

**Weber Family Chiropractic PC**

**Authorization For Use and Disclosure**

Policy No.: 3

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Revision Date:     /    /    

Approvals: Dr Scott Weber  
                  Title: Office Manager

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Title:

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**I. POLICY**

It is the policy of Weber Family Chiropractic PC to protect the confidentiality of a patient’s health information and to obtain the authorization of the patient before using or disclosing the patient’s health information for purposes other than treatment, payment and health care operations or for the use and disclosure of psychotherapy notes for any purpose. The authorization that Weber Family Chiropractic PC obtains will apply to the use and disclosure of health information by any business associate of Weber Family Chiropractic PC . This Policy supersedes any previous policy on this same subject.

**II. PURPOSE**

The purpose of this Policy is to provide guidance as to when and how to obtain authorization; when authorization (and consent) is not necessary to disclose the patient’s health information to certain third parties by law; and how to handle requests from third parties for patient health information.

**III. SCOPE**

This Policy covers authorization issues, as described in Section II above. Authorization is obtained for use and disclosure when Weber Family Chiropractic PC receives requests from third parties for patient health information (unless the request falls in to an exception in Section IV. E. below) or when Weber Family Chiropractic PC desires to use patient health information for purposes beyond treatment, payment and health care operations, such as marketing. This policy does not apply to requests from patients to inspect and/or copy their own health information. See Policy No. 8 for information on that subject. This Policy does not cover issues related to consent necessary for the use and disclosure of health information for treatment, payment and health care operations. See Policy No. 2 for information regarding consent.

**IV. PROCEDURES**

**A. Preparing an Authorization Form**

1. Dr. Scott Weber will prepare an authorization form for use in accordance with this Policy that contains the following elements and is written in language that patients can understand:
  - a. a space for a description of the health information to be used or disclosed that identifies the information in a specific and meaningful way;
  - b. a space for the name of Weber Family Chiropractic PC ;

- c. a space for the name or other identification of the person(s) to whom Weber Family Chiropractic PC is making the disclosure;
- d. a space for an expiration date or expiration event;
- e. a statement of the patient's right to revoke the authorization in writing, except to the extent that the authorization has been relied upon by the requesting person or Weber Family Chiropractic PC;
- f. a statement that the health information used or disclosed may be redisclosed to another person and is no longer protected by law;
- g. a space for a description of the purpose for the use or disclosure;
- h. a statement that the patient may refuse to sign the authorization and that Weber Family Chiropractic PC will not condition treatment on the patient's execution of the authorization;
- i. a statement that the patient may inspect or copy the health information to be used or disclosed;
- j. if use or disclosure of the patient's health information will result in direct or indirect remuneration to Weber Family Chiropractic PC, a statement that such remuneration will result; and
- k. a space for the patient's signature and date.

2. Elements (i) and (j) are required if Weber Family Chiropractic PC desires to make a use or disclosure for purposes other than treatment, payment and health care operations. Dr. Scott Weber may, but need not, delete these elements in a form used only for disclosures to third parties.

3. Dr. Scott Weber will ensure that all of the above elements are included in any authorization form used by Weber Family Chiropractic PC on and after April 14, 2003.

## **B. When to Obtain Authorization**

Weber Family Chiropractic PC will ask the patient to complete an authorization form in any of the following circumstances:

1. When Weber Family Chiropractic PC will use or disclose psychotherapy notes for any purpose, including treatment, payment and health care operations. Psychotherapy notes are notes recorded by a mental health professional that document or analyze the contents of a conversation during a counseling/therapy session and are separated from the remainder of the medical record kept by the mental health professional. They do not include medication prescriptions, modalities and frequencies of treatment, results of clinical tests or any summaries of diagnosis, prognosis, symptoms or progress to date.

2. When Weber Family Chiropractic PC receives a request for a patient's health information from a third party (does not include a business associate or a consulting or referring health care provider), even if the information is requested for the treatment, payment or health care operations by the third party, unless the request applies to a claim made by Weber Family Chiropractic PC.

3. When Weber Family Chiropractic PC desires to use a patient's health information for purposes other than for its own treatment, payment or health care operations. See Policy No. 14 for an explanation of the types of activities that are considered to be treatment, payment or health care operational activities. Authorization is needed by Weber Family Chiropractic PC any time it intends to undertake any marketing, any time it intends to share the name, address and any information from which a person could infer a patient's diagnosis or prescriptions, or any time Weber Family Chiropractic PC intends to release patient information created from research that includes treatment of the patient.

- a. "Marketing" does not include:
  - i) a face-to-face encounter with the patient about products or services of nominal value or products and services that are health-related and targeted to the needs or interests of the patient;
  - ii) a general newsletter sent to patients (if the patient can opt out of future issues); and

iii) appointment reminders.

