Policy Number: HC-6	Page: 1	Of: 2
Title: Authorizations		
Regulatory Authority: HIPAA Regulations, FERPA Regulations, ORC, OAC		
Effective Date: 01/19/2021		
Reviewer/Job Title: Director of Operations		

A) AUTHORIZATIONS

All disclosures of PHI beyond those otherwise permitted or required by law require a signed authorization. HCBDD will use an authorization form that conforms to Ohio Laws, and the federal FERPA and HIPAA regulations.

Legal Notes: FERPA applies to records created for education; HIPAA applies to all other records

1) **Valid Authorization**. Unless otherwise authorized by HCBDD policy and/or state or federal law operations requires specific authorization by the Individual being served or his/her legal representative. A standard authorization form is required. In the event that authorizations are received on other forms, note that a valid authorization must include the following:
   a) Full Name of the individual.
   b) A specific description of the information to be released. For example, a range of dates, or category of record.
   c) The purpose or need for the disclosure.
   d) The name of the individual, person, or agency disclosing the information.
   e) Names of the individual, person, or agency to whom the disclosure is to be made.
   f) The date, event, or condition upon which the authorization expires (which can be no longer than 180 days from the date of signing).
   g) Statement of the individual's right to revoke the authorization, an explanation of how to revoke it, and any exceptions to the right to revoke.
   h) Statement that HCBDD may not condition treatment on whether the individual signs the authorization.
   i) A statement informing the individual of the potential that information disclosed could be re-disclosed if the recipient is not subject to federal or state confidentiality restrictions.
   j) Signature and date of the Individual or personal representative.
   k) If the authorization is signed by a guardian or personal representative, a description of that person's relationship to the individual and authority to sign the authorization.
   l) Written in plain language.
2) **Invalid Authorization.** A PHI authorization is considered invalid if authorization has the following defects:
   a) Authorization is incomplete.

b) Authorization is not dated or time has elapsed.
c) Authorization does not contain required elements as explained above.
d) HCBDD is aware authorization has been revoked.
e) HCBDD is aware information is false.
f) Authorizations to release PHI cannot be combined with other documents.

3) **For authorizations presented in person for immediate release**, the staff member shall verify the identity of the recipient, after which the information may be released.
4) **Proper Completion of Authorization Form by Staff**. The staff person handling the request should complete the following steps, and annotate the bottom of the Authorization Form:
   a) The employee should write their name on the completed authorization form.
   b) The original signed authorization shall be saved in the individual's master record, and a copy must be given to the Individual.
   c) A record of the release shall be maintained in the individual's main record, using the Disclosure Log included as an Appendix, detailing the following information:
      i) The date of the disclosure.
      ii) The name of the entity or person who received the PHI, and, if known, the address of such entity or person.
      iii) A brief description of the PHI disclosed.
      iv) A brief statement of the purpose of the disclosure.
      v) If the disclosure was due to a health or safety emergency, a description of the significant threat to health or safety.
5) **Retention Period for Written or Electronic Copy of Authorization**. The HCBDD must retain the written or electronic copy of the authorization for a period of six (6) years from the later of the date of execution or the last effective date.
6) **Revocation of Authorization.** Upon instructions of revocation of authorization, HCBDD employees shall locate the original authorization form, annotate it as revoked, and take appropriate steps to prevent any further disclosure.
7) Note that information from other service providers contained in the Individual's record may be released with the Individual's written authorization.