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| Title: | DPH Privacy and Security Manual |
| Chapter: | III. Use and Disclosure Policies, Authorizations |
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Purpose

The purpose of the Division of Public Health (DPH) Authorizations policy is to establish the DPH requirements to use a standard HIPAA-compliant authorization form when it is necessary to obtain a client's permission to disclose individually identifiable health information (IIHI). This policy is in compliance with the [DHHS Policy and Procedure Manual, Section VIII, Security and Privacy, Authorizations](#), that establishes the NC Department of Health and Human Services (DHHS) requirements for authorizations.

Policy Scope: This policy and procedure applies to all DPH workgroups that serve clients, including:

- *Covered health care components*
- *Internal business associates*
- *Non-covered DPH workgroups that provide direct healthcare service to clients, and that also maintain individually identifiable health information created by the workgroups.*

Background

DPH has a duty of confidentiality to any individual whose health information the agency maintains. Therefore, DPH shall not disclose, or be required to disclose, in individually identifiable format, information about any individual without that individual's explicit written authorization, **except for** specifically enumerated "otherwise permitted" purposes such:

- Treatment, payment, and health care operations
- Emergency treatment
- Public health activities
- Law enforcement
- Auditing
- Health care oversight purposes
- To avert a serious threat to health or safety
- When required by law, where state and federal law requires specific disclosures.

Authorizations obtained or received for disclosure of IIHI must be consistent with authorization requirements identified in this policy. An authorization permits, but does not require DPH to disclose IIHI.

Authorizations obtained from an individual “must also be voluntary and informed. This means that the authorization process must provide individuals with the opportunity to know and understand the circumstances regarding a requested authorization” (from the NC Institute of Government).

Policy

The Division of Public Health shall disclose IIHI only upon explicit written authorization by a client or personal representative, unless state or federal law requires or allows for specific exceptions. HIPAA also allows for specifically enumerated exceptions where IIHI can be disclosed without an authorization and DPH workgroups must evaluate these exceptions against specific NC state law and regulations that govern the disclosure of IIHI.

Unless otherwise required by state or federal laws, the Division, as a Public Health Authority defined under HIPAA, does not require an individual’s authorization to receive, use or disclose IIHI for its mandated public health activities. Also, the Division does not require an individual’s authorization to exchange IIHI with other Public Health Authorities, such as local health department or the Centers for Disease Control, while conducting authorized public health activities, unless an authorization is otherwise required by state or federal laws.

Implementation

Permitted Disclosures without an Authorization

HIPAA differentiates between:

- Use, which is, with respect to IIHI, the sharing, employment, application, utilization, examination, or analysis of such information within the covered entity that maintains such information.
- Disclosure, which is the release, transfer, provision of access to, or divulging in any other manner of information outside the covered entity holding the information.
- Before disclosing IIHI, DPH staff should make sure that the disclosure meets one (or more) of the following criteria before disclosing without a client’s authorization:
- The disclosure is for Treatment, Payment, or healthcare Operations (TPO), unless authorization is required by more stringent state or federal laws

Note: For further guidance regarding client permission for TPO, refer to:

- [DPH Privacy Policy, Consent for TPO](#)
- Memorandum, “[New state law regarding disclosures of patient information for purposes of treatment, payment, and health care operations](#),” Chris Hoke, Chief, Legal and Regulatory Affairs, NC Division of Public Health, Joy Reed, Head, Technical Assistance, NC Division of Public Health, Jill Moore & Aimee Wall, UNC Institute of Government.
- “[Frequently Asked Questions About New G.S. 130A-12](#),” Jill Moore & Aimee Wall, UNC School of Government, August 2004.

