

## WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION II:</b>	ORGANIZATION FOCUSED FUNCTIONS
<b>CHAPTER 9:</b>	Management of Information/HIPAA
<b>PROCEDURE 9.19:</b>	<b>Authorization for Use and Disclosure of Protected Health Information</b>
<b>Governing Body Approval:</b>	April 27, 2018
<b>REVISED:</b>	

**PURPOSE:** To inform staff that Whiting Forensic Hospital (WFH) obtains 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.

**SCOPE:** All Clinical Staff, HIM and Unit Clerk Staff

**POLICY:**

It is the policy of Whiting Forensic Hospital (WFH) that the Hospital obtains a 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.

Use and disclosure of PHI is to be in accordance with the WFH Notice of Privacy Practices-WFH-681. T:\Forms\HIM\HIPAA\Notice of Privacy Practices WFH.681.doc

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***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 (PHI).***
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:
  - a. 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.
  - b. 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.
  - c. 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:**

1. Health Information Management (HIM) and other authorized clinical staff ensures that the authorization (WFH-184) obtained from the patient:
  - 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 WFH 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 must contain 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:
    - h1. that WFH 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;
    - h2. that the patient may inspect or copy information to be used or disclosed;
    - h3. that the patient may refuse to sign the authorization;
    - h4. 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 h5. how the patient revokes the authorization.

2. If the authorization is not completed in full, HIM staff returns it to the requestor noting the deficiency(ies) on the HIM processing form (WFH-270) and encloses a WFH Authorization (WFH-184) for his/her completion.
3. HIM or clinical staff provides the patient with a copy of the signed authorization if requested.
4. HIM or clinical staff files the original signed authorization in the Legal and Fiscal section of the medical record.
5. HIM staff accepts written instructions from the patient or personal representative to revoke an authorization at any time, except to the extent that WFH has taken action in reliance thereon.
6. The admission staff member provides the patient with a copy of the signed authorization.
7. The admission staff member files the original signed authorization in the Legal and Fiscal section of the medical record.
8. 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.
9. The Utilization Review staff accepts written instructions from the patient or personal representative to revoke the authorization at any time, except to the extent that WFH has taken action in reliance thereon.
10. Any staff member who becomes aware of an unauthorized use or disclosure of PHI immediately reports this to their immediate supervisor and completes an incident report.
11. A copy of the incident report is sent to the Division/Department Director and the hospital Privacy Officer.
12. All incidents of unauthorized use or disclosure will be reviewed in accordance with *Commissioner's Policy 3.13 Unauthorized Disclosure and Breach Notification of Unsecured PHI*.

### **Illustration/Example**

*Example:* A patient stops by WFH'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.