### **C. Handling a Request for Information From Third Parties**

1. All requests for information that are subject to authorization will be forwarded by the receiving party to Dr. Scott Weber. Dr. Scott Weber will review each request and will contact the patient to complete an authorization form. If the request is accompanied by an authorization form other than the form used by Dr. Scott Weber, Dr. Scott Weber will compare the elements of the authorization form to the elements in A.1 above. All elements (except i and j) must be present and all sections of the form must be completed.
2. Weber Family Chiropractic PC will not require patients to sign an authorization form as a condition of treatment, payment or health care operations.
3. Weber Family Chiropractic PC will obtain a separate authorization form for every request, even if from the same third party, and for each purpose.
4. Dr. Scott Weber will ensure that every authorization form is signed and dated by the patient and that the revocation date on an authorization form has not expired.
5. Dr. Scott Weber will take the following steps upon receipt of a complete and valid authorization form:
  - a. request the patient's medical record or billing record from personnel in charge of such records and review the requested information to ensure that it can be used by or disclosed to the requester. See Policy No. 8, Section IV.4, for exceptions to disclosures. If the health information cannot be used or disclosed, Dr. Scott Weber will send a letter (in the form attached to this Policy) to the requester denying release of the patient information. If the health information can be used or disclosed, Dr. Scott Weber will have copies made of the requested health information. Dr. Scott Weber will limit the information used or disclosed on the basis of an authorization to the minimum necessary to accomplish the purpose for which the request was made;
  - b. place the authorization form in the medical or billing record;
  - c. place a copy of the authorization form and letter in a file maintained by Dr. Scott Weber specifically for this purpose; and
  - d. send a cover letter (in the form attached to this Policy) to the requester with the requested patient health information and an invoice for the reasonable costs of copying and mailing the requested patient health information.

### **D. Revoking an Authorization**

A patient may revoke an authorization at any time, except to the extent that Weber Family Chiropractic PC or a third party has taken action in reliance upon the authorization. The patient must revoke the authorization in writing.

### **E. Exceptions to the Need for Authorization**

1. Authorization of the patient is not required for any use or disclosure of health information required by law.
2. Authorization of the patient is not required for use by or disclosure of health information to a public health authority that is authorized by law to collect information for the purpose of preventing or controlling disease, injury, or disability, conducting public health investigations, interventions, or surveillance, or recording vital events (such as birth and death records).

3. Authorization of the patient is not required for disclosure of health information to county departments of social services and law enforcement authorities for the purposes of making required reports of child abuse or neglect.
4. Authorization of the patient is not required to report adverse events to the Food and Drug Administration regarding food or dietary supplements, product defects or problems, or biological product deviations.
5. Authorization of the patient is not required to report to public health authorities that the patient may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
6. Authorization of the patient is not required to make a report to a patient's employer if Weber Family Chiropractic PC is providing health care to the patient at the request of the employer concerning a work-related illness or injury. At the time of treatment, Weber Family Chiropractic PC must provide written notice to the patient that the patient's health information related to the work-related illness or injury will be supplied to the employer.
7. Authorization of the patient is not required to disclose health information to law enforcement agencies if Weber Family Chiropractic PC reasonably believes the patient to be a victim of domestic abuse. Weber Family Chiropractic PC will release only the health information related to the incident of abuse and will not release any statements made by the patient in the course of treatment. Weber Family Chiropractic PC will inform the patient that the information is being released unless Weber Family Chiropractic PC believes that informing the patient will place the patient in danger.
8. Authorization of the patient is not required to disclose health information to health oversight agencies for audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or other activities necessary for oversight of the health care system, government benefit programs, and government regulatory programs.
9. Authorization of the patient is not required to disclose health information in response to a court order. Weber Family Chiropractic PC will not disclose health information without authorization on the basis of a subpoena from an attorney or clerk of a court. Weber Family Chiropractic PC will disclose health information on the basis of a subpoena from a governmental agency.
10. Authorization of the patient is not required to report certain types of wounds or physical injuries that Weber Family Chiropractic PC is required by law to report.
11. Authorization of the patient is not required to provide the following limited health information to law enforcement agencies for the purpose of identifying and/or locating a patient who may be a suspect, fugitive, material witness, or missing person:
  - a. name and address;
  - b. date and place of birth;
  - c. social security number;
  - d. ABO blood type and Rh factor;
  - e. type of injury;

- f. date and time of treatment;
- g. date and time of death, if applicable;
- h. description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars, or tattoos.

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**Note:** DNA data analysis, dental records, or typing, samples, or analyses of tissues or bodily fluids other than blood (i.e. saliva) cannot be disclosed for the purpose of identifying or locating a patient.

12. Authorization of the patient is not required to disclose health information, including psychotherapy notes, to a coroner and/or medical examiner if the circumstances of a death meet the statutory requirements for an investigation by the coroner or medical examiner.

13. Authorization of the patient is not required to disclose health information for research under limited circumstances. Consult legal counsel.

14. Authorization of the patient is not required to disclose information to workers' compensation programs that provide benefits for work-related injuries or illness without regard to fault.

#### **F. Retention of Authorization Form**

Dr. Scott Weber will ensure that all versions of the authorization form used by Weber Family Chiropractic PC are maintained for six (6) years after the date that the edition of the authorization form was last used by Weber Family Chiropractic PC. For more detail, see Policy No. 13 (Retention of Records).