


COUNTY OF IMPERIAL
DEPARTMENT OF BEHAVIORAL HEALTH SERVICES

POLICY AND PROCEDURE MANUAL

SUBJECT: Confirming the Validity of an Authorization for the Release of Information	PROCEDURE: 01-17
SECTION: Administration	EFFECTIVE DATE: 4-14-03
REFERENCE: 45 C.F.R. 164.508	PAGE: 1 of 8
AUTHORITY: Behavioral Health Director as the Local Mental Health Director and Alcohol and Drug Administrator	SUPERSEDES: New Procedure
	APPROVED BY: 

PURPOSE: To establish a procedure to ensure the validity of an authorization that ICBHS receives.

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

NOTES: Section 164.508 of the HIPAA Privacy Rules establishes that, except as otherwise permitted or required by law, ICBHS may not use or disclose protected health information without a valid authorization.

ICBHS generally will require form 00-28, Authorization for the Use and Disclosure of Information, when an authorization is required before releasing protected health information. In those instances when an another form is presented, employees will use this procedure to determine whether an authorization requesting that ICBHS disclose PHI to a third party is valid.

DEFINITIONS: Valid Authorization: A valid authorization is a document signed by (or on behalf of) the individual that contains a number of specific elements.

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.

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.

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 members of the workforce.

PROCEDURE:

PERSON RESPONSIBLE

ICBHS Team/Medical
Records Clerical Staff
Who Receive Requests For
Release of Information

ACTION:

1. Upon receipt of a signed authorization to release information form in a format other than that used by ICBHS, reviews the form to ensure that it contains all of the following required core elements and statements:
 - a. a description of the PHI to be disclosed that identifies the information in a meaningful way.
 - b. the name or specific identification of the person(s) or classes of persons who can make the use or disclosure;
 - c. the name or specific identification of the person(s) or class of persons who may receive

ICBHS Team/Medical
Records Clerical Staff
Who Receive Requests For
Release of Information
(cont.)

the requested use or disclosure;

- d. a description of the purpose for the use or disclosure ("at the request of the individual" is a sufficient description if the individual initiates the authorization);
- e. an expiration date or expiration event ("end of the research study" or "none" is sufficient if the authorization is for a research-related use or disclosure); and,
- f. the signature and date of signature of the individual whose information will be used or disclosed.

Note: If the authorization is signed by a personal representative of the individual, a description of the representative's authority to act for the individual must also be provided.

- 2. If the authorization contains all of the above core elements, proceed to step 3.
 - a. If the authorization does not contain all of the core elements, it is not valid. Go to step 7.

ICBHS Team/Medical
Records Clerical Staff
Who Receive Requests For
Release of Information
(cont.)

3. Confirms that the authorization provides adequate notice of the following:
 - a. the individual's right to revoke the authorization in writing, and either:
 - 1) exceptions to the right to revoke and a description of how the individual may revoke the authorization; or
 - 2) a reference to the Notice of Privacy Practices that describes how an individual may revoke an authorization;
 - b. the consequences, if any, that will result from the individual's refusal to sign, including a statement that the practice may not condition treatment of the individual's willingness to sign the authorization (subject to certain exceptions).
 - c. a statement that information used or disclosed may be subject to redisclosure by the recipient and no longer protected by the HIPAA rule.

Note: If the authorization contains all of the statements described above, proceed to Step 4.

If the authorization does not contain all of the statements described above, it is not valid. Go to step 8.

ICBHS Team/Medical
Records Clerical Staff
Who Receive Requests For
Release of Information
(cont.)

d. If authorization is for marketing, a statement regarding any remuneration that ICBHS will receive as a result to the use and/or disclosure of the individual's PHI.

4. Confirms that the authorization is written in plain language.

The determination of whether the authorization is written plain language should include consideration of whether the authorization:

- a. is organized to serve the needs of the reader;
- b. is written in short sentences and in the active voice;
- c. uses common, every day words in sentences; and
- d. divides material into short sections.

Note: If the authorization is written in plain language, proceed to step 5.

If the authorization is not written in plain language, it is not valid. Go to step 8.

5. Determines whether the authorization is defective by determining if the following is true:

ICBHS Team/Medical
Records Clerical Staff
Who Receive Requests For
Release of Information
(cont.)

- a. the expiration date has passed or an ICBHS employee knows the expiration event has occurred.
- b. the authorization has not been filled out completely with respect to the core elements;
- c. an ICBHS employee knows that the authorization has been revoked.
- d. an ICBHS employee knows that any material information in the authorization is false.

Note: If none of the conditions in step 5 are true, go to step 6.

If any of the conditions in step 5 are not true, the authorization is not valid. Go to step 8.

6. Determines whether the authorization is combined with another document.
 - a. If the authorization is not combined with another document go to step 6.
 - b. If the authorization is combined with the another document, determines whether the compound authorization is permitted by determining whether it fits into one of the following two categories:
 - 1) An authorization for the use or disclosure of PHI

ICBHS Team/Medical
Records Clerical Staff
Who Receive Requests For
Release of Information
(cont.)

for a research study combined with any other type of written permission for the same research study (including an authorization for the use or disclosure of PHI for such research for a consent to participate in such research);

- 2) An authorization for a use or disclosure of PHI combined with any authorization for use or disclosure of PHI, (except if the authorization conditions the treatment, payment, or enrollment in a health plan, or eligibility for benefits on the provision of an authorization.

Note: If the compound authorization is one of the two types described above, go to step 7.

If the compound authorization is not one of the two types described above, it is not valid. Go to step 8.

7. If the authorization is determined to be valid, forwards to ICBHS clinician designated to authorize the release of information.
8. If the authorization is determined to be invalid or defective, notifies the requestor and asks that the

ICBHS Team/Medical
Records Clerical Staff
Who Receive Requests For
Release of Information
(cont.)

individual sign an authori-
zation that is used by ICBHS.

Forms used in this procedure:

None