

HIPAA Privacy – Authorizations for the Uses and Disclosure of PHI AD.HP10

POLICY:

Authorizations are required for the use and disclosure of a patient's protected health information (PHI) for purposes other than treatment, payment and health care operations.

PROCEDURE:

1. Lifesong Hospice and Palliative Care uses an authorization form that meets the requirements of Federal regulations.
2. Lifesong Hospice and Palliative Care is not required to obtain an authorization from the patient to use or disclose protected health information for the:
 - a. Treatment, payment or health care operations;
 - b. Treatment activities of another health care provider;
 - c. Payment activities of the entity to which PHI is disclosed; and
 - d. Health care operations of another covered entity if:
 - i. Both the hospice and the other covered entity has or had a relationship with the individual and the PHI involved pertains to that relationship; and/or
 - ii. The disclosure is for specified health care operations purposes (including quality assessment and improvement activities, case management or care coordination, training, accreditation or licensing activities) or fraud and abuse detection or compliance.
3. When authorization is needed, the patient or his/her representative is provided with a copy of the authorization form and asked to sign it.
4. Signing the authorization form is voluntary and the patient or his/her representative may refuse to sign it.
5. A copy of the authorization is provided to the individual who signs it.
6. The patient or his/her representative may revoke the authorization at any time, but the revocation must be in writing.
7. The permissions granted in the authorization may not be acted upon if it has been revoked or if it has expired.
8. The authorization is documented and retained for a period of six (6) years after it was created or expired, whichever date is later.

Created:	Reviewed:	Revised:	Effective:
09/2018	11/2018		4/2019