
Core Elements

Valid North Sound Mental Health Administration (NSMHA) authorization will contain at least the following elements:

1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;
2. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure;
3. The name, address, and institutional affiliation of the person(s), or class of persons, to whom the Covered Entity may make the requested use or disclosure;
4. 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 a consumer initiates the authorization and does not, or elects not to, provide a statement of the purpose.
5. The authorization will contain an expiration date or an expiration event that relates to the patient or the purpose of the use or disclosure. When an authorization permits the disclosure of health care information to a financial institution or an employer of the patient for purposes other than payment, the authorization, as it pertains to those disclosures, shall expire 90 days after the signing of the authorization, unless the patient renews the authorization.
6. Where the patient is under the supervision of the Department of Corrections, an authorization signed pursuant to this section for health care information related to mental health or drug or alcohol treatment expires at the end of the term of supervision, unless the patient is part of a treatment program that requires the continued exchange of information until the end of the period of treatment.
7. Signature of the individual and the date signed. If a personal representative of the individual signs the authorization, a description of such representative's authority to act for the individual must also be provided.

Required Statements

In addition to the core elements noted above, the authorization must contain statements adequate to place the individual on notice of all of the following:

1. 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 is included in the Privacy Notice provided to all enrolled consumers, a reference to NSMHA's notice.
2. The ability or inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization, by stating either:
 - a. NSMHA may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations applies; or

- b. The consequences to the individual of a refusal to sign the authorization when NSMHA can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization.
3. The potential for information disclosed pursuant to the authorization to be subject to re-disclosure by the recipient and no longer be protected by this rule.

The authorization will be written in plain language.

If NSMHA seeks an authorization from an individual for a use or disclosure of protected health information, NSMHA must provide the individual with a copy of the signed authorization.

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.

Defective Authorizations

An authorization is not valid, if the document submitted has any of the following defects:

1. The expiration date has passed or the expiration event is known by NSMHA to have occurred;
2. The authorization has not been filled out completely;
3. The authorization is known by NSMHA to have been revoked;
4. The authorization has been combined with any other document to create a compound authorization, except that:
 - a. An authorization for Protected Health Information (PHI) 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 PHI for such research or consent to participate in such research;
 - b. 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;
 - c. An authorization other than an authorization for a use or disclosure of psychotherapy notes may be combined with any other such authorization except when NSMHA has conditioned the treatment, payment, and enrollment in the health plan or eligibility for benefits as defined in this policy on the provision of the authorization.

Prohibition on Conditioning of Authorizations

NSMHA may not condition the provision to an individual of treatment, payment, and enrollment in the health plan, or eligibility for benefits on the provision of an authorization, except:

1. NSMHA may condition the provision of research-related treatment on provision of an authorization for the use or disclosure of PHI for such research under this section; or
2. NSMHA 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 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 the authorization is not for a use or disclosure of psychotherapy notes;

3. NSMHA may condition the provision of health care that is solely for the purpose of creating PHI for disclosure to a third party with the condition that an authorization for the disclosure of the PHI to such third party is completed.

Revocation of Authorizations

An individual may revoke an authorization at any time, provided that the revocation is in writing, except to the extent that:

1. NSMHA has taken action in reliance thereon; or
2. 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.

Documentation

NSMHA must document and retain any signed authorization. All authorizations will be maintained in a central secure location by the Privacy Officer/designee and will be retained for six years.

Documentation retention requirements include:

1. Signed authorizations for each requested use and disclosure.
2. Policies and procedures for authorizations and any changes thereto.
3. Revocations.

Other policies and procedures that are related to this policy:

1. Privacy notice
2. Verbal Agreement
3. Administrative requirements – documentation retention