

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
HEALTH INFORMATION OPERATIONAL GUIDELINES

I. Authorizations to Use or Disclose Protected Health Information

A. POLICY

Rev. 06/01/2009

1. **Use and Disclosure:** The University of Florida may disclose protected health information (PHI) to third parties only if authorized by the patient or the patient's legal representative.
2. **Verification:** The University must verify the identity of any person authorizing the disclosure of PHI and, if not the patient, the person's relationship to the patient and their authority to consent to the disclosure.
3. **Valid Authorizations:** Only valid authorizations will be honored. Authorizations that contain any of the following defects will not be used for disclosure of PHI under any circumstances:
 - a) *Incomplete in any part,*
 - b) *Are known to have expired,*
 - c) *Are known to have been revoked, or*
 - d) *Appear falsified in any way.*
4. **Alteration or modification** of UF authorization forms is not allowed except by special permission and approval of the Privacy Office.
5. **Expiration Date:** Authorizations are generally only valid for disclosing information created prior to the date the authorization was signed.

B. DEFINITIONS

1. **Disclose:** To release, transfer, provide access to, or divulge in any manner, PHI held by UF.
2. **Personal Representative:** A person acting on behalf of the patient who must be treated as the patient for the purposes of the privacy regulations. (See Verification of Identity and Authority for a list of appropriate personal representatives.)
3. **Expiration Date:** The date through which an authorization may be used to disclose health information that was created prior to the date the authorization was signed. For example: On 8/1/09, an attorney presents a release of information authorization signed by her client on 2/12/08. The expiration date on the authorization is 2/12/10, which means it is still valid, but only for information that was created prior to 2/12/2008. If any information was created after that date, a new authorization is needed for its release.

C. PRIVACY REQUIREMENTS

1. **Uses and Disclosures:** The University of Florida may not use or disclose PHI for purposes other than treatment, health care operations, or purposes required by law, without an authorization that is valid.

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2. Valid authorizations must meet the following requirements:

a) Six required elements:

- (1) Specific, meaningful description of the information to be disclosed;
- (2) The name of the entity authorized to make the disclosure;
- (3) The name of the entity to whom the information may be disclosed;
- (4) A description of the purpose of the disclosure;
- (5) An expiration date or event,;
- (6) The signature of the patient or personal representative and the date of signing.

b) Three required statements:

- (1) The patient's right to revoke the authorization in writing, the exceptions to this right, and a description of how to revoke;
- (2) The ability or inability to condition treatment, payment, or eligibility for benefits on the authorization; and
- (3) The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer protected by the privacy regulations.

c) The authorization must be written in plain language.

- 3. Provide Copies:** The University must provide the individual with a copy of any authorization signed at the request of the University.

D. PROCEDURES:

- 1. Verify and document the identity** of the patient or personal representative on the Authorization form. For personal representatives, verify and document the relationship to the patient and authority to consent to the use or disclosure of PHI. (See Verification of Identity and Authority)
- 2. Use only an approved form:** University of Florida Authorization to Use and Disclose Protected Health Information form (see Forms) or a Shands Authorization form, unless the Privacy Officer specifically approves use of another form.
- 3. Forward** the completed authorization to the person or department responsible for the release of information from the record requested. If using a record copying service, forward the authorization to the service representative.
- 4. Honor only valid authorizations.** Return incomplete or invalid authorizations to the requestor with an explanation of the defect and how to correct it.

E. REFERENCES:

- 1. HIPAA:** 45 CFR §164.508 (Uses and Disclosures that Require Authorization)

F. EXHIBITS: None