

BryanLGH MEDICAL CENTER PROCEDURE

Authorization for Releasing Patient Information

	DATES
<i>Replaces:</i> <i>East –</i> <i>West -</i>	<i>Effective: 4/14/03</i> <i>Designated Review:</i>

PURPOSE

To establish guidelines for processing the patient's right of disclosure regarding their health information and to ensure compliance with the Health Insurance and Portability and Accountability Act (HIPAA).

INTRODUCTION

Pursuant to HIPAA, the U.S. Department of Health and Human Services issued privacy regulations with which hospitals must comply. One of the regulations, 45 C.F.R. 164.508, sets forth when and how a patient or someone acting on his or her behalf can have the patient's medical record released.

SCOPE

Health Information Management
Medical Center Staff

EQUIPMENT/SUPPLIES/RESOURCES

"Authorization for Release of Medical Information" Form 141
"Revocation of Authorization" Form 1134d

STEPS

A Definitions:

1. Authorization is the permission a patient or his legal representative grants to disclose information from the designated record set that is not otherwise required to be disclosed. It is sometimes referred to as "Authorization for Release of Information". Authorizations must be obtained prior to disclosing information outside of the hospital. Disclosure of patient information is done for such purposes as insurance, legal proceedings or personal or other specified external entity requests.
2. Consent is written permission from a patient that allows a health care provider to provide treatment.
3. Designated Record Set is defined as:
 - a) the medical record
 - b) the billing record
4. Protected Information includes Patient Name, Address, Social Security Number, Medical Record Number, Account Number, and Date of Birth and all information gathered at registration and during diagnosis and treatment of the patient.

B. Content Requirements:

1. A specific and meaningful description of the information to be used or disclosed.
2. The name or other specific identification of the person(s) or class of persons authorized to make the disclosure.
3. The name or other specific identification of the person(s) or class of persons to whom the covered entity may make disclosure.
4. An expiration date or event that relates to the individual for the purposes of the use or disclosure.
5. A statement of the individual's right to revoke the authorization in writing.
6. A statement about the exceptions to the right to revoke.
7. A description of how the individual may revoke the authorization.
8. A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected by the rule.
9. Signature of the individual.
10. Date
11. If the Authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual.

C. Procedure:

1. For patients or their representatives:
 - a) Refer to "Release of Information" procedure and grid as a reference for when an authorization is needed.
 - b) If there is a valid authorization, Health Information Management (HIM) is responsible for releasing patient information from the medical record and (Patient Financial Services) PFS for releasing patient information from the billing record.
 - c) The individual seeking disclosure of information must call or visit the HIM Department, Release of Information (ROI) section at which time they can:
 - Request a blank authorization form.
 - Complete the form.
 - d) The completed authorization form will be assessed for validity. If any of the following exists it is considered invalid:
 - The expiration date or event has passed.
 - The form has not been filled out completely.
 - If it is known by HIM to be revoked.
 - If it lacks one or more of the required elements.
 - If it is combined with other requests – this is considered a compound authorization (i.e. research).
 - If any information in the authorization is known to be false.
 - e) Verifying the legality of the individual signing the authorization is the responsibility of the ROI staff member to assure either by asking for identification or comparing signatures on the authorization with those on the medical record.
 - f) The staff member who witnesses the signature (if in person) will sign as the witness and give a copy of the authorization form to the person signing.
 - g) The patient may elect to take advantage of their right to inspect the record or documents that will be sent. The ROI staff member should give the patient or his/her representative a date when the copies will be ready and set a time that they may come in to inspect and receive them.
 - h) The authorization is retained according to the hospital's retention period for medical records (30 years) although HIPAA requires only 6 years.
2. By another covered entity (i.e.; Insurance Company, Care Provider):
 - a) HIM's ROI section frequently receives written or faxed requests for information with an authorization from that entity.
 - Assure all content requirements listed in B above are present
 - Assure validity according to C.1.c. above.
 - The patient or entity must be contacted if elements are missing.

