



# SAINT LOUIS UNIVERSITY

## INVALID AUTHORIZATION

**Policy Number: OUC-040**

**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 prohibits the use or disclosure of protected health information unless a specific exception applies or a valid written authorization obtained from the patient. (45 C.F.R. § 164.508). To be valid, the authorization must contain certain “core elements” set forth in HIPAA; if it does not, the authorization is invalid and in violation of HIPAA

### 2.0 PURPOSE

The purpose of this policy is to provide guidance for determining an invalid Authorizations of Disclosure to workforce tasked with reviewing patient Authorizations.

### 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 responsible for providing access to patients’ protected 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.

## 5.0 POLICY

Saint Louis University prohibits the use of an invalid authorization to use or disclose protected health information (PHI). An authorization will become invalid in the event that the University knows that the authorization has been revoked.

## 6.0 PROCEDURES

An authorization will be deemed invalid by Saint Louis University if any of the following conditions exist:

- The expiration date has passed or the expiration event is known to have occurred
- All of the required elements of the authorization have not been filled out completely, as applicable
- The authorization lacks any of the required elements specified in the policy *Authorization to Use or Disclose PHI*
- The authorization is inappropriately combined with any other document to create a compound authorization.
- If any material information in the authorization is known by Saint Louis University to be false.

## 7.0 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.

## 8.0 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.

## 9.0 RELATED POLICIES & DOCUMENTS

- Authorization for Use and Disclosure Policy

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

| <b>REVISION HISTORY</b> |                       |   |
|-------------------------|-----------------------|---|
| <b>EFFECTIVE DATE</b>   | <b>VERSION NUMBER</b> | <b>MODIFICATION</b>                               |
| 4/14/2003               | 1.0                   | New Policy  |
| 7/01/2008               | 1.1                   | Review & Change Format                            |
| 3/01/2015               | 1.2                   | Review & Change Format                            |
|                         | 2.0                   | Ownership Shifted from Provost to General Counsel |