



# SAINT LOUIS UNIVERSITY

## REVOCATION OF AUTHORIZATION TO USE OR DISCLOSE PHI

**Policy Number: OUC-047**

**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 Privacy Rule gives individuals the right to revoke, at any time, an Authorization they have given. The revocation must be in writing, and is not effective until the covered entity receives it. In addition, a written revocation is not effective with respect to actions a covered entity took in reliance on a valid Authorization, or where the Authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or the policy itself.

### 2.0 PURPOSE

The purpose of this policy is to provide guidance to workforce members regarding the revocation of a patient's authorization to use and disclose protected health information (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 releasing 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.

**Restriction:** An agreed upon limitations on use and disclosure of PHI about an individual to carry out Treatment, Payment or health care Operations (TPO) and disclosures for involvement in the individual's care. For instance, the University may use and disclose PHI for TPO but the patient may request the University not to use or disclose PHI for other instances.

**Revocation:** An individual exercises the right to void a prior consent or authorization to use and disclose PHI. However, the University will not be liable for a use or disclosure of a patient's PHI after a revocation, if the University in good faith based its actions upon a prior consent or authorization, and has already acted in reliance. Once Saint Louis University has utilized a patient's PHI for TPO, it is no longer required to use or disclose that PHI, and may no longer use or disclose the PHI without the patient's consent or authorization.

**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

### Revocation of Authorization to Release PHI

An individual may revoke an authorization at any time, provided that the revocation is in writing, unless Saint Louis University has already provided PHI based on the patient's authorization. Saint Louis University will stop providing information based on a patient's authorization as soon as possible.

Once a revocation is issued, all University employees and workforce members are responsible for ensuring the patient's PHI is no longer subject to further use or disclosure.

## 6.0 PROCEDURES

- Saint Louis University will not impose a time restriction on when an individual may revoke authorization to use or disclose their protected health information.
- It will require individuals to request the revocation of authorization to use or disclose protected health information in writing.

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

## **REVISION HISTORY**

<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