

University of Colorado Health Sciences Center
HIPAA Policy

Policy:	3.1	Latest Revision: 02/26/03
	Valid Authorization	Page: 1 of 5

I. Purpose, Reference, and Responsibility

A. Purpose

To ensure that all authorizations as required by HIPAA contain specified elements in order for them to be considered valid for the use or disclosure of Protected Health Information (PHI). UCHSC may not use or disclose PHI without a valid authorization from an individual or his or her representative, except as otherwise permitted or required and described within this policy or other UCHSC HIPAA policies. Use or disclosure of PHI must be consistent with what is included in the valid authorization and for the specified purpose.

B. Reference

45 C.F.R. § 164.508.

C. Responsibility

It is the responsibility of anyone who uses or discloses PHI to follow this policy and ensure that a valid authorization has been obtained, except as otherwise permitted or required by this policy or other UCHSC HIPAA policies, prior to the use or disclosure of PHI as described in the valid authorization.

II. Applicability and Definitions

A. Applicability

This policy applies to obtaining a valid authorization for the use or disclosure of PHI, except as otherwise permitted or required by this policy or other UCHSC HIPAA policies.

University of Colorado Health Sciences Center
HIPAA Policy

Policy:	3.1 Valid Authorization	Latest Revision: 02/26/03 Page: 2 of 5
---------	----------------------------	---

B. Definitions

Health Care Operations
Payment
Protected Health Information (PHI)
Psychotherapy Notes
Treatment
Valid Authorization

III. Policy

A. General

The UCHSC has a standard format and guidelines for the purpose of obtaining valid authorization for the use and disclosure of PHI. The UCHSC Authorization Form Template and Directions should be used to create all authorizations. If the template cannot be used, the following provisions must be followed. Exceptions to obtaining a written and valid authorization from the individual whose PHI is being used or disclosed are included in this and other UCHSC HIPAA policies.

1. Under this UCHSC policy, use and disclosure of PHI requires a valid authorization, which must contain the following elements:
 - a. Specific description of the information to be used or disclosed;
 - b. Name of person(s) or job title authorized to make the use or disclosure;
 - c. Name of person(s), business name, or class of persons to whom UCHSC can make the requested use or disclosure;
 - d. Description of each purpose of the requested use or disclosure;
 - e. Expiration date or expiration event; and,
 - f. Signature of the individual and date.

If the authorization is signed by a personal representative, a description of the representative's authority to act for the individual must also be provided.

University of Colorado Health Sciences Center
HIPAA Policy

Policy:	3.1	Latest Revision: 02/26/03
	Valid Authorization	Page: 3 of 5

2. A valid authorization must be written in plain language.
3. A valid authorization must contain statements adequate to place the individual on notice of all of the following:
 - a. The individual's right to revoke the authorization in writing and the exceptions to the right to revoke and a description of how the individual may revoke the authorization.
 - b. A statement that:
 - i. the UCHSC may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization, if the UCHSC may not condition the authorization pursuant to UCHSC HIPAA [Policy 3.4](#); or,
 - ii. if the UCHSC may condition the authorization pursuant to UCHSC HIPAA [Policy 3.4](#), the consequences to the individual of a refusal to sign the authorization; and,
 - c. A statement that the potential exists for information disclosed via the authorization to be subject to redisclosure by the recipient of the information and therefore no longer protected by HIPAA.
4. UCHSC must provide the individual with a copy of the signed authorization.
5. UCHSC must retain the authorization for six years following the date it was signed or was last in effect, whichever is later.
6. An individual may revoke an authorization at any time, provided that the revocation is in writing, except to the extent that UCHSC has taken action based on the authorization and prior to notice of revocation. (See UCHSC HIPAA [Policy 3.5](#).) If revoked, the authorization is not valid and may not be used.

University of Colorado Health Sciences Center
HIPAA Policy

Policy:	3.1	Latest Revision: 02/26/03
	Valid Authorization	Page: 4 of 5

7. The UCHSC may not use the authorization if:
 - a. The expiration date has passed or the expiration event is known by the UCHSC to have occurred;
 - b. Any material information in the authorization is known by the UCHSC to be false;
 - c. The authorization has not been filled out completely;
 - d. The UCHSC knows that the authorization has been revoked;
 - e. The authorization has been inappropriately combined with another document creating an improper compound authorization, or
 - f. The authorization has been inappropriately conditioned in violation of UCHSC HIPAA [Policy 3.4](#).
8. The UCHSC shall not use or disclose PHI without a valid authorization, except as otherwise permitted or required in this policy and other UCHSC HIPAA policies.
9. There are circumstances when a use or disclosure may be performed without valid authorization.
 - a. Treatment, payment, or health care operations.
 - b. Authorization obtained prior to April 14, 2003.
 - c. When use or disclosure of PHI is required by law.

B. Compound Authorizations

1. An authorization for use or disclosure of PHI may **not** be combined with any other document to create a compound authorization, **except** as follows:
 - 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 another authorization for the use or disclosure of PHI for the research or a consent to participate in the research study;

University of Colorado Health Sciences Center
HIPAA Policy

Policy:	3.1 Valid Authorization	Latest Revision: 02/26/03 Page: 5 of 5
---------	----------------------------	---

- b. An authorization for the use or disclosure of psychotherapy notes may only be combined with another authorization for a use or disclosure of psychotherapy notes; and,
- c. An authorization, other than an authorization for the use or disclosure of psychotherapy notes, **may be** combined with any other authorization except when UCHSC has conditioned the provision of treatment or payment, enrollment in a health plan, or eligibility for benefits on the provision of one of the authorizations.