

POLICY INFORMATION

Policy Title: Validation of Patient Authorization Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 2/28/24

Last Reviewed: 2/28/24

SCOPE

This policy applies to the following individuals and/or groups:

All of the below categories

All Employees CT Employees NY Employees Remote Employees Contractors Volunteers Students/Interns Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. "(HQSI)"

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc ("WCHN")

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

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

DEFINITIONS

See HIPAA Glossary

POLICY

To ensure the privacy of patient health information, Nuvance Health and its affiliates ("Nuvance") 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.

PROCEDURE

A procedure exists at Nuvance to review and validate any authorization to release patient PHI. The process follows all guidelines and requirements of the HIPAA Rule.

Original Effective Date: LHQ=9/8/08

Revision Dates: 2/28/24

Supersedes: HQ 5.2.13 Validation of Patient Authorization Policy;
HQ 5.2.13 Validation of Patient Authorization 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 Nuvance privacy practices;
8. A statement of Nuvance'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. Nuvance 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. Nuvance 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
 - c. Where an employer or insurer has requested and is paying for physicals or screenings

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 Nuvance knows to be false
5. The authorization is known by Nuvance to have been revoked
6. The authorization is of a type prohibited by law.

DOCUMENTATION REQUIREMENTS

1. If Nuvance obtains the authorization, Nuvance must provide the patient with a copy of the signed authorization.
2. Nuvance 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.

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

APPROVAL

DocuSigned by:

Jared B Gaynor

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2/28/2024

Signature

Date