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| <p>Pennsylvania Hospital & Surgery Center</p> <p>ADMINISTRATIVE POLICY MANUAL</p> | <p>Page 1</p> <p>Effective: 0408</p> |
| <p>SUBJECT: DISCLOSURES OF PROTECTED HEALTH INFORMATION WITH PATIENT AUTHORIZATION</p> <p>POLICY NUMBER: HIP7</p> | |

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Attachment(s):
[Authorization Form](#)

Related Policies:
[HIP8 Disclosures Where No Form of Patient Permission is Required](#)

[HIP9 Disclosure of Information from the Patient Information System](#)

[HIP10 Disclosure of Protected Health Information to Family and Friends](#)

[HIP16 Access to Protected Health Information by Personal Representatives](#)

[HIP20 Uses and Disclosures for Treatment, Payment and Healthcare Operations](#)

POLICY

For purposes of this policy, Pennsylvania Hospital includes all off campus licensed facilities, including but not limited to the Surgery Center of Pennsylvania Hospital.

It is the policy of Pennsylvania Hospital that protected health information (PHI) will be used and disclosed in a manner that respects a patient's right to privacy, and in accordance with HIPAA privacy regulations and applicable laws.

SCOPE

This policy applies to all disclosures of PHI with patient authorization.

IMPLEMENTATION

This policy will be implemented by the Privacy Office and by those who disclose PHI with patient authorization.

DEFINITIONS

Protected health information (PHI) is information that is created or received by UPHS and the School of Medicine; and relates to the past, present, or future physical or mental health or condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient; and that identifies the patient or for which there is a reasonable basis to believe the information can be used to identify the patient. PHI includes information of persons living or deceased. The following components of a patient's information also are considered PHI: a) names; b) street address, city, county, precinct, zip code; c) dates directly related to a patient, including birth date, admission date, discharge date, and date of death; d) telephone numbers, fax numbers, and electronic mail addresses; e) Social Security numbers; f) medical record numbers; g) health plan beneficiary numbers; h) account numbers; i) certificate/license numbers; j) vehicle identifiers and serial numbers, including license plate numbers; k) device identifiers and serial numbers; l) Web Universal Resource Locators (URLs); m) biometric identifiers, including finger and voice prints; n) full face photographic images and any comparable images; and o) any other unique identifying number, characteristic, or code.

Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within UPHS and the School of Medicine.

Disclosure means the release, transfer, provisions of access to, divulging in any other manner of information outside UPHS and the School of Medicine.

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Psychotherapy Notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical records. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

PROCEDURE

A. Required Form

The HIPAA privacy regulations create standards for how authorizations must be written and the information they must contain. The authorization form that an individual signs must be written in plain English and contain certain required elements. The form attached to this policy contains those required elements, and may not be altered without the approval of the UPHS Privacy Office.

B. Obtaining Authorization

A patient's authorization must be obtained prior to using or disclosing PHI unless the PHI is being used or disclosed for:

- a) Treatment, payment, or healthcare operations (see policy # HIP20), "Uses and Disclosures for Treatment, Payment, or Health Care Operations")
- b) Purposes not requiring patient permission (see policy # HIP8), "Disclosures Where No Form of Patient Permission is Required")

C. Authorization required for mental health, substance abuse, and HIV-related records

In all cases, including those described in B. above, patient authorization is specifically required for the disclosure of protected health information of patients (a) seeking or receiving mental health services; (b) seeking or receiving treatment for drug and alcohol abuse or dependency; or (c) HIV-related information. This information is confidential and subject to special disclosure requirements. Such information may also be disclosed pursuant to a court order explicitly authorizing release of information. A statement warning against re-disclosure must accompany the record copy.

D. Special provisions for psychotherapy notes

Further, patient authorization is required for any use or disclosure of psychotherapy notes, except to carry out the following treatment, payment, or healthcare operations:

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- a) Use by the originator of the notes for treatment;
- b) Use or disclosure by Pennsylvania Hospital in training programs in which students, trainees or practitioners in mental health learn under supervision to practice or improve their skills in counseling;
- c) Use or disclosure by Pennsylvania Hospital to defend a legal action or other proceeding brought by the patient;
- d) Uses or disclosures to the subject of the psychotherapy notes;
- e) Uses or disclosures required by law;
- f) Uses or disclosures for health oversight activities with respect to the originator of the notes;
- g) Uses or disclosures about decedents to coroners and medical examiners; and
- h) Uses or disclosures to avert a serious threat to health or safety.

A standard subpoena is generally insufficient to authorize release of this information.

E. Prohibition on requiring an authorization in order to provide treatment

Pennsylvania Hospital may not condition treatment on the provision of an authorization, with the exception of treatment that is also research requiring the patient's informed consent.

F. Revocation of authorization

An individual may revoke an authorization in writing, at any time, except to the extent that Pennsylvania Hospital has taken action in reliance on the authorization.

G. See also:

- Policy # HIP8, Disclosures where no form of patient permission is required
- Policy # HIP9, Use / Disclosure of Information from the Patient Information System
- Policy # HIP10, Disclosures to Family and Friends
- Policy # HIP16, Personal Representatives

/s/Kathleen Kinslow
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 Executive Director

05/05/08
 Date

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