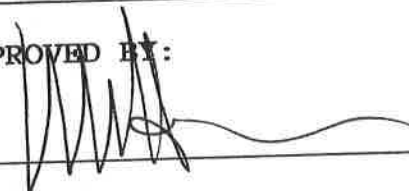


COUNTY OF IMPERIAL
DEPARTMENT OF BEHAVIORAL HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

SUBJECT: Revocation of Authorization to Use or Disclose Protected Health Information	PROCEDURE: 01-12
SECTION: Administration	EFFECTIVE DATE: 7-29-04
REFERENCE: 45 C.F.R Parts 164.508(b) (5) 164.508(b) (6)	PAGE: 1 of 6
AUTHORITY: Behavioral Health Director as the Local Mental Health Director and Alcohol and Drug Administrator	SUPERSEDES: 4-14-03
	APPROVED BY: 

PURPOSE: To establish a procedure regarding documentation and retention of a revocation of an authorization to use or disclose release protected health information (PHI).

SCOPE: The information in this document applies to all members of the workforce including employees, contract employees, volunteers, and trainees, etc., granted access to protected health information (PHI).

NOTES: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) grants certain rights to individuals regarding their protected health information including, under 45 C.F.R. Section 164.508(b) (5), the right to revoke a prior authorization to use or disclose PHI. After the revocation ICBHS may no longer use or disclose the client's PHI without the client's authorization.

DEFINITIONS: Authorization: Permission by an individual, his or her Personal Representative(s) for the release or use of information. An "authorization" is a written document that gives ICBHS permission to obtain and use information from third parties for specified purposes or to disclose information to a third party specified by the individual. An "authorization" allows for the use and disclosure of PHI for purposes other than Treatment, Payment, or Health Care Operations (TPO).

Disclosure: The release, transfer, provision of access to, or divulgence in any other manner, of information to any organization external to ICBHS.

HIPAA: Health Insurance Portability and Accountability Act. The federal law passed in 1996 that provides national standards for health information.

Individual: Under HIPAA, individual means the person who is the subject of PHI. In this procedure, the term "client" is used to refer to the individual.

Personal Representative: A person who has authority under applicable law to make decisions related to health care on behalf of an adult or an emancipated minor or the parent, guardian, or other person acting in loco parentis who is authorized under law to make health care decisions on behalf of an unemancipated minor, except where the minor is authorized by law to consent to a health care service, or where the parent, guardian or person acting in loco parentis has assented to an agreement of confidentiality between the provider and the minor.

Protected Health Information (PHI): Individually identifiable information relating to past, present, or future physical or mental health 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 transmitted or maintained in any form or medium including oral, written, or electronic communication.

Revocation: The individual exercises the right to void a prior authorization to use and disclose PHI.

Use: With respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within ICBHS.

Workforce: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. In this procedure, the term "employee" is used to refer to the workforce.

PROCEDURE:

PERSON RESPONSIBLE

ACTION:

ICBHS Employee

1. Receives a Revocation of Authorization to Release Information (PHI)/ Revocacion De Autorizacion Para Divulgar Informacion (PHI) from a client/personal representative.

Note: In the event the client/personal representative makes a verbal request to revoke an authorization, the employee shall honor the request and attach a note to the authorization documenting the oral request. The employee shall explain the department's policy requiring a written revocation and send the requestor a form to be completed and returned to ICBHS.

Team Office Technician/
Medical Records Staff

2. Upon receipt of the Revocation of Authorization to Release Information (PHI)/ Revocacion De Autorizacion Para Divulgar Informacion, separates the form and routes a follows:

Original: Team Office
Technician/Medical
Records Staff

Canary : Privacy Officer

Proceed to step 4.

Privacy Officer

3. Records the revocation of the authorization to release protected health information on the Revocation of

Privacy Officer (cont.)

Authorization for Disclosure of Protected Health Information Log, and files canary copy.

4. Verifies the status of the client in the MIS.
 - a. If the client is active, routes the original of the revocation to the appropriate team center.
 - b. If the client is discharged, routes the original to Medical Records.

Note: Revocation of Authorization to Release Information (PHI)/ Revocacion De Autorizacion Para Divulgar Informacion, must be routed immediately to the appropriate team. If it is routed via fax, the employee shall call intended recipient to verify receipt.

Program Supervisor

5. Upon receipt of the Revocation of Authorization to Release Information (PHI)/ Revocacion De Autorizacion Para Divulgar Informacion, form:
 - a. Pulls the chart.
 - b. Locates appropriate authorization.
 - c. Marks the authorization "REVOKED" in red ink to show that it is revoked and indicates the date of revocation.
 - d. Attaches the revocation to the **Authorization For the Use or Disclose Protected Health Information** and files in the chart.

Program Supervisor (cont.)

e. Completes a **Notification of Revocation of an Authorization** form.

f. Determines who is providing direct patient care, and forwards each a copy of the Notification of Revocation of an Authorization.

Team Members

6. Upon notification of the revocation, takes any actions necessary to stop uses and disclosures that were the subject of the authorization (i.e., for example, notifies appropriate staff not to disclose information to a third party if it has not already been disclosed, take the individual's name off any mailing lists, etc.)

All ICBHS Employees

7. Prior to any release of PHI, checks for an authorization and ensures that it is valid. (Refer to Policy 01-22).

ICBHS

8. Retains documentation for six (6) years from the date it was created, or the date it last was in effect, whichever is later, or such longer period as required by state or other federal law.

It is ICBHS' records retention policy that all records be kept a minimum of seven (7) years from the date of discharge, except for minors, whose records shall be kept at least one (1) year after the minor has reached the age of eighteen (18), but in no case less than seven years.

Forms used in this procedure:

Revocation of Authorization of Health Information ICBHS 00-29
Revocacion De Autorizacion Para Divulgar
Informacion ICBHS 00-43
Revocation of Authorization for Disclosure of
Protected Health Information Log ICBHS 00-73
Notification of Revocation of an Authorization Memo ICBHS 00-74