



SAINT LOUIS UNIVERSITY

AUTHORIZATION TO USE OR DISCLOSE PHI

Policy Number: OUC-034

Version Number: 2.0

Effective Date: 04/14/2003

Responsible University Official: Privacy Officer

Approved By: Executive Staff

Legal and Compliance Committee

1.0 INTRODUCTION

Saint Louis University (hereinafter the “University”) is committed to provide services in compliance with all state and federal laws governing its operations, incorporating the highest levels of business and professional ethics. The HIPAA Privacy Rule requires a covered entity to obtain an authorization to use or disclose protected health for all purposes not explicitly permitted under the regulations.

2.0 PURPOSE

The purpose of this policy is to outline the process regarding the use or disclosure of protected health information (PHI). In most cases, HIPAA requires that covered entities obtain individual authorization before using or disclosing PHI.

3.0 PERSONNEL AFFECTED

This policy applies to all regular full-time and part-time faculty and staff and volunteers within all divisions of the University, including employees, professional staff members, residents, agents, representatives and consultants tasked with use or release of patient health information.

4.0 DEFINITIONS

Authorization: A document that gives permission for a specific disclosure of protected health information. Authorizations typically include the name of the person or entity authorized to disclose, name of the person or entity authorized for use or disclosure, purpose of the disclosure, expiration of the authorization, and the patient’s signature.

Protected Health Information (PHI): Any individually identifiable health information transmitted or maintained in any form or medium, including oral, written, and electronic. Individually identifiable health information relates to an individual’s health status or condition, furnishing health services to an individual or paying or administering health care benefits to an individual. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual.

Psychotherapy Note: Any notes recorded, in any medium, by a health care provider who is a mental health professional documenting or analyzing the contents of conversation

during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the patient's medical record. Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

Workforce: Employees, volunteers, trainees, contractors, and other persons under the direct control of the covered entity, whether or not paid by the covered entity.

5.0 POLICY

1. Saint Louis University will not condition treatment of an individual on a requirement that the individual provide a specific authorization for the disclosure of PHI.
2. The authorization will be written in plain language.
3. Authorizations for psychotherapy notes may not be combined with any other authorization.
4. Any authorization for the use or disclosure of PHI will contain the following
 - 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 covered entity may make the requested use or disclosure;
 - d. The signature of the patient or personal representative and date;
 - e. An expiration date or an expiration event that relates to the individual or purpose of the use or disclosure;
 - f. A statement of the individual's right to revoke the authorization in writing and the exceptions to the right to revoke;
 - g. A description of how the individual may revoke the authorization; and
 - h. A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient.
5. In the event that the authorization is signed by a personal representative of the patient, the authorization will contain a description of the representative's authority to act for the individual.
6. The authorization will be considered invalid if:
 - a. The expiration date has passed or the expiration event is known to have occurred;
 - b. Any material information in the authorization is known by the covered entity to be false; or
 - c. The requirements of the authorization have not been filled out completely.

7. Saint Louis University will retain the signed authorization for a period of at least six years from the date of creation or the date when it was last in effect.

6.0 PROCEDURES

Core Elements for a Valid Authorization

- 1) Name of the Recipient - The recipient of the information to whom the patient wants information sent.
- 2) Name of the Facility or Doctor - The name of the facility or doctor who has the information the patient wants disclosed.
- 3) Description of the Information to be Disclosed – Specify what information the patient wants released.

Examples:

- All information from a certain date forward;
- All information about a certain emergency room visit or hospital stay; or
- Saying “all of my information” is not specific enough.

- 4) Description of each Purpose - Why the patient wants the information disclosed?

Examples:

- Moving;
- Filing a lawsuit;
- Claiming Social Security Benefits; or
- Simply want a copy for personal use.

- 5) Expiration Date or Event of the Request – Medical Records workforce members must review the request date for each release to determine the expiration date.
 - The expiration date of the Saint Louis University Authorization for Disclosure expires (1) year after the signed date unless specified otherwise.
- 6) Signature and a Second Identifier - Patient must sign the request or it is not valid. Patient must also be identified with either a social security number and/or date of birth on the request, or it is not valid.
- 7) Date - Patient must date the request or it is not valid.
- 8) Treatment not Conditioned - Authorization must state treatment may not be conditioned upon signing the authorization
- 9) Right to Revoke - Authorization must state the patient may revoke the authorization and exactly how to revoke the authorization
- 10) Re-disclosure - Authorization must state the information may be re-disclosed by the recipient.

An Authorization will be considered invalid if:

1. The authorization lacks any of the required elements specified in the core elements as listed above; or
2. If any material information in the authorization is known by SLUCare to be false.

8.0 SANCTIONS

Individuals who fail to comply with this policy and the procedures associated with it will be subject to disciplinary actions guided by the University's Staff Performance Management Policy, Faculty Manual, or Student Guidelines.

Non-compliance in this Policy can result in disciplinary action, including but not limited to, restricted incentive payments, suspension or termination. It may also result in the enforcement of a corrective action plan, as well as notification of the suspected misconduct and/or violation to government regulatory agencies.

This Policy does not limit the University's ability to impose greater sanctions or impose immediate action against serious violations. Disciplinary actions appropriate to the severity of the infraction will be carried out as needed.

9.0 CHANGES TO THIS POLICY

Changes to this policy may be necessary from time to time. At a minimum, the policy and all other program policies, procedures and guidelines will be reviewed on an annual basis.

10.0 RELATED POLICY AND DOCUMENTS

- Authorization for Use and Disclosure of Psychotherapy Notes
- Authorization for Disclosure (form)
- Authorization to Use or Disclose Patient Image (form)

REVISION HISTORY

EFFECTIVE DATE	VERSION NUMBER	MODIFICATION
4/14/2003	1.0	New Policy
7/01/2008	1.1	Review & Change Format
2/27/2015	1.2	Review & Change Format
	2.0	Ownership Shifted from Provost to General Counsel