- The disclosure is made directly to the client or client’s personal representative at the client’s request.
- The disclosure is required by law.
- The disclosure is about victims of adult and child abuse and neglect or about domestic violence, as required by state law and regulations.
- The disclosure is within the boundaries defined by applicable federal and state laws and regulations and specific public health program requirements.
- The disclosure is for public health activities.
- The disclosure is for public health program oversight and monitoring, as defined by applicable federal and state laws and regulations and by program requirements, for example to ensure compliance with program standards.
- The disclosure is for specific law enforcement purposes as defined in the Privacy Regulation and in the [DPH Privacy Policy, Uses and Disclosures of IIHI](#). Note: The following document provides guidance on permitted disclosures for law enforcement activities: NC Division of Public Health, Office of the Chief Medical Examiner, “HIPAA Guidance for Law Enforcement,”
- The disclosure is for research purposes where an IRB or Privacy Board has approved a waiver of authorization and has documented this approval.
- The disclosure is in response to judicial and administrative proceedings. Refer to the [DPH Privacy Administrative Policies, Legal Occurrences](#) for more information about responding to legal proceedings.

Important: All requests for client information involved in legal proceedings should be reviewed with the Division's representative in the NC Office of the Attorney General. Do not respond without guidance from the Office of the Attorney General.

- The disclosure involves the release of a limited data set pursuant to a data use agreement, as defined in the DHHS and DPH Privacy policies, [De-Identification of Health Information and Limited Data Sets](#).
- De-identified information as defined by the Privacy Regulation and the DHHS and DPH Privacy policies, [De-Identification of Health Information and Limited Data Sets](#).
- The disclosure is to organ procurement organizations.
- The disclosure is to medical examiners and coroners to identify a deceased person or determine cause of death.
- The disclosure is to funeral directors.
- The disclosure, based on professional judgement, is to avert a serious threat to health and safety to an individual or the public.
- The disclosure is for specifically defined specialized government functions. For example, an agency administering a public benefit program is permitted to share eligibility information related to the program with another government agency that is a covered entity providing public benefits if their programs serve similar populations and the disclosure is necessary to coordinate the covered functions of the programs or to improve management and administration of the programs.

- The disclosure is required to comply with worker’s compensation laws.
- The disclosure involves limited information from a facility directory, as specified in the Privacy Regulation and is to family members or friends involved in the individual’s care or to a member of the clergy. The individual must be given an opportunity to agree to or object in advance, or to prohibit or restrict this use or disclosure.

If the use or disclosure does not meet the above criteria, an individual’s authorization is required.

The DHHS and *DPH Privacy Policies, Use and Disclosures*, provides further guidelines, on disclosures of IIHI and how the Division can use and disclose IIHI. The NC Institute of Government provides additional guidance in the following material: “[Using and Disclosing Information with Individual Permission](#),” “[Responding to Subpoenas for Health Information, Guidance for Local Health Departments](#).”

- Refer to the [DPH Privacy Administrative Policies, Legal Occurrences](#) for more information about responding to legal proceedings.

Important: All requests for client information involved in legal proceedings should be reviewed with the Division's representative in the NC Office of the Attorney General. Do not respond without guidance from the Office of the Attorney General.

While HIPAA does not require individual authorizations in the above situations, covered entities, such as healthcare providers, have the option to implement standards that exceed HIPAA’s requirements. HIPAA permits, but does not require a covered entity to disclose IIHI without an authorization and some entities have implemented policies that they require an authorization for all releases of IIHI, unless the requestor can substantiate the authority to receive the information. The Division has prepared general guidance regarding HIPAA’s public health exemption and required by law provisions. The Division has also prepared similar guidance for specific public health programs. This material is available at the DPH HIPAA website at <http://www.schs.state.nc.us/hipaa/>.

To safeguard against unauthorized disclosure, DPH staff must understand the federal and state laws and regulations that apply to their program regarding use and disclosure of IIHI. Staff must also understand their specific programmatic reporting requirements regarding IIHI. Where federal and state laws provide more protections than HIPAA (for example HIV/STD, substance abuse, and mental health laws), the state and federal law preempt HIPAA and take precedence.

