

SEPA Labs	Policy & Procedure HIPAA / PRIVACY AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION	FUNCTION
		NUMBER 2b
		PRIOR ISSUE
		EFFECTIVE DATE January 1, 2014

PURPOSE

The purpose of this Policy is to set forth SEPA Labs’ process for the use and disclosure of Protected Health Information (“PHI”) pursuant to a written authorization.

POLICY

In accordance with the HIPAA Privacy Rule, when PHI is to be used or disclosed for purposes other than treatment, payment, or health care operations, SEPA Labs will use and disclose it only pursuant to a valid, written authorization, unless such use or disclosure is otherwise permitted or required by law. Use or disclosure pursuant to an authorization will be consistent with the terms of such authorization.

PROCEDURE

Exceptions to Authorization Requirements

PHI may be disclosed without an authorization if the disclosure is:

1. For the purpose of treatment, although a signed authorization form is preferable;
2. For the purpose of SEPA Labs’ payment activities, or the payment activities of the entity receiving the PHI;
3. For the purpose of SEPA Labs’ health care operations;
4. In limited circumstances, for the health care operations of another Covered Entity, if the other Covered Entity has or had a relationship with the patient;
5. To the Secretary of the U.S. Department of Health and Human Services for the purpose of determining compliance with the HIPAA Privacy Rule; or
7. Required by other state or federal law. (See “Request and Disclosure Table” in the “Uses and Disclosures of Protected Health Information” Policy for other exceptions.)

Use or Disclosure Pursuant to an Authorization

1. When SEPA Labs receives a request for disclosure of PHI, SEPA Labs Privacy Official shall determine whether an authorization is required prior to disclosing the PHI.
2. PHI may never be used or disclosed in the absence of a valid written authorization if the use or disclosure is:
 - a. Laboratory results of HIV or drug or alcohol testing as defined by the HIPAA Privacy Rule, and this request should be coordinated with SEPA Labs Privacy Officer;
 - b. For the purpose of marketing; or
 - c. For the purpose of fundraising.

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3. If the use or disclosure requires a written authorization, SEPA Labs shall not use or disclose the PHI unless the request for disclosure is accompanied by a valid authorization.
4. If the request for disclosure is not accompanied by a written authorization, SEPA Labs Privacy Official shall notify the requestor that it is unable to provide the PHI requested. SEPA Labs Privacy Official or management may supply the requestor with an *Authorization to Use or Disclose PHI* ("*Authorization*") form.
(See sample *Authorization* form following this Policy.)
5. If the request for disclosure is accompanied by a written authorization, management will review the authorization to assure that it is valid (see the "Checklist for Valid Authorization" following this Policy).
6. If the authorization is lacking a required element or does not otherwise satisfy the HIPAA requirements, the management may notify the requestor, in writing, of the deficiencies in the authorization. No PHI will be disclosed unless and until a valid authorization is received.
7. If the authorization is valid, the management will disclose the requested PHI to the requester. Only the PHI specified in the authorization will be disclosed.
8. Each authorization shall be filed in the patient's Laboratory Record.

Preparing an Authorization for Use or Disclosure

1. When SEPA Labs is using or disclosing PHI and an authorization is required for the use or disclosure, SEPA Labs will not use or disclose the PHI without a valid written authorization from the patient or the patient's personal representative.
2. The *Authorization* form must be fully completed, signed and dated by the patient or the patient's personal representative before the PHI is used or disclosed.
 - a. An authorization should not be combined with any other document.

Revocation of Authorization

1. The patient may revoke his authorization at any time.
2. The authorization may ONLY be revoked in writing. If the patient or the patient's personal representative informs SEPA Labs that he/she wants to revoke the authorization, SEPA Labs will assist him/her to revoke in writing.
3. Upon receipt of a written revocation, the Privacy Official will write the effective date of the revocation on the *Authorization* form.
4. Upon receipt of a written revocation, SEPA Labs may no longer use or disclose a patient's PHI pursuant to the authorization.
5. Each revocation will be filed in the patient's Laboratory Record.

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CHECKLIST FOR VALID AUTHORIZATION

When you receive a request for release of Laboratory Records containing PHI from any entity other than the patient or the patient's personal representative, and the disclosure is not for purposes of treatment, payment or health care operations or another disclosure required or permitted by the HIPAA Privacy Rule, you may not release those records unless the requestor has provided a valid authorization. Use this checklist to assure that the authorization is valid. **If any one element is missing, the Privacy Rule prohibits you from disclosing the information.** You should contact the requestor and explain why you cannot disclose the information.

_____ The authorization must be written in plain language.

All of the following elements must be included in the authorization:

_____ A specific and meaningful description of the information to be disclosed.

_____ The name or other specific identification of the person (or organization or class of persons) authorized to make the requested disclosure.

_____ The name or other specific identification of the person (or organization or class of persons) to whom the information will be disclosed.

_____ The purpose of the requested disclosure. (If the patient initiates the authorization, the statement "at the request of the patient" is a sufficient description of the purpose).

_____ An expiration date or an expiration event that relates to the patient or the purpose of the disclosure.

_____ Signature of the patient or personal representative and date.

_____ If signed by personal representative, a description of the representative's authority to act for the patient.

Required Statements:

_____ A statement that information disclosed pursuant to the authorization may be subject to redisclosure and may no longer be protected by the Privacy Rule.

_____ A statement of the patient's right to revoke the authorization in writing and either,

_____ A reference to the revocation right and procedures described in the Notice of Privacy Practices;

OR

_____ A statement about the exceptions to the right to revoke and a description of how the patient may revoke.

_____ One of the following statements, or a substantially similar statement:

- If the Covered Entity is not permitted to condition treatment or payment on the provision of an authorization: I understand that SEPA Labs will not condition the provision of treatment or payment on the provision of this authorization.

OR

- If the Covered Entity is permitted to condition the provision of research-related treatment on the provision of an authorization: I understand that SEPA Labs will not provide research-related treatment to me unless I provide this authorization.

OR

- If the Covered Entity is permitted to condition the provision of health care that is solely for the purpose of creating PHI for disclosure to a third party on the provision of an authorization: I understand that SEPA Labs will not provide health care that is solely for the purpose of creating PHI for disclosure to a *third party* to me unless I provide this authorization.

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Defective Authorizations

If an authorization has any one of the following defects, it is invalid and any use or disclosure made pursuant to the authorization will be in violation of the Privacy Rule:

_____The authorization has expired.

_____One of the required elements or statements is missing.

_____SEPA Labs has knowledge that the authorization has been revoked.

_____The authorization violates the regulations governing conditioning treatment or payment upon signing the authorization, or combining authorizations.

_____SEPA Labs has knowledge that information in the authorization is false.