

## ORGANIZATION POLICY

POLICY TITLE:        ONSLOW MEMORIAL HOSPITAL USE OF OMH  
CORPORATE AUTHORIZATION FORM

POLICY NUMBER:        1304

PURPOSE AND APPLICABLE LAW: The purpose of this Policy is to establish OMH's use of OMH corporate authorization form.

PROCEDURE: OMH may use and disclose protected health information without authorization for treatment, payment and healthcare operations. No OMH department shall otherwise use or disclose, or be required to use or disclose, protected health information about any such individual without that individual's explicit authorization, except for specifically enumerated purposes such as emergency treatment, public health, law enforcement, audit/oversight purposes, or unless state or federal law allows specific uses and disclosures.

OMH shall disclose protected health information only upon authorization by the patient or patient's authorized personal representative, unless state or federal law allows for specific exceptions. Authorizations obtained or received for disclosure of protected health information must be consistent with authorization requirements identified in this policy. An authorization permits, but does not require, OMH disclose protected health information.

### Model Authorization

OMH shall utilize a model authorization form, *Authorization to Disclose Health Information*, which contains the elements necessary to be considered a valid, HIPAA-compliant authorization. The standard authorization form must be written in plain and simple language that a patient or a patient's personal representative can easily read and understand. A copy of the authorization form can be obtained via:  
<http://www.onslow.org/sites/default/files/kcfinder/files/Authorization%20Form%202015%20.pdf>

Any alterations to the model authorization form must first be approved by OMH's Privacy Officer, who is responsible for the development and maintenance of the model authorization form.

### Valid Authorization

The OMH model authorization form shall contain the core elements listed below.

- A specific and meaningful description of the information to be used or disclosed;
- The name or other specific identification of the person or class of persons authorized to make the requested use or disclosure of the information;
- The name or other specific identification of the person or class of persons to whom the use or disclosure can be made;

- A description of each purpose of the requested disclosure (the statement “at the request of the patient” is a sufficient description of the purpose when a patient initiates the authorization and does not, or elects not to, provide a statement of the purpose);
- An expiration date or event that relates to the patient or the purpose of the use or disclosure, for example “1/31/04” or “after the disclosure to my doctor”; and
- The signature of the patient or the patient’s personal representatives and the date of the signature. If a patient’s personal representative signs the authorization form, a description of the personal representative’s authority to act on behalf of the patient must also be provided. Please refer to Medical Records Departmental Policy *Release of Medical Information* for further information on personal representatives.
- A specific statement about any confidential HIV-related information that will be disclosed.

In addition to the required elements, the authorization form must contain statements that inform the patient or the patient’s personal representative of the following:

- The patient’s right to revoke the authorization;
- The exceptions to the right to revoke;
- A description of how the patient may revoke the authorization;
- The consequences (as identified in the “Conditioning of Authorizations” section of this policy) to the patient for refusal to sign the authorization form; and
- The potential for information to be subject to re-disclosure by the recipient and no longer protected by state or federal law.

OMH must provide a copy of the signed authorization to the patient or the patient’s personal representative upon request.

#### Third Party Authorization Forms

All third parties requesting a patient’s protected health information from OMH must provide OMH with a valid HIPAA-compliant authorization form. Invalid forms will be returned to sender with OMH’s *Authorization for Release of Health Information* for completion.

#### Invalid Authorization

An authorization shall be considered invalid if the document has any of the following deficiencies:

- The expiration date has passed or the expiration event is known to have occurred;
- The authorization form is not completely filled out;
- The authorization form does not contain the core elements of a valid authorization;
- The authorization is known to have been revoked;
- Any information recorded on the authorization form is known to be false; or
- An authorization for psychotherapy notes is combined with a request for disclosure of information other than psychotherapy notes.

### Compound Authorization

An authorization for disclosure of protected health information shall not be combined with any other written legal permission from the patient or the patient's personal representative (e.g., Consent for Treatment, Assignment of Benefits).

An authorization that specifies a condition for the provision of treatment, payment, enrollment in a health plan or eligibility for benefits may not be combined with any other authorization.

### Conditioning of Authorization

The provision of treatment, payment, and enrollment in a health plan or eligibility for benefits shall not be conditioned on whether or not a patient or a patient's personal representative signs an authorization form, except as follows:

- The provision of research-related treatment can be conditioned on authorization to use or disclose protected health information for such research;
- Provision of health care solely for the purpose of creating protected health information for disclosure to a third party (e.g., physical exam for life insurance).

### Signatures

Each authorization must be signed and dated by the patient or the patient's personal representative. If a patient's personal representative signs the authorization form, a description of the personal representative's authority to act for the patient must also be documented on the form.

If a patient or a patient's personal representative is unable to sign his/her name, an "x" or other mark/symbol is acceptable in place of a signature, as long as it is witnessed and documented, attesting to the validity of the signature.

### Dates

Each authorization must state an expiration date or event, such as a specific time (e.g., January 1, 2003); a specific time period (e.g., one year from the date of signature); or an event directly relevant to the client or the purpose of the disclosure (e.g., 60 days following discharge from OMH).

The expiration date or event for each authorization must be acknowledged and actions taken on that authorization must be consistent with such limitations. An authorization without an expiration date shall be considered invalid.

### Revocation of Authorization

The authorization must state that a patient has the right to revoke the authorization at any time, except to the extent that OMH has already taken action based upon the authorization or the authorization was obtained as a condition for obtaining insurance coverage. The

revocation must be in writing and signed by the patient using the *OMH Request to Revoke Authorization Form*. Revocations shall become a permanent part of the patient's designated record set, and shall be maintained as per *OMH Policy Components of the Designated Record Set*.

Until a valid authorization has expired or is revoked, OMH may use or disclose protected health information created after the date the authorization was created. For example, if a patient requests all oncology records be sent to a lawyer on 01/01/04, the patient indicated and expiration date of 12/31/04 on the *Authorization for Release of Health Information* and the patient continues to see the oncologist until 03/04, the lawyer specified in the original authorization may have access to the newly created protected health information.

Photocopy/Facsimile Authorizations

An original authorization form is preferred for disclosure of protected health information; however, a clear and legible photocopy/facsimile is acceptable.

Documenting Authorizations

OMH must prepare and maintain current and accurate documentation of the following:

- Policies and procedures about preparing, obtaining, handling and retaining patient authorizations;
- Policies and procedures about the process used to satisfy a valid patient authorization;
- Signed authorizations and revocations, maintained in the patient's designated record set;
- The person(s) responsible for processing authorizations.

EFFECTIVE DATE: June 2005

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January 2015

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APPROVED BY:

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*Signed Original in Executive Office*