The following are two examples where HIPAA does not require an authorization but other laws and regulations require permission to disclose IIHI:

- CDSA's are not subject to HIPAA Privacy Regulation; however, the Family Education Rights and Privacy Act (FERPA) requires that no IIHI can be disclosed for any purpose (with a very few limited exceptions) without the parent or legal guardian’s written authorization to release the information.
- NC state communicable disease laws restrict disclosures of IIH except healthcare personnel providing medical care to the patient and for specific purposes to spread control diseases and

to protect the health of the public. While HIPAA permits disclosure for payment and healthcare operations, North Carolina law requires individual permission to disclose IHI for these purposes.

DHHS Standard Authorizations

When an authorization to disclose IHI is required, all DPH workgroups shall use a standard authorization form, “[DHHS 1000, Authorization to Disclose Health Information](#),” which contains the elements necessary to be considered a valid authorization. The standard [DHHS authorization form](#) and basic instructions for completing it are included with this policy.

Copies of the standard authorization form are available on the DPH HIPAA website at <http://www.schs.state.nc.us/hipaa/> and can be requested from the DPH Privacy Office.

Any requests to change the standard DHHS authorization form must be made to the DPH Privacy Office, which will negotiate the requested changes with the DHHS Privacy Official. Any alterations to the standard form must be prior approved by the DHHS Privacy Office.

Notes: The CDSAs have a modified standard authorization approved for their use called DHHS 7001, North Carolina Infant Toddler Program Authorization to Disclose Health Information. Local health departments have a modified standard authorization approved for their use, called [NC DHHS 4056, Patient Authorization to Permit Use and Disclosure of Health Information](#) However, as separate legal entities under HIPAA, local health departments can implement their own local authorization forms as long as they include the required elements. For research-related disclosures where an IRB has not waived the authorization requirement, there is a standard DHHS authorization form, [NC DHHS-1001, “Authorization to Disclose Health Information for Research.”](#)

To expedite and facilitate the process for obtaining client authorizations, DPH programs have developed authorizations using the DHHS standard authorization that pre-fill the information required for their programs. This information includes the specific purpose of the disclosure, the specific information being disclosed, and often the entities to which the information is being disclosed.

The standard authorization form is written in plain and simple language that a client (or personal representative) can easily read and understand. The standard authorization shall be made available in languages understood by a majority of clients served by DPH, English and Spanish.

A copy of the approved [DHHS standard Spanish authorization](#) is included. You may also contact the DPH Privacy Office to request a Spanish-language version the “Authorization to Disclose Health Information.”

Brailled authorization forms shall be available from the Division of Services for the Blind for clients who are blind and request such format.

Valid Authorization

The DHHS standard authorization form contains the core elements listed below. Any authorization form received by a DPH workgroup from an agency/individual outside of DHHS shall be honored only if it contains the following elements:

- A specific and meaningful description of the information to be used or disclosed;
- The name or other specific identification of the person or class of persons authorized to make the requested use or disclosure of the information;
- The name or other specific identification of the person or class of persons to whom the use or disclosure can be made;
- A description of each purpose of the requested disclosure (the statement “at the request of the client” is a sufficient description of the purpose when a client initiates the authorization and does not, or elects not to, provide a statement of the purpose);
- An expiration date or event that relates to the client or the purpose of the use or disclosure. The following statements meet the requirements for an expiration date or an expiration event if the appropriate conditions apply:
 - The statement “end of the research study” or similar language is sufficient if the authorization is for use or disclosure of IHHI for research
 - The statement “none” or similar language is sufficient if the authorization is for the agency to use or disclose individually identifying health information for the creation and maintenance of a research database or research repository; and
- Signature of the client and the date of the signature. If a client’s personal representative signs the authorization form, a description of the personal representative’s authority to act on behalf of the client must also be provided.

An Authorization [checklist of the required elements](#) that constitute a valid HIPAA authorization is included in this policy.

In addition to the required elements, the authorization form contains statements adequate to inform the client of the following:

- The client’s right to revoke the authorization in writing, the exceptions of the right to revoke, and a description of how the client may revoke the authorization;
- The consequences (as identified in the “Conditioning of Authorizations” section of this policy) to the client for refusal to sign the authorization form; and
- The potential for information to be subject to re-disclosure by the recipient and no longer protected by state or federal law.

