

**Texas Tech University Health Sciences Center
HIPAA Privacy Policies**

Authorizations for Release of Patient Information	Policy 3.1
HIPAA Authorization – Required	Effective Date: July 20, 2010 Revised: May 18, 2016
References: http://www.hhs.gov/ocr/hipaa HSC HIPAA website http://www.ttuhscc.edu/hipaa/policies_procedures.aspx	

Policy Statement

Except as provided by TTUHSC policy or otherwise permitted by law, TTUHSC shall only use or disclose Protected Health Information (PHI) pursuant to a properly signed HIPAA Authorization for Release of Patient Information or HIPAA Authorization for Release of Psychotherapy Notes (for psychotherapy notes only), collectively referred to as "HIPAA Authorization".

Scope and Distribution

This policy applies to all PHI maintained by TTUHSC. It does not apply to health care information of inmates seen or treated by TTUHSC providers.

Definitions

Refer to [HPP 1.1 for Glossary of HIPAA Terms](#)

See [Old/New HIPAA Policy Number Cross Reference Chart](#)

Procedure

1. TTUHSC HIPAA Authorizations

- a. *Content of HIPAA Authorization Forms.* The HIPAA Authorizations shall be in plain language and contain the core elements and statements required by [45 CFR 164.508\(a\)\(3\); and 508\(c\)](#).
- b. *Location of TTUHSC Approved HIPAA Authorization Forms.* All HIPAA Authorization forms required under this policy shall be prepared, reviewed and updated by the Institutional Privacy Officer. HIPAA Authorization forms can be accessed by going to the HIPAA website http://www.ttuhscc.edu/hipaa/Universal_HIPAA_Forms.aspx and then select the appropriate campus.
- c. *Vital Document.* The TTUHSC HIPAA Authorization shall be considered a vital document as that term is used in the Federal Limited English Proficiency (LEP) regulations and shall be translated into Spanish for use by TTUHSC and its patient population.

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2. Authorizations for Use or Disclosure Requirements

- a. *HIPAA Authorization Required: General Rule.* A valid written HIPAA Authorization for Release of Patient Information shall be obtained for use and disclosure of PHI, other than psychotherapy notes (see 2b below) created or maintained by TTUHSC, except for the purposes outlined in [HPP 3.4 Miscellaneous Uses of PHI where authorization is not required](#)

PERMITTED USES AND DISCLOSURES REQUIRING AN OPPORTUNITY TO AGREE OR OBJECT

45 CFR Part 164.510

See http://www.ttuhscc.edu/hipaa/privacy_practices.aspx

If the individual is informed in advance of the use or disclosure and has the opportunity to agree or object to the use or disclosure, TTUHSC will disclose certain PHI, as provided below. TTUHSC is permitted to orally inform the individual of and obtain the individual's agreement or objection to a use or disclosure:

Family Members and Close Friends

45 CFR Part 164.510

If the individual is present and one of the following circumstances are met, TTUHSC will disclose to a family member, other relative, close friend or any other person the individual identifies, PHI relevant to that person's involvement in the individual's care or payment related to the individual's care, if the individual is present and there is one of the following:

1. Individual's agreement is obtained;
2. Individual is provided with the opportunity to object to the disclosure and does not express an objection; or
3. Health professional reasonably infers from the circumstances, based on the exercise of professional judgment that the individual does not object.

TTUHSC will also notify or assist in the notification of a family member or another person responsible for the care of the individual, of the individual's location, general condition, or death, if the above criteria are met.

Disaster Relief Purposes See [HPP 4.7 Emergency Situations/Disaster Relief](#)

Valid HIPAA Authorization

Obtaining a Valid Authorization. A valid HIPAA Authorization must contain the

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following information and details before PHI is used or disclosed:

