an expiration event that relates to the patient or to the reason for the use or disclosure. Examples: “December 31, 2002” or “one year from the date of this form” or “as long as enrolled in the health plan authorized to receive the information.” The statement “end of the research study,” “none,” or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.
- 1.6. A statement that the patient has the right to revoke the authorization in writing, and that the revocation does not apply:
  - 1.6.1. To the extent that BHHF has taken action in reliance on the authorization; and
  - 1.6.2. If the authorization is to permit disclosure of PHI to an insurance company, as a condition of obtaining coverage, to the extent that other law allows the insurer to contest claims or coverage. (See NOTICE OF PRIVACY PRACTICES)
- 1.7. A description of how the patient may revoke the authorization. (See NOTICE OF PRIVACY PRACTICES.)
- 1.8. A statement that the patient does not have to sign the authorization as a condition of receiving treatment from BHHF, except:
  - 1.8.1. If the treatment is research-related, provision of treatment may be conditioned on receipt of an authorization to use and disclose PHI related to this treatment as necessary for the research; or
  - 1.8.2. If the purpose of the treatment services is to create PHI for disclosure to a third party, provision of the services may be conditioned on receipt of an authorization to disclose the PHI to that third party.
- 1.9. A statement that the individual does not have to sign the authorization as a precondition to payment, enrollment in the health plan, or eligibility for benefits, except:
  - 1.9.1. If the information for which the authorization is sought is for purposes of determining an individual’s eligibility for benefits or enrollment, the benefits or enrollment may be denied if the individual does not provide an authorization; or
  - 1.9.2. If the information for which the authorization is sought is for underwriting or risk rating determinations, enrollment in the health

- plan or eligibility for benefits may be denied if the individual does not provide an authorization.
- 1.9.3. BHHF will not condition payment, enrollment in the health plan, or eligibility for benefits on the receipt of an authorization to use or disclose psychotherapy notes.
  - 1.10. A statement that information that is disclosed in accordance with the authorization may be disclosed further by the recipient, and that the information may no longer be protected by federal privacy rules regarding protected health information.
  - 1.11. If the authorization is for the use or disclosure of PHI for marketing, and the use or disclosure will involve direct or indirect remuneration to BHHF from a third party, the authorization must state that such remuneration is involved.
  - 1.12. The patient's signature, or the signature of the patient's personal representative, with a description of the representative's authority to act for the patient. Example: "power of attorney."
  - 1.13. The date of the signature.
  - 1.14. The form must be written in plain language (see DEFINITIONS).
2. When BHHF requests a patient to sign an authorization, the patient will be given a copy of the signed form, the original will be kept with the Privacy Official or Designee(s) at each site served by BHHF and a copy will be with the Medical Record. The same will apply if the patient requests the authorization
  3. The following additional standards apply to authorizations that are combined with other documents. An authorization that is combined with any other document except as listed below is not valid.
    - 3.1. Authorizations may be combined with other authorizations in a single compound authorization, if none of the authorizations relates to the use or disclosure of psychiatric notes, and if none of the authorizations is required as a condition of receiving treatment or other services from BHHF.
    - 3.2. Two or more authorizations that relate to the use and disclosure of psychiatric notes may be combined, but may not be combined with authorizations relating to any other type of PHI.
    - 3.3. A research authorization may be combined with consent to participate in the research, with other authorizations to use or disclose PHI for the research, with other written permission for the same research study, and with the NOTICE OF PRIVACY PRACTICES, in a single document.
    - 3.4. When BHHF requires a member to sign an authorization as a condition of receiving medical care, payment, enrollment in the health plan, or eligibility for benefits, the authorization may not be combined with any other authorization forms.

Effective Date: 4/14/03  
Dates Revised:

A handwritten signature in black ink, appearing to read "Jerome E. Lovrien". The signature is written in a cursive style with a prominent initial "J".

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