
PROCEDURE 2521-A**PROCEDURES FOR COMPLETION OR FOR PROCESSING AN AUTHORIZATION****A. Requesting Protected Health Information (PHI) Pursuant to an Authorization**

1. Please see the attached authorization form, which includes certain instructions for completion, attached to this policy. This is the most current approved form and should be used by all staff members to request PHI disclosures either internally or externally.
2. The need for the PHI being requested should be explained to the individual.
3. Every individual should be informed that his or her continued treatment is not dependent on whether or not they sign the authorization, except for health plan enrollment, research-related treatment, and in situations where the purpose of the treatment is specifically for disclosure to a third party. This information is included in writing on the authorization form and should be reviewed with the client.
4. The form should be reviewed and completed fully when the individual requesting the authorization is present. In cases where the client or other authorized individual is not present and has requested that a form be sent to them for signature, the staff person receiving the request should, if possible, review the form with the requestor and complete as much of it as possible before sending it out for completion and signature. In particular the following issues should be discussed, if possible:
 - a. To whom the request should be directed. This information should be completed as specifically as possible; and
 - b. The purpose for which the disclosure is needed.
 - c. The PHI that the staff member (or the consumer) would like to be disclosed.
 - i. Each request is governed by the agency's policy on "Minimum Necessary" – please see this policy for guidance on requesting and disclosing PHI.
 - ii. After determining the minimum amount of information needed for the disclosure, the staff member (or the consumer) should be specific in his or her request.
 - d. How long does the authorization need to be in effect?
 - e. If the disclosure is a one-time event, e.g., the copying and mailing of medical records, this event can be specified. The event listed in the disclosure must relate to the client or to the purpose of the use and disclosure. If the staff member intends to follow up the review of the records with a discussion with the disclosing professional, that staff member will need to ensure he or she has the time to be able to do this.
 - f. Once the staff member has determined how long he or she will need the authorization to be in effect, specify on the form either the date or the event that is most specific in detailing the boundaries of the authorization.
 - g. Have the individual and/or his/her legal representative sign the authorization.
 - h. Make two copies of the completed form.
 - i. One copy should be given to the individual for their records.
 - ii. The second copy should be given to the Privacy Officer for review and retention.
 - iii. A note should be made on this copy that the client was given a copy of the authorization. This entry should be dated and signed.

- i. The original should be mailed or faxed to the person(s) or entity specified on the authorization.
- j. All authorizations should be kept for 6 years from their last effective date.

B. Disclosing PHI Pursuant To An Authorization Received From A Third Party

1. The person receiving the authorization should check to see who is listed on the form as the disclosing professional. The authorization may list an individual or the titles or role of the person to whom the authorization is directed.
 - a. If the person listed on the authorization is currently employed at the NSMHA, the authorization should be given directly to them to process.
 - b. If the person listed on the authorization is not currently employed at the NSMHA, the authorization should be given directly to the Privacy Officer.
 - c. The Privacy Officer will determine if he or she wants to act on it directly or will delegate it to the appropriate individual in the organization to process.
2. Upon receipt of an authorization for disclosure of PHI, the person to whom it is directed should review the form to determine if it is complete and specific. In particular, the following items should be reviewed:
 - a. Is the form signed by the individual who is the subject of the disclosure?
 - b. Is there a date or specific even listed that defines the period during which the authorization is in effect?
 - c. Is the authorization, based on this information, still in effect?
 - d. Is the information being requested specific enough so that it can be acted on?
 - e. Is it clear what PHI is being requested?
 - f. Is the purpose of the disclosure explained?
 - g. Is the amount and type of PHI requested reasonable and necessary, given the purpose of the request?
3. If the answer is “yes” to all the above, the disclosure can be approved. If the answer to any of the questions noted above is “no,” the staff person to whom the disclosure is directed should determine whether or not he or she will refuse to make the disclosure at all, or whether a partial disclosure will be made. If unsure, the staff person should consult with the Privacy Officer.
4. If the staff person to whom the authorization is directed believes that the authorization should be complied with in its entirety, he or she should write “OK,” and their initials and date at the bottom of the authorization form.
 - a. If the disclosure is an oral disclosure, the staff member should complete the consultation or discussion and document the date and time, list all those participating in the discussion, and the content of the conversation in the record of the individual if there is a current and open record, or on the back of the authorization form or on a piece of paper attached to the form for filing in the closed record of the individual.
 - b. If the disclosure is to be in writing, a copy of the correspondence should be attached to the authorization form and placed in the record.
 - c. If the disclosure requires copies of documents from the designated record set, the authorization form should then be directed to the Privacy Officer/designee, who will assign support staff to gather the information, copy it, and send it as directed in the authorization.

- i. Once the information has been sent, the person completing this task should write "Sent," specify how it was sent (mail, email, or fax), and then date and initial the bottom of the form.
 - ii. The form should then be filed in the administrative section of the record. Authorizations should be maintained in the current record for six years from their last effective date.
5. If the staff person to whom the authorization is directed does not believe that a disclosure should be made at all, or believes that the authorization is not valid, he or she should write a note on the bottom of the authorization as to why it will not be complied with, and then initial and date the form.
 - a. A letter should be mailed to the entity or person requesting the disclosure, explaining why the disclosure was not complied with.
 - b. A copy of the letter should be stapled to the original authorization and kept in the record.
 - c. If the staff person to whom the authorization is directed has determined that it can be partially complied with, he or she should specify on the bottom of the authorization the exact information to be released, and then date and initial the note. The staff member should then follow one or more of the options listed above for disclosing the PHI requested.

Charges for copying pursuant to an authorization

The HIPAA Privacy Rule and Washington statutes authorize that a reasonable fee may be charged for providing access to or copies of health care information pursuant to a valid authorization from the consumer. Only the actual costs for copying, postage and preparing any summary explanation may be charged. The NSMHA charge for copying is to provide the first 100 pages at no charge, and charge 10 cents per page for each page thereafter.