The DPH Privacy Office can explain the elements required on the form, and can review all authorizations received to ensure that they meet the standards mandated by HIPAA and follow the NC DHHS and DPH Privacy Authorizations policies.

Invalid Authorizations

DPH will not honor a request to release information if the authorization is invalid. An authorization is considered invalid if the document has any of the following defects:

- Expiration date has passed or the expiration event is known to have occurred
- The authorization does not have all the required elements filled out.
- The authorization form does not contain the core elements of a valid authorization
- The authorization is known to have been revoked
- Any information recorded on the authorization form is known to be false
- An authorization for psychotherapy notes is combined with a request for disclosure of information other than psychotherapy notes.

All invalid authorizations should be returned to their originator explaining the reasons that you cannot honor the authorization request. Explain that the authorization request will be reviewed again it is resent with the required elements.

Consult the DPH Privacy Office if you receive an authorization that you suspect is invalid and require clarification regarding the authorization.

Psychotherapy Notes

A separate authorization must be obtained for disclosure of the personal notes of a mental health professional that are separated from the rest of a client's medical record. There are very limited exceptions to when a separate authorization for personal psychotherapy notes is not required, such as by the originator for treatment purpose and disclosures required by law.

Refer all authorizations for psychotherapy notes to the DPH Privacy Office. The DPH Agency Privacy Official will consult with the DHHS Privacy Officer regarding questions about DPH's authority to disclose psychotherapy notes without a valid separate authorization.

Compound Authorization

An authorization for disclosure of individually identifiable health information shall not be combined with any other written legal permission from the client (e.g., Consent for Treatment, Assignment of Benefits), except as follows:

- Research studies that include treatment may combine authorizations for the same research study, including consent to participate in the study.
- An authorization for disclosure of psychotherapy may not be combined with any other authorization except that psychotherapy notes are needed from more than one provider or are disclosed to more than one recipient, authorizations for psychotherapy notes may be combined.
- A single authorization may be used for disclosure to multiple agencies/individuals involved in the coordination of care for a client. Where multiple agencies are involved in the client care, a

reciprocal authorization can be obtained to exchange the same information among for the same purpose among the agencies.

An authorization that specifies a condition for the provision of treatment, payment, enrollment in health plan or eligibility for benefits may not be combined with any other authorization.

Refer questions about Compound Authorizations to the DPH Privacy Office, who can help determine when compound authorization may be appropriate and when it is prohibited.

Conditioning of Authorization

DPH cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on whether or not a client signs an authorization form, except as follows:

- The conditioning of research-related treatment can be conditioned on a client authorizing the use or disclosure of IIHI for such research
- The provision of healthcare solely for the purpose of creating IIHI for disclosure to a third party, for example a physical examination for a life insurance policy
- The disclosure is for eligibility or enrollments before enrolling in a health plan if the authorization is not for psychotherapy notes.

Signatures

Each authorization must be signed and dated by the client (or personal representative). If a client's personal representative signs the authorization form, a description of such authority to act for the client must also be documented on the form.

Refer to the DHHS and [DPH Privacy Policy Client Rights, Personal Representatives](#), for information about who has the authority to sign an authorization on behalf of a client.

If a client (or personal representative) is unable to sign his/her name, an "X" or other mark/symbol is acceptable in place of a signature, as long as it is witnessed and documented, attesting to the validity of the signature. Otherwise, a witness signature is not required for an authorization.

Dates

Each authorization must state an expiration date or event, such as a specific date (e.g., January 1, 2004); a specific time period (e.g., one year from the date of signature); or an event directly relevant to the client or the purpose of the disclosure (e.g., end of research study, or 60 days after discharge). Unless otherwise revoked sooner by the client, an authorization is valid for a period of up to one year, except for financial transactions (e.g., billing or claims), where the authorization is valid indefinitely.

