PURPOSE:
To outline the required content of a patient authorization for use, access or disclosure of protected health information (“PHI”).

POLICY:
To ensure the privacy of patient health information, Health Quest Systems, Inc. and its affiliates (“HQ”) obtains a valid patient authorization for uses, access and disclosures of health information that are not otherwise required or permitted by law. In general, any use, access or disclosure of PHI will be limited to the minimum necessary amount of information necessary to carry out the purpose of the use, access or disclosure.

DEFINITIONS: See HIPAA Glossary

ENFORCEMENT:
All individuals whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate remedial and/or disciplinary action, up to and including termination of any employment or other relationship, in accordance with this policy.

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

POLICY HISTORY:
Supersedes: 4/9/15
Original Implementation Date: 9/8/08
Date Reviewed: 3/13/19, 3/24/20
Date Revised: 2/10, 4/9/15, 3/13/19, 3/24/20

APPROVAL:

W.A. McNulty by

3.31.20

Policy Owner Date