

# HCA

## AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

<b>Section A: This section must be completed for all Authorizations</b>					
Patient's Name: 164.508 (c)(1)(ii)		Birth Date:		Social Security Number:	
Provider's Name:		Recipient's Name: 164.508 (c)(1)(iii)			
Provider's Address:		Address 1:			
		Address 2:			
		City:		State:	Zip:
Expiration Date or Event: This authorization will expire on the following expiration date (or) expiration event: 164.508 (c)(1)(v) Date:                      Event:					
Purpose of Disclosure: 164.508 (c)(1)(iv)					
<b>Description of Information to be Used or Disclosed</b>					
Is this request for psychotherapy notes? <input type="checkbox"/> Yes, then this is the only item you may request on this authorization. You must submit another authorization for other items below. 164.508 (b)(3)(ii) <input type="checkbox"/> No, then you may check as many items below as you need. 164.508 (c)(1)(i)					
<b>Description:</b>		<b>Date of Service:</b>		<b>Description:</b>	
<input type="checkbox"/> All PHI in Medical Record				<input type="checkbox"/> Labor/Delivery Summary	
<input type="checkbox"/> Admission Form				<input type="checkbox"/> OB Nursing Assess	
<input type="checkbox"/> Dictation Reports				<input type="checkbox"/> Postpartum Flow Sheet	
<input type="checkbox"/> Physician Orders				<input type="checkbox"/> Itemized Bill:	
<input type="checkbox"/> Intake/Output				<input type="checkbox"/> UB-92 Claim:	
<input type="checkbox"/> Clinical Test				<input type="checkbox"/> Other:	
<input type="checkbox"/> Medication Sheets				<input type="checkbox"/> Other:	
<input type="checkbox"/> Operative Information					
<input type="checkbox"/> Cath Lab					
<input type="checkbox"/> Special Test/Therapy					
<input type="checkbox"/> Rhythm Strips					
<input type="checkbox"/> Nursing Information					
<input type="checkbox"/> Transfer Forms					
<input type="checkbox"/> ER Information					
<b>I understand that:</b>					
1. I may refuse to sign this authorization and that it is strictly voluntary. However, refusal to sign will render this form invalid. 164.508 (c)(1)(vi)					
2. I understand that protected health information may include information and records protected under Federal and State Law such as; alcohol, drug abuse, mental health, AIDS or HIV testing or treatment.					
3. My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization. 164.508 (c)(2)(ii)					
4. I may revoke this authorization at any time in writing, but if I do, it will not have any affect on any actions taken prior to receiving the revocation. Further details may be found in the Notice of Privacy Practices. 164.508 (c)(2)(i)					
5. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be redisclosed. 164.508 (c)(2)(iii)					
6. There may be a reasonable fee to obtain a copy the information being requested on this form. 164.524 (c)(4)					
7. I get a copy of this form after I sign it. 164.508 (c)(4)					
<b>Section B: Is the request of PHI for the purpose of marketing? 164.508 (a)(3)(ii)</b>					
If yes, the health plan or health care provider must complete Section B, otherwise skip to Section C.					
Will the recipient receive financial or in-kind compensation in exchange for using or disclosing this information? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, describe:					
<b>Section C: Required Signatures 164.508 (c)(1)(vi)</b>					
I have read the above and authorize the disclosure of the protected health information as stated.					
Signature of Patient/Guardian/ or Personal Representative:				Date Signed:	
Printed Name of Patient/Guardian/ or Personal Representative:				Relationship of Personal Representative to Patient:	

§164.508 Uses and disclosures for which an authorization is required.

(a) Standard: authorizations for uses and disclosures.

- (1) Authorization required: general rule. Except as otherwise permitted or required by this subchapter, a covered entity may not use or disclose protected health information without an authorization that is valid under this section. When a covered entity obtains or receives a valid authorization for its use or disclosure of protected health information, such use or disclosure must be consistent with such authorization.
- (2) Authorization required: psychotherapy notes. Notwithstanding any provision of this subpart, other than *the* transition provisions provided for in § 164.532, a covered entity must obtain an authorization for any use or disclosure of psychotherapy notes, except:
  - (i) To carry out the following treatment, payment, or health care operations:
    - (A) Use by *the* originator of the psychotherapy notes for treatment;
    - (B) Use or disclosure by the covered entity *for its own* training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or
    - (C) Use or disclosure by the covered entity to defend *itself in* a legal action or other proceeding brought by the individual; and
  - (ii) A use or disclosure that is required by § 164.502(a)(2)(ii) or permitted by § 164.512(a); § 164.512(d) with respect to the oversight of the originator of the psychotherapy notes; § 164.512(g)(1); or § 164.512(j)(1)(i).
- (3) Authorization required: Marketing. (i) *Notwithstanding any provision of this subpart, other than the transition provisions in §164.532, a covered entity must obtain an authorization for any use or disclosure of protected health information for marketing, except if the communication is in the form of:*
  - (A) *A face-to-face communication made by a covered entity to an individual; or*
  - (B) *A promotional gift of nominal value provided by the covered entity.*(ii) *If the marketing involves direct or indirect remuneration to the covered entity from a third party, the authorization must state that such remuneration is involved.*

(b) Implementation specifications: general requirements. (1) Valid authorizations.

