

St. Mary Medical Center  
Langhorne, Pennsylvania 19047

Policy & Procedure Manual

SECTION: ADMINISTRATIVE	SUBJECT: HIPAA	DEPT.: 29985 -
EFFECTIVE: 04/14/2003	Valid Authorization (CONTENT) to Disclose Protected Health Information	
		PGE
DISTRIBUTION: ALL DEPARTMENTS		

**Policy:**

Requests for release or to disclose Protected Health Information (PHI) is not permitted without valid authorization, except as otherwise permitted or in accordance with applicable state and federal laws and regulations.

**Purpose:**

To define the content of an Authorization to determine its validity in accordance with the HIPAA Final Privacy Rule

**Procedure:**

\_\_\_\_\_ Hospital will use a Standardized Authorization form for all purposes pertaining to Release of (or) Disclosure of Protected Health Information

**Authorization Content Requirements:**

General Authorization Content: A valid authorization must be in plain language and contain the following elements:

- A specific and meaningful description of the information to be used or disclosed
- The name or other specific identification of the person(s) authorized to make the disclosure
- The name or other specific identification of the person(s) to who the facility is to make the disclosure
- An expiration date or event that relates to the individual or the purpose of the use or disclosure
- A statement of the individual's right to revoke the authorization in writing
- A statement about the exceptions to the right to revoke
- A description of how the individual may revoke the authorization
- A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and will no longer be protected by the rule
- Signature of the individual
- The date
- If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual