

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II: ORGANIZATION-FOCUSED FUNCTIONS POLICY 10: Management of Information PROCEDURE 10.19: Authorization for Use and Disclosure of Protected Health Information

Purpose:

To inform staff that Connecticut Valley Hospital (CVH) shall obtain the patient's written authorization prior to using or disclosing his/her Protected Health Information (PHI) for specified purposes *other* than treatment, payment or health care operations. In the Addiction Services Division, the patient's written authorization shall be obtained in accordance with 42 CFR Part 2.

Definitions:

1. *Disclosure*: The release, transfer, provision of access to, or the divulging in any other manner of information outside the agency holding the information.
2. *Individually Identifiable Health Information*: Information that is a subset of health information, including demographic information collected from an individual, and that: (1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, and (3) which identifies the individual, or (4) with respect to which there is a reasonable basis to believe that the information can be used to identify the individual. *Note*: Individually identifiable health information is to be treated as protected health information.
3. *Personal Representative*: A person who has authority under applicable law to make decisions related to health care on behalf of a patient.
4. *Protected Health Information (PHI)*: Individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.
5. *Treatment, Payment and Health Care Operations (TPO)*: Includes all the following:
 - **Treatment** – The provision, coordination, or management of health care and related services, consultation between providers relating to an individual, or referral of an individual to another provider for health care.

- **Payment** – Activities undertaken to obtain or provide reimbursement for health care, including determinations of eligibility or coverage, billing, collections activities, medical necessity determinations and utilization review.
 - **Health Care Operations** – Includes functions such as quality assessment and improvement activities, reviewing competence or qualifications of health care professionals, conducting or arranging for medical review, legal service and auditing functions, business planning and development, and general business and administrative activities.
6. *Use*: With respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Procedure:

A. Processing Authorizations for Written Disclosures (CVH-184).

1. Health Information Management (HIM) processes authorizations for use and disclosure of PHI except in the following situations:
 - a. whereby processing authorizations by clinical staff will expedite discharge planning; or
 - b. whereby processing authorizations by utilization review nurses will expedite billing and reimbursement in the Addiction Services Division.
2. CVH staff ensures that the authorization form (CVH-184) obtained from the patient is complete and:
 - a. covers only the uses and disclosures and only the PHI stipulated in the authorization;
 - b. has an expiration date not to exceed twelve months or a specified event or condition (i.e., discharge, death);
 - c. states the purpose for which the information may be used or disclosed;
 - d. specifies the recipient of the information;
 - e. specifies CVH as the institution releasing the information;
 - f. is signed by the patient or his/her personal representative and if it is signed by the personal representative it contains a description of the representative's authority to act for the patient;
 - g. is dated after the episode record of care;
 - h. includes a statement specifying:
 1. that CVH will not refuse to treat, pay for services, enroll in a health plan, or refuse to provide benefits if a patient refuses to provide authorization;
 2. that the patient may make a request to inspect or copy information to be used or disclosed;
 3. that the patient may refuse to sign the authorization;

4. that the information disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected by Title 45 CFR Parts 160 and 164; and
 5. how the patient revokes the authorization.
3. CVH staff provides the patient with a copy of the signed authorization.
 4. CVH staff files the original signed authorization in the Legal and Fiscal section of the medical record.
 5. CVH staff accepts written instructions from the patient or personal representative to revoke an authorization at any time, except to the extent that CVH has taken action in reliance thereon.
 6. The staff admitting the patient to the Addiction Services Division obtains the patient's signature on the Authorization for the Release of Protected Health Information for Reimbursement (CVH-514).
 7. The admission staff member provides the patient with a copy of the signed authorization.
 8. The admission staff member files the original signed authorization in the Legal and Fiscal section of the medical record.
 9. The Utilization Review Nurse ensures that the Authorization for Release of Protected Health Information for Reimbursement is completed in full prior to disclosing Protected Health Information for the purposes of obtaining reimbursement.
 10. The Utilization Review staff accept written instructions from the patient or personal representative to revoke the authorization at any time, except to the extent that CVH has taken action in reliance thereon.
 11. CVH staff obtains the patient's written authorization in the Addiction Services Division for treatment and healthcare operation with the exception of the following disclosures permitted without authorization.
 - a. pursuant to an agreement with a person or agency that provides services to CVH;
 - b. for research, audit or evaluation; and
 - c. to medical personnel in a medical emergency.
 12. Only HIM processes completed authorizations for disclosure of PHI of discharged, deceased patients, and external requests.
 13. If the authorization is not completed in full, HIM staff returns it to the requestor noting the deficiency(ies) on the HIM processing form (CVH-270) and encloses a CVH Authorization (CVH-184) for his/her completion.

Illustration/Example

Example: A patient stops by CVH's HIM Unit and drops off an authorization from his new employer requesting a copy of the history and physical his principal physician completed less than a month ago. The authorization does not include all the necessary requirements for a complete and proper authorization. The HIM Unit assists the individual in completing a properly executed authorization to release the information.

B. Processing Authorizations for Verbal Disclosures (CVH-528)

1. CVH staff processes authorizations for reciprocal exchange of ongoing verbal communication.
2. CVH staff ensures that the authorization form (CVH-528) obtained from the patient is complete and:
 - a. covers only the uses and disclosures and only the PHI stipulated in the authorization;
 - b. has an expiration date not to exceed twelve months or a specified event or condition (i.e., discharge, death);
 - c. states the purpose for which the information may be used or disclosed;
 - d. specifies the recipient of the information;
 - e. specifies CVH as the institution releasing the information;
 - f. is signed by the patient or his/her personal representative and if it is signed by the personal representative it contains a description of the representative's authority to act for the patient;
 - g. is dated after the episode record of care;
 - h. includes a statement specifying:
 1. that CVH will not refuse to treat, pay for services, enroll in a health plan, or refuse to provide benefits if a patient refuses to provide authorization;
 2. that the patient may make a request to inspect or copy information to be used or disclosed;
 3. that the patient may refuse to sign the authorization;
 4. that the information disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected by Title 45 CFR Parts 160 and 164; and
 5. how the patient revokes the authorization.
3. CVH staff provides the patient with a copy of the signed authorization.
4. CVH staff files the original signed authorization in the Legal and Fiscal section of the medical record.
5. CVH staff accepts written instructions from the patient or personal representative to revoke an authorization at any time, except to the extent that CVH has taken action in reliance thereon.

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