

# **KATHLEEN BACSIK, DDS HIPAA PRIVACY AUTHORIZATION FOR DISCLOSURE**

**PURPOSE:**

To provide a mechanism for appropriate disclosure of Protected Health Information (PHI).

**SUMMARY:**

KATHLEEN BACSIK, DDS will obtain the individual's permission prior to disclosing Protected Health Information (PHI) when it is used for other than routine or permissible non-routine disclosures.

**DEFINITIONS:**

Non-Routine Permissible Uses and Disclosures of PHI – Any release of information not specifically used to carry out routine treatment, payment or operations.

Protected Health Information (PHI) – Information in any form that can identify the patient and is related to a person's past, present or future physical or mental health condition, and anything associated with healthcare services or treatment.

Routine Uses and Disclosures of PHI– Information necessary to carry out treatment, payment or operations.

**POLICY:**

KATHLEEN BACSIK, DDS will not use or disclose PHI without an authorization, except as listed in the Uses and Disclosure of PHI policy. When KATHLEEN BACSIK, DDS receives a request for PHI, KATHLEEN BACSIK, DDS will adhere to the terms of the authorization.

Federal and state laws, regulations and rules will supersede HIPAA regulations when they are more stringent than HIPAA regulations.

The New York State Department of Health provides regulations for the release and distribution of HIV/AIDS related information. The New York State of Office of Mental Health and the Office of Alcohol and Substance Abuse Services provides regulations for the release and distribution of mental health/alcohol/substance abuse.

The New York State Department of Health in conjunction with NYS Office of Mental Health and the Office of Alcohol and Substance Abuse Services have authorized the use of the DOH-5032 form for release of medical information that includes mental health, HIV/AIDS, alcohol and substance abuse.

Valid Authorizations must include the following core elements:

- A description of the information to be used or disclosed that identifies the information in a meaningful fashion.
- The name or other specific identification of the person(s) or class of persons authorized to make the requested use or disclosure.
- The name of other specific identification of the person(s), or class of persons, to whom KATHLEEN BACSIK, DDS will make the requested use or disclosure.
- 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.
- An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The following statements meet the requirements for an expiration date or an expiration event if the appropriate conditions apply:
  - a. The statement “end of the research study” or similar language is sufficient if the authorization is for a use or disclosure of PHI for research.
  - b. The statement “none” or similar language is sufficient if the authorization is for KATHLEEN BACSIK, DDS to use or disclose PHI for the creation and maintenance of a research database or research repository.
- 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.

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

- The individual’s right to revoke the authorization in writing, a description on how the individual may revoke the authorization and exceptions to the right to revoke.
- The inability to condition treatment, on whether the individual signs the authorization.
- The potential for information disclosed pursuant to the authorization to be subject to re-disclosure by the recipient and no longer protected by this rule.

- If KATHLEEN BACSIK, DDS seeks an authorization from an individual for a use or disclosure of PHI, KATHLEEN BACSIK, DDS must provide the individual with a copy of the signed authorization.

An authorization should not be acted on and will be considered invalid if the document submitted has any of the following defects:

- The expiration date has passed or the expiration event is known by KATHLEEN BACSIK, DDS to have occurred
- The authorization has not been filled out properly or completely
- The authorization is known by KATHLEEN BACSIK, DDS to have been revoked
- The authorization lacks a required element
- The authorization has been combined with another document to create a compound authorization, except as listed below, or
- Any material information in the authorization is known by KATHLEEN BACSIK, DDS to be false.

An authorization may not be combined with any other document to create a compound authorization, except as follows:

- An authorization for the use or disclosure of PHI for a specific 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 research or consent to participate in the research.
- An authorization for use or disclosure of psychotherapy notes may only be combined with another authorization for use or disclosure of psychotherapy notes.
- An authorization for the use or disclosure of mental health or HIV PHI may not be combined with any other type of authorization.

The authorization must be written in plain English and must be complete to be effective. The authorization may contain additional elements or information, which are not required by the HIPAA regulation, although such additional elements or information may not conflict with the required “core” elements. KATHLEEN BACSIK, DDS must document and retain all completed and signed authorizations. A copy of the signed authorization must be provided to the patient.

If the opportunity to object to uses and disclosures required by HIPAA cannot practicably be provided because of the individual’s incapacity or an emergency treatment circumstance,

KATHLEEN BACSIK, DDS may use or disclose some or all of the protected health information provided such disclosure is consistent with a prior expressed preference of the individual, if any, that is known to KATHLEEN BACSIK, DDS.

KATHLEEN BACSIK, DDS may use or disclose PHI provided that the individual is informed in advance of the use or disclosure and has the opportunity to agree to or object, or request to restrict the use or disclosure.

All requests from outside KATHLEEN BACSIK, DDS should be forwarded/routed to the Office Manager.

- A healthcare provider may condition the provision of research-related treatment upon receipt of a valid written authorization from the patient.
- The purpose for conditioning the provision of health care upon an authorization is to create PHI for disclosure to a third party (for example, the performance of an independent medical examination done for the purpose of disclosing PHI to an individual's employer or to legal counsel).

An individual may revoke an authorization at any time. The revocation must be in writing. Once KATHLEEN BACSIK, DDS receives an individual's written revocation, it may no longer use and/or disclose PHI as specified in the original authorization, except to the extent that KATHLEEN BACSIK, DDS has already taken some action in reliance upon the authorization.

### **Cancer Registry – Sharing of Medical Information**

When medical information regarding a mutual patient is requested by another registry, the owner registry may share requested medical information without the patient's express authorization per NYSCRR, DOH, Public Health Law, Title 10. Re-release of said medical information for non-Cancer Registry business is strictly prohibited.

Each patient that is accessioned into the registry and submitted to NYSCR will be logged in the patients' medical record. If medical information is sent to another registry, which will be logged to ensure that proper Accounting of Disclosures is done.

### **PROCEDURE:**

The Authorization for Release of Medical Information form must be filled out completely prior to release of any medical information.

Revised December 31, 2017

KATHLEEN BACSIK, DDS must respond to the requester within 30 days of receiving an Authorization for Release of Medical Information, either by sending the requested information or an explanation of why it cannot be sent at this time.

The time frame for validity of an Authorization for Release of Medical Information should be specified on the release. If no time period is listed, KATHLEEN BACSIK, DDS will assume a 90-day period.

There is a fee for copies/services. The fee may be waived in certain circumstances. There will be no charge to patients for providing, releasing, or delivering medical records or copies or medical records where the request is for the purpose of supporting an application, claim or appeal for any government benefit or program requested by the said government entity or at the patient's request.

**RELATED POLICIES:**

Uses and Disclosures of PHI

**RELATED FORMS:**

Authorization for Release of Health Information (Including Alcohol/Drug Treatment and Mental Health Information) and Confidential HIV/AIDS related Information (DOH 5032)

**REFERENCES:**

45 CFR 164.508

NYSCRR, DOH, Public Health Law, Title 10

AUTHORIZED BY: \_\_\_\_\_  
KATHLEEN BACSIK, DDS