

**UNIVERSITY OF KANSAS
WATKINS HEALTH SERVICES
ADMINISTRATION**

NUMBER: <p style="text-align: center;">AD-308</p>	ISSUE DATE: <p style="text-align: center;">03/2003</p>
TITLE: Authorization for Use & Disclosure of PHI	REVISED: <p style="text-align: center;">3/8/17</p>
TITLE OF OWNER: <p style="text-align: center;">Director</p>	APPROVED: <p style="text-align: center;">Director</p>

PURPOSE: To use or disclose medical information as requested by a patient or their personal representative in a confidential and legal manner.

POLICY:

Authorizations are required for most use and disclosure of protected health information (PHI) for purposes other than treatment, payment, or health care operations. Watkins Health Services (WHS) will not use or disclose protected health information without a valid authorization, or a Durable Power of Attorney (DPOA), or as permitted or required by law. The authorization will be retained in the medical record and a copy of the signed authorization will be given to the requestor. The disclosure must be consistent with the purpose of the authorization.

An authorization form (such as AD-308-1) or a hand-written letter may serve as the authorization but must contain these core elements as required by regulation:

- (1) Description of the information to be used or disclosed
- (2) Patient's name, address, Date of Birth or KU ID
- (3) Name, address, phone number of person(s) permitted to receive information
- (4) Purpose of disclosure
- (5) Expiration date or event (Authorizations will be valid for 1 year)
- (6) Signature of the patient or legal representative, address, phone number and description of legal representative's authority to act for the patient
- (7) Date signed
- (8) Statements adequate to place the patient on notice of the right to revoke the Authorization in writing. The document must also include information regarding any exceptions to the right to revoke or a reference to the NPP; a description of how the Patient may revoke, and if applicable, the ability or inability to condition treatment on the Authorization; and a statement regarding the potential for the information to be subject to re-disclosure by the recipient (and no longer subject to legal protection).

The following must be requested specifically for disclosure if in content of "designated record set" (DRS): psychiatric diagnosis, STD testing or diagnosis, HIV testing and results, drug and alcohol abuse and mental health notes.

Disclosure of information where authorization is required must be handled by Registration and Records including outside requests when the patient is not personally receiving the requested information.

Authorization form AD-308-2 is tailored to meet the needs of services provided by the Campus Assistance, Resource, and Education (CARE) Coordinator.

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It must be understood that an authorization ONLY allows WHS to disclose PHI related to care that was rendered ON or BEFORE the date the authorization is signed and as stipulated within the authorization. It does NOT allow WHS to disclose information related to future encounters, tests or other episodes of care. Such disclosures will require another authorization to be signed by the patient.

An exception to the above is when a patient is disabled or has chronic or congenital medical conditions that necessitate the parents/guardians being closely engaged in monitoring and assisting the patient with healthcare needs. In those cases, WHS will accept a DPOA signed by the patient in which parents/guardians are granted full access to the patient's PHI for both past and future visits. Each DPOA will be reviewed by WHS Administration on a case-by-case basis to ensure it is being executed solely for the reasons stated above.

Patients may request a copy of their own PHI, without question, and form AD-308-3 is to be used.

Medical information, which has been obtained by WHS from another provider or facility will be considered to be content of the DRS and disclosed upon request unless otherwise restricted by patient or provider. A special condition exists when records are obtained by WHS from a federally funded, drug/alcohol abuse treatment program. Re-disclosure of these records requires a special patient consent form (AD-308-4) the content of which is mandated by federal regulation 42 CFR Part 2.

Minors

All patients 18 and older will be asked to sign all forms on own behalf.

If a patient is **under the age of 18**, an authorization to release or obtain information is to be handled differently based upon the patient's age:

1. **If 16 or 17 years old:** WHS will ask the patient to sign the authorization form to release information for a specific purpose. They will also ask the patient to sign authorization forms to obtain specific information from outside sources, though outside entities may require parental signature.
2. **If the student is less than 16 years old:** WHS will request a signed authorization from the parent. *(In a few cases, other specific KS statutes might permit the minor to consent on their own behalf).*
3. **Specific authorizations for campers under 18:** Prior to releasing information for a purpose which requires a specific written authorization, WHS will request a signed authorization from the parent.

REFERENCES:

AD-307 Designated Record Set

This document is on file with the KU Policy Library.