PROCEDURE STATEMENT:
A procedure exists at Health Quest Systems, Inc. and its’ affiliates (“HQ”) to review and validate any authorization to release patient protected health information (“PHI”). The process follows all guidelines and requirements of the HIPAA Rule.

PROCEDURE:
Requirements of a valid authorization that is written in plain language:
1. Meaningful description of the health information to be used or disclosed;
2. A description of each purpose of the use or disclosure in question;
3. The name or specific identification of the person(s) or class of persons to whom the use or disclosure may be made;
4. An expiration date or event;
5. A statement of the patient’s right to revoke the authorization in writing and the limitations on that right;
6. A description of how the patient may revoke the authorization;
7. A statement acknowledging that the health information disclosed pursuant to the authorization may be re-disclosed by the recipient and no longer protected by HQ’s privacy practices;
8. A statement of HQ’s ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization;
9. Signature of the patient or the patient’s legal representative and the date signed. The signature of the legal representative must be accompanied by a description of the representative’s authority to act for the patient.

Prohibiting the condition of treatment, payment, enrollment, or benefits eligibility on an individual granting an authorization, except in limited circumstances.
1. HQ may not condition an individual’s treatment, payment, enrollment in the health plan, or eligibility for benefits on the provision of signing an authorization, except:
   a. A covered health care provider may condition the provision of research-related treatment on provision of an authorization for the use or disclosure of PHI for such research;
   b. HQ may condition the provision of health care that is solely for the purpose of creating PHI for disclosure to a third party on provision of an authorization for the disclosure of the PHI to such third party; and
Invalid Authorizations
If any of the following occur then the authorization is invalid:

1. The expiration date or event has passed
2. The authorization lacks any of the required elements
3. The authorization is missing required information
4. The authorization contains material the HQ knows to be false
5. The authorization is known by HQ to have been revoked
6. The authorization is of a type prohibited by law.

Documentation Requirements:
1. If HQ obtains the authorization, HQ must provide the patient with a copy of the signed authorization.
2. HQ must document and maintain all patient authorizations for a period of at least six (6) years, or in accordance with state law, whichever is longer.

DEFINITIONS: See HIPAA Glossary

REFERENCES:
HIPAA Privacy Rule CFR 164.506
5.2.13 Validation of Patient Authorization Policy

POLICY HISTORY:
Supersedes: 4/9/15
Original Implementation Date: 9/8/08
Date Reviewed: 3/13/19; 3/26/20
Date Revised: 2/10, 4/9/15, 3/13/19; 3/26/20

APPROVAL:
W.A. McNulty by [Signature] 3.31.20
Policy Owner Date