The expiration date or event for each authorization must be acknowledged and actions taken on that authorization must be consistent with such limitations.

Revocation of an Authorization

The authorization must state that a client has the right to revoke the authorization at any time, except to the extent that the DPH has already taken action based upon the authorization. Any request for revocation should be in writing. The authorization form itself includes instructions on how the client may revoke an authorization.

If a client revokes an authorization, you cannot release information from the effective date of the revocation and must make all efforts to prevent the previously authorized information from being released after the revocation date. You are not required to prevent or recall authorized release of information, beyond “reasonable measures,” if DPH has already taken action on a rescinded authorization before the revocation date.

Retention Period

The signed written authorization form and its revocation, if any, must be retained either as part of the medical record, the client file, or separately. DPH workgroups that maintain authorization forms in their medical records must adhere to the retention period in DPH’s retention and disposition schedule for client records.

If authorization and revocation forms are maintained other than in a client record, those forms must be maintained in accordance with the *General Schedule for State Agency Records* issued by the North Carolina Department of Cultural Resources, Division of Archives and History, Archives and Records Section, Government Records Branch.

Photocopy/Fax Authorizations

An original authorization form is preferred for disclosure of IIIHI; however, in extenuating circumstances, a legible photocopy/fax is acceptable.

Contractor Authorizations

The authorization requirements contained in this policy also apply to contractors who perform a service for or on behalf of DPH. Such contractors are limited to those disclosures permitted in an agreement with the Division. Contractors are responsible for ensuring these policy requirements are enforced with any sub-contractors they may use.

Process for Obtaining Authorization

The [NC DPH Policy and Security Manual, Section III, Uses and Disclosures](#), lists the exceptions to the authorizations requirement. These exceptions are also summarized in this policy, “Permitted Disclosures without an Authorization”. Refer also to the DPH Program and Function Legal

Requirements and to the DPH Public Health Exception Memorandum for clarification regarding the disclosures that DPH is allowed to request and to make without requiring an authorization from the individual. If an authorization is required in order to either release a client's IIHI or to obtain a client's IIHI, use the standard [NC DHHS 1000 Authorization to Disclose Health Information](#), ensuring that all required information is completed and that the authorization is signed by the client/personal representative.

Process for Receiving Authorizations

According to the HIPAA Privacy Regulation and this privacy policy, a valid authorization permits but does not require you to release the requested information, except as required by law and other specific situations, as defined in the DHHS and [DPH Privacy Policies, Uses and Disclosures](#). You should review the request and determine whether the information should be released. There are circumstances where releasing information even with the client's authorization might not be in the client's or DPH's best interest. These situations should be reviewed on a case-by-case basis and discussed if necessary with DPH management (DPH Privacy Office, Legal and Regulatory Affairs, Section Chief, Branch Head, Program Manager, Unit Supervisor) to determine whether the authorization will be honored. If the request is not honored, you should document the reasons and inform the requestor and/or client about the decision and reasons for denying the authorization.

If an authorization does not contain all the required elements, or is otherwise "defective" as defined in this policy, do not release the information. Return to authorization to the requestor explaining why the authorization request cannot be fulfilled.

Review the specific health information being request and the specific purpose for which it will be used. Before releasing information, make sure that the requested information is the minimum necessary to fulfill the intended purpose.

The DPH Privacy Office is also available to review authorizations to ensure they are valid.

You do not have to provide an accounting to the client of disclosures that were made under the authority of a valid authorization. The signed copy of the authorization provided to the client is sufficient to account for authorized disclosures.

Completing the Standard Authorization Form

You must provide a copy of the signed authorization to the client (or personal representative).

You must retain a copy of the authorization, as described "Retention Period" in this procedure.

The following fields are required on the [NC DHHS 1000 Authorization to Disclose Health Information form](#):

- Client Name

If the client is a minor, this is the name of the child.