D. Exceptions: When a patient's information may be released without an authorization:

- Billing purposes – covered in “Notice of Privacy Practices”. This includes copies needed by an Insurance Company to pay the hospital bill.
- When required by law in situation involving victims of abuse, neglect or domestic violence, crime committed on premises or against personnel.
- Public Health Purposes
- When required by health oversight activities.
- Judicial proceedings.
- Law enforcement purposes.
- Certain purposes required by coroners, medical examiners and funeral directors
- Organ donor purposes, relating to cadaver.
- Medical research purposes.
- When necessary to prevent or lessen a severe or imminent threat to the health or safety of a person or the public.
- For certain military and government purposes.
- To comply with worker compensation.

Expectations:

- It is expected that the HIM's ROI section will release this information.
- For the purpose of tracking an authorization form will be filled out by the ROI staff member with the “other” section on #2 on the form checked an notation at bottom will be made for clarification purposes.

E. When BryanLGH requests patient information for its own uses that is not covered in the Notice of Information Practices.

In addition to the content listed in B. the authorization must also include:

A cover letter to the patient must:

- Assure that further treatment is not conditional upon the patient signing the authorization.
- Describe the purpose of the requested use or disclosure.
- A statement that the individual may inspect or copy the information to be used or disclosed.
- A statement that the individual may refuse to sign the authorization.
- A statement that BryanLGH may be remunerated by a third party.

If this is to happen:

- The patient must be provided a copy of the authorization.
- A statement that the individual may refuse to sign the authorization.

F. Research

An authorization to use and disclose patient information created for research that includes treatment may be in the same document as the consent to participate in the research. Refer to Research Procedure.

G. Revocation of an Authorization

1. A patient may revoke an authorization at any time by completing the Form 1134d. Exception: If the authorization was obtained as a condition of obtaining insurance coverage or if BryanLGH has taken action in reliance on the authorization..

2. The signed Revocation Form 1134d must be acted upon immediately by ROI section in HIM.
 - Determine if there are any outstanding requests and follow the guidelines designated by the patient.
 - Indicate revocation date on the authorization form.
 - Staple Form 1134d to the revoked authorization and file on the medical record.
 - Stamp the authorization “revoked”.

H. Authority to Grant Authorization

The authority to grant authorization for disclosure of health information resides with:

- The patient, if the patient is a competent adult (Nebraska age is 19 years old) or an emancipated minor;
- A legal guardian or custodial parent or parent on behalf of a minor;
- A power of attorney for health care;
- The executor of the estate or a court appointed individual, if the patient is deceased.

An emancipated minor is defined as a minor who is one or more of the following:

- Married;
- Self-supporting and living away from home (at least 16 years old and living independently from parents or guardian);
- Unmarried and pregnant;
- On active duty with the U.S. Armed Forces; or
- Declared legally emancipated by a court of law.

If the patient is incompetent or otherwise unable to authorize disclosure, the following individuals may serve as the patient’s legal representative, in order of priority:

- Legal guardian or attorney ad litem
- Agent named in durable power of attorney for healthcare in a court directive
- Next-of-kin, in the following order; spouse, adult child, parent, adult siblings

In the event of a patient’s death, the legal representative or the executor of that patient’s estate is the person who can authorize the disclosure of health information. If there was a durable power of attorney appointed by the patient, that person loses all right to the record after the patient is deceased. If there isn’t an executor of the estate, next-of-kin can authorize disclosure of information in the following order; spouse, adult child, parent, adult siblings.

REFERENCES

45 CFR Section 164.508

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Approved by: Privacy WorkGroup; HIPAA Advisory Team; Information Management Function Team

KEYWORDS

HIPAA

Privacy

Authorization

Release of Patient Information

SIGNATURES (Signature Sheet on File)

DATES:

Effective:

Previous Review: E:
 W:

Designated Review