SCOPE: All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, imaging and oncology services, physician practices, and shared service centers.

PURPOSE: To establish the requirements for each Company-affiliated facility to utilize patient authorizations to use or disclose protected health information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, the Health Information Technology for Economic and Clinical Health Act (HITECH) component of the American Recovery and Reinvestment Act (ARRA), and all Federal regulations and interpretive guidelines promulgated thereunder.

POLICY: A patient’s HIPAA compliant authorization is generally not required for a facility’s own payment, treatment and limited healthcare operations activities. Special standards apply under 42 CFR Part 2 to certain information regarding substance use disorders. Consult Standards for Confidentiality of Substance Use Disorder Patient Records Policy, BEH.001, for special standards that may apply to that information.

Per §164.508, an authorization for uses and disclosures of PHI must be obtained for:
- Uses and disclosures of PHI to non-health care providers for treatment;
- Uses and disclosures of PHI to non-covered entities or health care providers for payment purposes;
- Disclosures of PHI beyond the first two paragraphs of the health care operations definition;
- Disclosures of PHI limited to the first two paragraphs of the health care operations definition to non-covered entities;
- Uses and disclosures for marketing except for:
  a. Face-to-face communication made by the facility to an individual; or
  b. A promotional gift of nominal value provided by the covered entity;
- Sale of PHI, unless:
  a. The price charged for the information reflects the cost of preparation and transmittal of the data;
  b. Disclosures of PHI are to or by a business associate for activities that the business associate undertakes on behalf of a covered entity; or
  c. Payments are received in the form of grants, or contracts or other arrangements to perform programs or activities.
- Uses and disclosures created for research that includes treatment of the individual unless an Institutional Review Board has waived the authorization requirement or other exclusion for research applies (i.e., preparatory to research, research on decedent’s information); and
• Psychotherapy notes except:
  a. To carry out the following treatment, payment or health care operations:
     i. Use by the originator of the notes for treatment;
     ii. Use or disclosure in training programs in which trainees, students, or practitioners in
         mental health learn under supervision to practice or improve their skills in group, joint,
         family, or individual counseling; or
     iii. Use or disclosure by a facility to defend itself in a legal action or other proceeding
         brought on by the individual.
  b. Use and disclosure with respect to oversight of the originator of the notes.

The provision of treatment or payment to an individual may not be conditioned on signing an
authorization except for:
• Research-related treatment; and
• Health care that is solely for the purpose of creating information for disclosure to a third party
  (e.g., employment drug testing).

An individual may revoke an authorization in writing except to the extent that the facility has taken
action in reliance thereon; or if an authorization was obtained as a condition of obtaining insurance
coverage. In the event an individual revokes a compounded authorization (as permitted for multiple
research projects), absent clarity from the individual on which specific component(s) the individual is
revoking, the entire authorization will be considered revoked.

If the PHI involves substance use disorder information, consult the Standards for Confidentiality of
Substance Use Disorder Patient Records Policy, BEH.001. If the Standards for Confidentiality of
Substance Use Disorder Patient Records Policy, BEH.001, establishes different standards relating
to individuals who may sign an authorization, or other standards for uses or disclosures, where
applicable, the facility should not use or disclose information except where permitted by both the
Standards for Confidentiality of Substance Use Disorder Patient Records Policy, BEH.001, and this
Policy.

Refer to the HIPAA Privacy Standards, 45 CFR Parts 160.101 and 164.501, and IP.PRI.001, Patient
Privacy Program Requirements Policy, for definitions.

PROCEDURE:
1. A compliant authorization for all uses and disclosures outlined in the policy statement must be
   received before using or disclosing the PHI.

2. A valid authorization must contain at least the following elements and statements (see
   Attachment for a sample form):
a. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.

b. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure;

c. The name or other specific identification of the person(s), or class of persons, to whom the facility may make the requested use or disclosure;

d. A description of each purpose of the requested use or disclosure. “At the request of the individual” is sufficient when the individual initiates the authorization;

e. An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. “End of research study,” “none,” or similar language is sufficient if the authorization is for use or disclosure of PHI for research;

f. A statement of the individual’s right to revoke the authorization in writing and the exceptions to the right to revoke and a description of how the individual may revoke the authorization or a reference to the facility’s Notice of Privacy Practices for further instructions;

g. A statement that the provision of treatment and payment may not be conditioned on obtaining this authorization unless otherwise allowed (e.g., research related treatment);

h. A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by this rule;

i. A statement that the individual may inspect or copy the PHI to be used or disclosed in response to the authorization;

j. If the use or disclosure of the requested information will result in any direct or indirect remuneration to the facility from a third party, a statement that such remuneration will result;

k. If a facility seeks an authorization from an individual for their own use or disclosure of PHI, the facility must provide the individual with a copy of the signed authorization; and

l. The signature of the individual and date. If the authorization is signed by a personal representative (as defined by state law) of the individual, a description of such representative’s authority to act for the individual.