- Client Date of Birth
If the client is a minor, this is the child's birthdate
- I, followed by the name of the Client or Personal Representative,
- Hereby authorize Name of Provider/Plan (the name of the organization or organization who will be releasing the information)
- To disclose specific health information to Recipient Name/Address (organization or individual to whom you are releasing specific information)
- Specific Purpose(s), which is the purpose of disclosure
- Specific information to be disclosed
- Expiration may be a specific date, event, or condition (if condition or event, it must be within 1 year of authorization). The expiration must be within one year of the date of the signed authorization, or it can be contingent on a specific event [example, completion of treatment or program participation] or condition, as long the event or condition is not longer that one year.
- Signature of Client and Date
- Signature of Personal Representative if client has not signed. This is the legally responsible person who can make medical decisions on behalf of the client, for example, a custodial parent or legal guardian of an unemancipated minor child.
- Personal Representative Relationship/Authority. Indicate the authority that the legal representative has to act on behalf of the client. Personal Representative is a HIPAA term for the legally responsible person (parent, guardian, in loco parentis, medical power of attorney, etc, as defined by NC State General Statutes).

Refer to the DHHS and [DPH Privacy Policies, Personal Representatives](#), for information about who has the authority to sign an authorization on behalf of a client.

Notes:

1. The client or personal representative must receive a copy of the signed authorization form. However, if it is not practical to present the client with a copy when the form is signed, it is recommended that you give the client a copy at the earliest opportunity. If there is time lag until the next appointment, then it is recommended that the copy be mailed as soon after getting the signature as practical.
2. Client's Social Security Number, Phone Number, and Fax are not required. They are optional if available. You could indicate NA for not available.
3. If the client is a child, leave the "Client Signature" field blank, since the child is the client and the parent/legal guardian/personal representative signs on the child's behalf. A witness

signature is not required unless the parent/guardian is unable to sign his name. [See below for additional information about requirements for a witness signature.]

4. Recipient Name/Address You can list multiple providers/agencies/individuals on the form as long as they are involved in the coordinated care of the client and share the same purpose of the disclosure. Also, the disclosure can be reciprocal “to/from” if the providers/agencies/individuals are involved in the coordinated care and share the same purpose of the disclosure.
4. Specific Purpose: You can include purposes such as “managed care”, “continuity of care,” “interagency service planning,” “eligibility determination,” “program referral for additional services” for the release of information. You may be more specific as appropriate and necessary.
6. Expiration Date, event, or condition: The expiration date must be within a year. There may also be other restrictions that you designate. For example, if a parent wants the authorization to expire when a child “ages out” of a program, then you would state that the authorization expires on the child’s birthday and enter that date.
7. Substance Abuse Re-disclosure: This statement is included in the standard DHHS form to accommodate substance abuse treatment providers and other situations where disclosure of information otherwise protected by Federal statute might be necessary. DPH programs should not re-disclose substance abuse information beyond what is authorized by the client/personal representative or required by law.

Confidentiality Issues Regarding “Sensitive Information”: You should continue to follow legal and program guidance regarding the release of “sensitive information”, such as HIV status, drug or alcohol abuse, genetic testing information, psychological or psychiatric conditions. The client should be informed when their information may contain this type of sensitive information that is protected by federal and state confidentiality laws. Informed consent must be obtained before including this information in the release. There is a statement on the authorization regarding HIV, AIDS, alcohol or drug abuse, psychological/psychiatric condition, and genetic testing information that might be contained in the disclosure.

If a client does not agree to release the “sensitive information,” you should honor this request if the release does not negatively affect treatment or is not material to the purpose of the disclosure. You should use the Request for Restrictions on Use and Disclosures of Health Information form to document the requested restrictions. Make sure that all staff and others involved in the case are aware of the restriction so that a disclosure is not made inadvertently against the parent’s wishes.

See accompanying instructions for how to complete the Request for Restrictions on Use and Disclosures of Health Information.

Note: If the client information is being maintained in HSIS, you should make sure that your data entry staff updates HSIS to note that restrictions are in place. On the HSIS Patient Master screen (HSA010A), update the field “Restrict PHI” with “Y”.

