

Divisions: All Divisions	Policy Number 179.10.03
Subject: Authorization to Use of Disclose PHI	
Approved: Executive Director	
Approved: Associate Director	
Approved: CADE BOD	
Effective Date: April 14, 2003	
Review Dates:	
Revised Dates:	

Purpose:

HIPAA requires a covered entity to obtain authorization to use or disclose protected health information for all purposes not explicitly permitted under the regulations 164.508(b); 164.508(c); 164.508(d).

Policy

The Center for Advanced Dental Education will comply with the requirements of HIPAA regulation 164.508(d), to request authorization to use or disclose protected health information.

Procedures

1. The authorization will be written in plain language.
2. Any authorization initiated by The Center for Advanced Dental Education for the disclosure of protected health information will contain the following:
 - a. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
 - b. A description of each purpose of the requested use or disclosure.
 - c. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
 - d. The name or other specific identification of the person(s), or class of persons, to whom the Center may make the requested use or disclosure.
 - e. An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure.
 - f. Statement of the individual's right to revoke the authorization in writing and the exceptions to the right to revoke.
 - g. A description of how the individual may revoke the authorization.
 - h. A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected.
 - i. The signature of the individual; or signature of a personal representative with a description of the personal representative's authority to act for the individual and documentation of verification of that identity; and date.
 - j. A statement that the individual may refuse to sign the authorization.
 - k. For marketing uses or disclosures, if applicable, a statement that the use or disclosure of the requested information will result in direct or indirect remuneration to the Center from a third party.
 - l. A statement that the covered entity will not condition treatment, payment, enrollment in the health plan, or eligibility for benefits based on the individual's providing authorization for the requested use or disclosure.
3. As part of the authorization process, The Center for Advanced Dental Education will provide individuals with any facts needed to make an informed decision of whether to allow release of information.

4. The Center will document and retain the signed authorization for a period of at least six years from the date of its creation or the date when it last was in effect, whichever is later.
5. The The Center for Advanced Dental Education will provide the individual with a copy of the signed authorization.
6. The authorization will not be combined with another document to create a compound authorization, unless:
 - a. The other document is a similar such authorization.
 - b. The authorization is for the use or disclosure or protected health information created for research that includes the treatment of the individual.