- (i) *A valid authorization is a document that meets the requirements in paragraphs (a)(3)(ii), (c)(1), and (c)(2) of this section, as applicable.*
  - (ii) A valid authorization may contain elements or information in addition to the elements required by this section, provided that such additional elements or information are not inconsistent with the elements required by this section.
- (2) Defective authorizations. An authorization is not valid, if the document submitted has any of the following defects:
- (i) The expiration date has passed or the expiration event is known by the covered entity to have occurred;
  - (ii) The authorization has not been filled out completely, with respect to an element described by paragraph (c) of this section, if applicable;
  - (iii) The authorization is known by the covered entity to have been revoked;
  - (iv) The authorization violates paragraph (b)(3) *or* (4) of this section, if applicable;
  - (v) Any material information in the authorization is known by the covered entity to be false.
- (3) Compound authorizations. An authorization for use or disclosure of protected health information may not be combined with any other document to create a compound authorization, except as follows:
- (i) *An authorization for the use or disclosure of protected health information for a research study may be combined with any other type of written permission for the same research study, including another authorization for the use or disclosure of protected health information for such research or a consent to participate in such research;*

- (ii) An authorization for a use or disclosure of psychotherapy notes may only be combined with another authorization for a use or disclosure of psychotherapy notes;
  - (iii) An authorization under this section, other than an authorization for a use or disclosure of psychotherapy notes, may be combined with any other such authorization under this section, except when a covered entity has conditioned the provision of treatment, payment, enrollment in the health plan, or eligibility for benefits under paragraph (b)(4) of this section on the provision of one of the authorizations.
- (4) Prohibition on conditioning of authorizations. A covered entity may not condition the provision to an individual of treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of an authorization, except:
- (i) A covered health care provider may condition the provision of research-related treatment on provision of an authorization **for the use or disclosure of protected health information for such research under** this section;
  - (ii) A health plan may condition enrollment in the health plan or eligibility for benefits on provision of an authorization requested by the health plan prior to an individual's enrollment in the health plan, if:
    - (A) The authorization sought is for the health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations; and
    - (B) The authorization is not for a use or disclosure of psychotherapy notes under paragraph (a)(2) of this section; **and**
  - (iii) A covered entity may condition the provision of health care that is solely for the purpose of creating protected health information for disclosure to a third party on provision of an authorization for the disclosure of the protected health information to such third party.
- (5) Revocation of authorizations. An individual may revoke an authorization provided under this section at any time, provided that the revocation is in writing, except to the extent that:
- (i) The covered entity has taken action in reliance thereon; or
  - (ii) If the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy **or the policy itself.**
- (6) Documentation. A covered entity must document and retain any signed authorization under this section as required by § 164.530(j).

(c) Implementation specifications: Core elements and requirements.

- (1) Core elements. **A valid authorization under this section must contain at least the following elements:**
- (i) **A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.**
  - (ii) **The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.**
  - (iii) **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.**
  - (iv) **A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.**
  - (v) **An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the covered entity to use or disclose protected health information for the creation and maintenance of a research database or research repository.**
  - (vi) **Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.**
- (2) Required statements. **In addition to the core elements, the authorization must contain statements adequate to place the individual on notice of all of the following:**

- (i) **The individual's right to revoke the authorization in writing, and either:**
  - (A) **The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or**
  - (B) **To the extent that the information in paragraph (c)(2)(i)(A) of this section is included in the notice required by § 164.520, a reference to the covered entity's notice.**
- (ii) **The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:**
  - (A) **The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations in paragraph (b)(4) of this section applies; or**
  - (B) **The consequences to the individual of a refusal to sign the authorization when, in accordance with paragraph (b)(4) of this section, the covered entity can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization.**
- (iii) **The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer be protected by this rule.**
- (3) **Plain language requirement. The authorization must be written in plain language.**
- (4) **Copy to the individual. If a covered entity seeks an authorization from an individual for a use or disclosure of protected health information, the covered entity must provide the individual with a copy of the signed authorization.**