3. The authorization must be written in plain language.

4. Every signed authorization must be retained for a minimum of six (6) years.

5. An authorization for use or disclosure of PHI may not be combined with any other document to create a compound authorization, except as follows:

a. An authorization for the use or disclosure of PHI created for a research study may be combined with any other type of written permission for the same research study (e.g., consent to participate in the research study);

b. An authorization for a research study may be compounded with authorizations for subsequent studies (e.g., a sub-study, contribution to a data/tissue bank for unspecified future research) provided that the facility has conditioned the provision of research-related...
treatment on the provision of one of the authorizations. Any compound authorization must clearly differentiate between the conditioned and unconditioned components and provide the individual with an opportunity to opt in (not opt-out) to the research activities described in the unconditioned authorization; or
c. An authorization for a use or disclosure of psychotherapy notes may only be combined with another authorization for a use or disclosure of psychotherapy notes.

6. To use or disclose PHI for research purposes without an authorization the facility must obtain documentation of a waiver of authorization from an IRB or Privacy Board or meet one of the other exclusionary criteria for research (e.g., preparatory to research, research on decedent’s information). For specific information about research authorizations, refer to CSG.IRB.008 and CSG.RSH.006.

7. A previously unexecuted authorization is not valid if the document has any of the following defects:
a. The expiration date has passed or the expiration event is known by the facility to have occurred;
b. The authorization has not been filled out completely with respect to a required element;
c. The authorization is known by the facility to have been revoked; or
d. Any material information in the authorization is known by the facility to be false. Thus, no PHI may be disclosed.

8. The covered entity may not charge the patient a retrieval fee, but may charge for the actual cost to reproduce a copy of requested information. Other requestors (e.g., attorney, insurance company, subpoenas) may be charged a retrieval fee and the costs to copy the information. The facility must follow the Patients’ Right to Access Policy, IP.PRI.004, and state laws for specific requirements regarding what fees may be charged to patient and non-patient requestors.

REFERENCES:

1. Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164
3. Patient Privacy Program Requirements Policy, IP.PRI.001
4. Privacy Official Policy, IP.PRI.002
5. Patients’ Right to Access Policy, IP.PRI.004
6. Notice of Privacy Practices Policy, IP.PRI.007
7. Marketing Under the HIPAA Privacy Standards/HITECH Model Policy

7/2017
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<th>DEPARTMENT: Information Protection</th>
<th>POLICY DESCRIPTION: Authorization for Uses and Disclosures of Protected Health Information</th>
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<td>REPLACES POLICY DATED: 03/01/08, 11/1/12, 9/23/13, 8/1/14</td>
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<td>EFFECTIVE DATE: September 1, 2017</td>
<td>REFERENCE NUMBER: IP.PRI.010 (formerly HIM.PRI.010)</td>
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<td>APPROVED BY: Ethics and Compliance Policy Committee</td>
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8. IRB Review of Research Informed Consent and Its Documentation Policy, CSG.IRB.008  
9. Handling Research Informed Consent Documents (Non-IRB Requirements) Policy, CSG.RSH.006  
11. Standards for Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2  
12. Standards for Confidentiality of Substance Use Disorder Patient Records Policy, BEH.001
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<tr>
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<tr>
<td>All PHI in medical record</td>
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<td>Labor/delivery summary</td>
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<td>Admission form</td>
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<td>Cath lab</td>
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<td>Dictation reports</td>
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<td>Special test/therapy</td>
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<td>Postpartum flow sheet</td>
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<td>Physician orders</td>
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<td>Transfer forms</td>
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<tr>
<td>Medication sheets</td>
<td></td>
<td>ER information</td>
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<td>Other:</td>
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</tbody>
</table>

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, genetic information, psychiatric, HIV testing, HIV results or AIDS information. _______________ (Initial)

I understand that:
1. I may refuse to sign this authorization and that it is strictly voluntary.
2. My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.
3. I may revoke this authorization at any time in writing, but if I do, it will not have any affect on any actions taken prior to receiving the revocation. Further details may be found in the Notice of Privacy Practices.
4. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be redisclosed.
5. I understand that I may see and obtain a copy the information described on this form, for a reasonable copy fee, if I ask for it.
6. I get a copy of this form after I sign it.

Section B: Is the request of PHI for the purpose of marketing and/or does it involve the sale of PHI? □ Yes □ No

If yes, the health plan or health care provider must complete Section B, otherwise skip to Section C.

Will the recipient receive financial remuneration in exchange for using or disclosing this information? □ Yes □ No

May the recipient of the PHI further exchange the information for financial remuneration? □ Yes □ No

Section C: Signatures

I have read the above and authorize the disclosure of the protected health information as stated.

Signature of Patient/Patient’s Representative: ____________________________ Date: ____________________________

Print Name of Patient’s Representative: ____________________________ Relationship to Patient: ____________________________