

Bethany Life Communities	Date Written: 2-24-2003	Date Revised: 8-3-2009
<i>Elements of a Valid Authorization for Use or Disclosure of PHI (HIPAA Privacy)</i>	Page 1 of 3	

Policy Statement

Except for the uses and disclosures of protected health information (PHI) permitted or required by law, Bethany Life Communities shall not use or disclose a resident's protected health information without a valid, written authorization. When Bethany Life Communities obtains or receives a valid authorization for its use or disclosure of protected health information, such use or disclosure shall be consistent with the authorization. Bethany Life Communities shall not disclose information to another party pursuant to a defective authorization. Bethany Life Communities shall not condition treatment or residency on the provision of an authorization, except as permitted by law.

Policy Interpretation and Implementation

1. Bethany Life Communities' provision of treatment to residents may not be conditioned on the resident's provision of an authorization for the use or disclosure of PHI except:
 - a. For treatment being provided in connection with a research study; or
 - b. When the sole purpose of the treatment is to create PHI for disclosure to a third party.
2. each authorization for the use or disclosure of a resident's PHI will be written in easy to read language and will include, as a minimum, the following information:
 - a. The name of the resident.
 - b. A specific and meaningful description of the information to be used or disclosed;
 - c. The name or specific identification of the person or class of person(s), or class of persons, authorized to make the use or disclosure;
 - d. The name or specific identification of the person(s), or class of person(s), or class of persons, to whom the requested use or disclosure may be made.
 - e. 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 provide a statement of the purpose.
 - f. An expiration date or expiration event that relates to the resident or the purpose of the use or disclosure. The statement "end of research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of PHI for research, including for the creation and maintenance of a research database or research repository.
 - g. A statement of the resident's right to revoke the authorization in writing, and exceptions to the right to revoke the authorization. Upon written notice of revocation, further use or disclosure of PHI shall cease immediately except to the extent that Bethany Life Communities has acted in reliance upon the authorization or use or disclosure is otherwise permitted or required by law;

Bethany Life Communities	Date Written: 2-24-2003	Date Revised: 8-3-2009
<i>Elements of a Valid Authorization for Use or Disclosure of PHI (HIPAA Privacy)</i>	Page 2 of 3	

- h. A statement of the potential for information disclosed pursuant to the authorization to be subject to re-disclosure by the recipient of the information and no longer protect under the HIPAA Privacy Rule.
 - i. If the authorization is for the disclosure of mental health information, a statement advising the resident of the resident's right to inspect the disclosed PHI at any time.
 - j. If the authorization is obtained for marketing purposes and involves direct or indirect remuneration to Bethany Life Communities from a third party, a statement that such remuneration is involved.
 - k. The dated signature of the resident.
 - l. If the authorization is signed by a personal representative of the resident, a description of the representative's authority to act on behalf of the resident.
3. An authorization for use or disclosure of PHI may not be combined with any other document to create a compound authorization, except as permitted below:
 - a. An authorization for the use or disclosure of 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.
 - b. An authorization for a use or disclosure or psychotherapy notes may only be combined with another authorization for a use or disclosure of psychotherapy notes.
 - c. An authorization for use and disclosure of PHI, other than an authorization for psychotherapy notes, may be combined with any other authorization for use and disclosure of PHI, except when one of the authorizations conditions the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an authorization.
 4. Bethany Life Communities will not obtain or honor an authorization that contains any of the following defects:
 - a. The expiration date or event has passed.
 - b. The authorization has not been filled out completely with respect to any core element or statement required under paragraph 2 above.
 - c. The authorization is known to have been revoked.
 - d. The authorization violates the requirements regarding compound authorizations described in paragraph 3 above.
 - e. The authorization conditions the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an authorization, except as permitted under paragraph 1 above.
 - f. Any material information in the authorization is known to be false.
 5. If Bethany Life Communities seeks an authorization from a resident for a use or disclosure of PHI, Bethany Life Communities will provide the resident with a copy of the signed authorization.
 6. A copy of a resident's signed authorization will be retained in the resident's record.

Bethany Life Communities	Date Written: 2-24-2003	Date Revised: 8-3-2009
<i>Elements of a Valid Authorization for Use or Disclosure of PHI (HIPAA Privacy)</i>	Page 3 of 3	

7. The HIPAA Compliance Officer has designed nurses with the responsibility for obtaining authorizations when use or disclosure of protected health information is necessary.