



Uses and Disclosures of PHI

Policy # 2.5

Authorization for Release of PHI

Original
Effective Date:
6/21/2016

Revised Date:
3/22/2022

Purpose: To provide authorization requirements for uses and disclosures of PHI that are not permitted or required under HIPAA.

Policy: Travis County Covered Components will obtain authorizations for release of PHI from an Individual when a disclosure of PHI is not otherwise permitted or required under HIPAA. Covered Components receiving valid authorizations use or disclose PHI consistent with the authorization. Authorizations include required core elements under HIPAA and applicable Federal, State laws, rules, and regulations.

Process:

Distribution of Authorization Forms

1. The HIPAA Compliance and Privacy Officer will provide Travis County Covered Components with the [Authorization to Release PHI Form](#) that has been developed to comply with the requirements of the HIPAA Privacy Rule. Covered Components do not alter the Authorization Form in any way, except that Covered Components may place their seal on the Authorization Form.
2. Covered Components distribute the [Authorization to Release PHI Form](#) to Individuals who seek the release or disclosure of their PHI. Alternatively, the Covered Component directs the individual to obtain the Authorization Form from the Travis County website ([HIPAA Policies and Procedures](#)).
 - NOTE: An Individual's personal representative may request the Individual's PHI and is subject to the Verifying of identity and Authority of a person requesting PHI.
3. A Covered Component seeking to use or disclose PHI for any purpose other than those set forth in the policy entitled "[Permitted Uses and Disclosures of Protected Health Information](#)" requests that an individual completes an Authorization Form. An Individual's authorization is **always** required to use or disclose **psychotherapy notes** for purposes other than those set forth below:
 - For treatment;
 - For internal training programs in which mental health trainees learn to practice their skills in group, joint, family or Individual counseling;
 - For the Covered Component's own defense in a legal proceeding brought by the Individual;

- When the disclosure is required by the Secretary of Health and Human Services to investigate a Covered Component's compliance with HIPAA requirements;
- When the disclosure is required by law;
- When the disclosure is required for health oversight activities;
- When the disclosure is to a medical examiner or coroner who is carrying out his or her lawful duties; **or**
- When disclosure is necessary to:
 - prevent or lessen a serious threat to the health or safety of a person or the public, **or**
 - identify or apprehend an Individual who has escaped from lawful custody or has admitted to participating in a violent crime believed to have caused serious harm to the victim

Obtaining and Retaining Authorizations

1. Individuals seeking PHI, or who have been requested to disclose PHI using an Authorization, **must complete, sign and submit** an Authorization Form to the Covered Component that holds the subject PHI. An Authorization may not be combined with any other document unless one of the following exceptions applies:
 - Authorizations to use or disclose PHI for a research study may be combined with any other type of written permission for the same research study, including a consent to participate in such research;
 - Authorizations to use or disclose psychotherapy notes may be combined with other Authorizations related to psychotherapy notes; or
 - Authorizations to use or disclose PHI other than psychotherapy notes may be combined, but only if the Covered Component has not conditioned the provision of treatment or payment upon obtaining the Authorization.
2. The Covered Component will forward a copy of the Authorization Form to the HIPAA Compliance and Privacy Officer or Privacy Liaison.
3. The HIPAA Compliance and Privacy Officer or Privacy Liaison will verify that the Authorization Form is complete and valid prior to directing the Covered Component to disclose the requested PHI.
4. If the Authorization is incomplete or invalid, the requestor is notified of the Authorization's deficiencies and told that they must be corrected. In the event that an Individual provides an Authorization on a form that was not developed by the HIPAA Compliance and Privacy Officer, the HIPAA Compliance and Privacy Officer or Liaison may request that the Individual re-submit the Authorization using the Travis County Form ([Authorization to Release PHI Form](#)) or may review and confirm that the submitted Authorization contains all of the elements required by law.
5. When a valid Authorization is received, the HIPAA Compliance and Privacy Officer or Privacy Liaison directs the Covered Component to disclose only the PHI specified in the Authorization.
6. The Authorization Form is retained by the Covered Component who received it for **6** years from the date of execution. The Authorization will be filed in the Individual's medical record or health plan file.

7. Covered Components **may not require** an Authorization to treat an Individual **except** if:
- The creation of the PHI is done specifically to disclose the PHI to a third party.
 - The covered component is a health plan, and the authorization is a condition of eligibility for enrollment if the purpose is to determine underwriting or risk rating. This exception does not apply to authorizations for a use or disclosure of psychotherapy notes.

Revocation of Authorization

1. The requestor may revoke an Authorization in writing at any time, however, disclosures made by Travis County in reliance on the Authorization before Travis County receives the revocation are not subject to the revocation.
2. ***The Authorization may ONLY be revoked in writing.*** Questions regarding revocation should be directed to the HIPAA Compliance and Privacy Officer.
3. Upon receipt of a written revocation, the Covered Component will forward the revocation and the original Authorization Form to the HIPAA Compliance and Privacy Officer or Privacy Liaison.
4. The HIPAA Compliance and Privacy Officer or Liaison will write the effective date of the revocation on the original Authorization Form.
5. When Authorizations are revoked, Travis County Covered Components no longer use or disclose the Individual's PHI for any purpose other than those set forth in the policy entitled "[Permitted Uses and Disclosures of Protected Health Information.](#)"
6. The person who discloses the PHI, either an authorized workforce member or the HIPAA Compliance and Privacy Officer or Privacy Liaison, appropriately documents the request and delivery of the PHI on the tracking log provided by the HIPAA Compliance and Privacy Officer. Such tracking log will be completed as described in the policy [Accounting of Disclosures](#) (called "Tracking" in this table).

Each revocation will be filed in the individual's medical record or health plan file and retained for **6** years from its effective date.