TITLE
Uses and Disclosures of Protected Health Information—Authorization Required

PURPOSE
In accordance with 45 CFR § 164.508, this procedure provides assistance and guidance to The University of Arizona (UA) Health Care Components (HCCs) regarding permissible uses and disclosures of Protected Health Information (PHI).

REVIEW/REVISIONS
- 06/2015

REFERENCE AND RELATED FORMS
- Capitalized terms are defined in HIPAA Privacy Program Guidance (Definitions of Key Words) and 45 CFR Parts 160 and 164
- HIPAA Privacy Program Form B (HIPAA Authorization)

PROCEDURES
Consistent with UA Policies and Procedures regarding permissible uses and disclosure of PHI, HCCs use and disclose PHI as necessary for the purposes of treatment, payment and health care operations. HCCs disclose and request disclosure of PHI for other purposes pursuant to valid Authorizations that comply with standards established in 45 CFR § 164.508 and as otherwise permitted by the HIPAA Privacy Rule.

1. HCCs must implement written procedures and practices regarding Authorization(s) to release PHI. HCCs must take particular care to incorporate the following standards into their Authorization procedures:
   a. Uses/disclosures of PHI for psychotherapy notes, marketing or sale of PHI is generally permissible only when the HCC has received a valid Authorization for such use/disclosure (see 45 CFR § 164.508(a)(2),(3) and (4)).
   b. Individuals may revoke an Authorization to use/disclose PHI at any time. Revocations must be in writing. Revocations do not apply to the extent that the HCC has taken action in reliance on the Authorization.
   c. Authorizations must be written in plain language.
   d. HCCs that are Covered Entities must provide the individual with a copy of the signed Authorization.
   e. Compound Authorizations are prohibited; however, an Authorization for the use/disclosure of PHI for a research study may be combined with any other type of written permission for the same or another research study, including:
      i. Combining Authorization for use/disclosure with another Authorization for the same research study.
      ii. Combining Authorization for use/disclosure with Authorization for creation of a research database/repository.
iii. Combining Authorization for use/disclosure with consent to participate in research.
iv. Authorization must clearly differentiate between what is conditioned (main study) and what is not conditioned (sub-study).
v. Authorization must allow the individual/patient to “opt-in” to the sub-study; may not be “opt-out.”

2. **Core Elements and Required Statements:** In addition to complying with the general requirements set forth in 45 CFR § 164.508(b)(1), HIPAA Authorizations must contain the Core Elements (45 CFR § 164.508(c)(1)) and Required Statements (45 CFR § 164.508(c)(2)). Those Core Elements and Required Statements are summarized below:

a. **Core Elements**
   i. A “specific and meaningful” description of the information to be used or disclosed.
   ii. The identification of the person or class of persons authorized to make the use/disclosure (“to all health care providers involved in my care” is acceptable).
   iii. A statement of the purpose of the use/disclosure (“at the request of the individual” is sufficient).
   iv. An expiration date or event (“end of research” or “none” is acceptable if the use/disclosure is for research purposes, including creation/maintenance of a research database/repository).
   v. Signature of the individual and date signed. If a personal representative/guardian signs the Authorization, that person’s authority to act for the individual must be provided.
   vi. If the Component seeks an authorization from the individual for a use/disclosure, the Component must provide the individual with a copy of the signed authorization.

b. **Required Statements**
   i. The individual’s write to revoke the authorization at any time (such revocation MUST be in writing) and EITHER
      1. The exceptions to the right to revoke AND a description of how to revoke the authorization OR
   ii. The ability/inability to condition treatment, payment, enrollment or eligibility for benefits by stating EITHER
      1. That the covered entity Component may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization OR
2. The consequences to the individual of a refusal to sign the authorization in those limited circumstances when the covered entity Component can condition treatment or eligibility for benefits. Those limited circumstances are listed in 45 CFR 164.508(b)(4) and include research.

iii. The potential for information disclosed pursuant to the Authorization to be subject to redisclosure by the recipient.