- The patient's name or medical record number and date of birth, if available;
- The name and address of the facility/person to which the PHI is to be released or the name and address of the person/entity from which TTUHSC is receiving PHI.
- Description of the purpose for which the PHI is to be used/disclosed; use the "Release is for the Purpose of" box on the TTUHSC Authorization forms.
- Description of the PHI to be used/disclosed; use the "Information to be disclosed/used" box on the TTUHSC Authorization forms.
- If the PHI is related to AIDS/HIV; drug/alcohol screening, use or treatment; mental health information; or genetics testing to be released or used, then mark "yes" on the appropriate line on the TTUHSC Authorization form. Failure to mark any area "yes" means that the information shall not be used or released.
- Expiration Date or event, unless the Authorization is for research purposes, in which case, the Authorization may state "end of the research study", "none", or similar language. This is located in the Acknowledgements box, #3.
- Signature of the individual to whom the PHI pertains and the date. If signed by a legally authorized representative, include a description of his/her authority to act for the individual to whom the PHI pertains. If the HIPAA Authorization is read or translated to the individual signing the HIPAA Authorization, note the time and obtain the signature of the Witness or Translator.

A copy of the signed HIPAA Authorization shall be provided to the individual upon request.

Invalid HIPAA Authorizations. An invalid HIPAA Authorization shall not be used for use or disclose of PHI. A HIPAA Authorization is invalid when:

- The expiration date or event has passed and this is known by TTUHSC;
- The HIPAA Authorization does not contain all of the elements outlined in 4(a) above.
- TTUHSC has knowledge that the HIPAA Authorization has been revoked by the patient or his/her legally authorized person.
- The Authorization for Release of Psychotherapy Notes has been combined with another authorization other than another authorization for release of psychotherapy notes.
- TTUHSC has knowledge that any material information in the HIPAA Authorization is false.

Compound Authorizations

Any compound or combined HIPAA Authorizations allowed as set forth below must

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first be approved by the Institutional Privacy Officer or respective Regional Privacy Officer.

General. A HIPAA Authorization for Release of PHI may be combined with any other HIPAA Authorization, except as prohibited by law or this policy.

Research. A HIPAA Authorization for Research may be combined with any other legal permission related to the research study, including another HIPAA Authorization or consent to participate in the study.

Psychotherapy Notes. An Authorization for Release of Psychotherapy Notes may be combined with another Authorization for Release of Psychotherapy Notes, BUT SHALL NOT be combined with any other authorization for release of PHI or consent document.

Conditioning Treatment on Obtaining an Authorization

TTUHSC shall not condition the provision of treatment to any patient on the receipt of a valid HIPAA Authorization, except as allows below:

- TTUHSC may condition the provision of research-related treatment on the receipt of a valid HIPAA Authorization for the use or disclosure of PHI for such research; and
- TTUHSC may condition the provision of health care solely for the purpose of creating PHI for disclosure to a third party on the receipt of a valid HIPAA Authorization for the disclosure of that PHI to the third party. For example, if the patient is receiving a pre-employment physical for a prospective employer, then TTUHSC may require a valid HIPAA Authorization to that prospective employer to disclose PHI related to the pre-employment physical.

Revocation of HIPAA Authorization

- b. *General.* An individual may revoke a HIPAA Authorization at any time in writing, except to the extent TTUHSC has acted in reliance on the HIPAA Authorization. Revocation shall be effective on the date TTUHSC receives written notice of such revocation.
- c. *Revocations Related to Research Studies.* TTUHSC may continue to use and disclose PHI obtained prior to the time a research subject revoked his/her HIPAA Authorization, as necessary to maintain the integrity of the research study.

Retention of HIPAA Authorizations

TTUHSC shall retain signed HIPAA Authorizations for six (6) years from the date of

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signature or the date when it was last in effect, whichever is later. In all cases, except research, the signed HIPAA Authorization shall be retained in the patient's medical record. In the case of HIPAA Authorizations for research, the HIPAA Authorization shall be retained in the research subject's research medical record file.

Knowledge of a violation or potential violation of this policy must be reported directly to a Regional Privacy Officer, the Institutional Privacy Officer or to the employee Compliance Hotline at (866) 294-9352 or www.ethicspoint.com under HSC.

Approval Authority

Questions regarding this policy may be addressed to the Regional Privacy Officer ([Amarillo](#), [Lubbock](#), [Permian Basin](#)), the [Institutional Privacy Officer](#), or the [Institutional Compliance Officer](#).

Responsibility and Revisions

This policy may be amended or terminated at any time to reflect changes in TTUHSC operating policies or applicable laws and regulations.