8. Conditioning of Services: The authorization form states “my refusal to sign will not affect my ability to obtain treatment, payment for services, or eligibility for benefits...”

HIPAA prohibits the conditioning of authorizations in this manner. Further, most of our public health programs also prohibit conditioning of services. We should inform the client, however, whenever, their refusal to sign an authorization may impede or delay the delivery of services. We should make every effort to inform the parent of the impact the delays might have on the timeliness of determining eligibility for services and receipt of services.

9. Witness Signature: For the standard HIPAA authorization, the witness signature is required when the client or personal representative is unable to sign their name, making a mark or an “X” rather than a signature. In this situation, a staff person, for example, someone who is already working with the client on the form, has to witness that the client or personal representative could not sign their name and marked X instead.
10. Revoking an Authorization: A client or personal representative can revoke an authorization at any time, in whole or in part. A revocation of an authorization applies only to subsequent releases and not for information that has already been released with a valid authorization. The person who revokes the authorization should be the same person who completed the authorization. If circumstances change and a different person is acting on behalf of the client, the circumstances and authority of the person revoking the authorization should be documented on the revocation.

Use the Revocation Section of the Authorization to revoke the authorization in its entirety. Indicate the Client’s Name, Name of Person who signed the original authorization, the date the original authorization was signed, and the effective date of revocation. Make sure that the Client or Personal Representative signs and dates the revocation. A witness signature is only required if the client or personal representative cannot sign their name. Indicate the authority the personal representative has to act on behalf of the client.

On the original authorization form, Note the date the revocation was made and have staff sign the notation.

Make sure you file this revocation section with the original authorization. Also make sure that all staff and others involved in the case are aware of the restriction so information is not inadvertently released to the agency in the future.

Note: If the client information is being maintained in HSIS, you should make sure that your data entry staff updates HSIS to note that restrictions are in place. On the HSIS Patient Master screen (HSA010A), update the field “Restrict PHI” with “Y”.

11. Use of Photocopies of Authorization and/or Revocation: You may accept a signed and dated copy of the authorization and/or a revocation section and have it mailed in. If practical, please try to obtain a signed original either via the mail or at the next appointment.

For a revocation, please make sure that all staff [including HSIS data entry staff] and others involved in the case are informed of the revocation so that information is not inappropriately released. A revocation of an authorization does not apply to information that has already been released and acted upon under the original authorization.

12. Revoking Authorizations for specific individual agencies when releases to multiple agencies had been authorized: To place a restriction on the release of an already authorized agency, use the “Request for Restrictions on Uses and Disclosures of Health Information” form to list the specific agency(ies) to which information will not longer be released. Make sure you file this request with the authorization. Also make sure that all staff and others involved in the case are aware of the restriction so information is not inadvertently released in the future. Also, any restriction applies only to subsequent releases and not for information that has already been released with a valid authorization.

File the signed request for restriction form with the original authorization.

Note: If the client information is being maintained in HSIS, you should make sure that your data entry staff updates HSIS to note that restrictions are in place. On the HSIS Patient Master screen (HSA010A), update the field “Restrict PHI” with “Y”.

Reference: DHHS Directive Number III-11; DHHS Policy and Procedure Manual, Section VIII, Security and Privacy, 42 CFR 164.508, 42, CFR 164.512, DPH HIPAA Compliance Statement, NC General Statutes 130A, 10 NCAC

For relevant forms:

Downloadable versions of all DPH approved Authorizations Forms are available at <http://www.schs.state.nc.us/hipaa/>.

DHHS HIPAA Forms are available at <http://dirm.state.nc.us/hipaa/>.

The DHHS Authorizations Forms are available at:
[Authorization to Disclose Health Information](#)
[Autorizacion Para Proporcionar Informacion Medica](#)

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| For questions or clarification on any of the information contained in this policy, please contact the DPH Privacy Office at HIPAA.DPH@ncmail.net . |
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