



Use and Disclosure of Protected Health Information that Requires an Individual’s Written Authorization Policy

Policy #:	HP018.1
Policy Type:	University
Responsible Executive:	VP for Academic Affairs
Responsible Office:	Academic Affairs
Originally Issued:	November 8, 2023
Latest Revision:	November 8, 2023
Effective Date:	November 8, 2023

I. Policy Statement

The University of Louisiana at Monroe’s (ULM) Use and Disclosure of Protected Health Information that Requires an Individual’s Written Authorization Policy establishes the requirements for obtaining patient authorization for the disclosure of protected health information to family members, friends, or other person identified by the patient according to HIPAA and any other state or Federal regulations.

II. Purpose of Policy

To provide guidance to the health care facilities and providers affiliated with ULM on the requirements of the Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information (HIPAA Privacy Regulations), and any other applicable state or Federal laws or regulations for disclosing a patient’s Protected Health Information to a family member, friend or other person identified by the patient.

III. Applicability

This policy is applicable to all faculty and staff.

IV. Definitions

Disclosure – For purposes of this policy, means the release, transfer, or provision of access to PHI outside of ULM. A disclosure of Protected Health Information may occur orally or in writing.

Protected Health Information (sometimes referred to as “PHI”) – For purposes of this policy means individually identifiable health information, that relates to the past, present or future health care services provided to an individual. Examples of Protected Health Information include medical and billing records of a patient.

Use - For purposes of this policy, means with respect to Protected Health Information, the sharing, utilization, or examination of Protected Health Information within and by employees or agents of ULM.

V. Policy Procedure

1. An individual’s written authorization must be obtained prior to using or disclosing the individual’s Protected Health Information unless the particular Use or Disclosure is listed in Section 7 of this policy as a “Permitted” or a “Required” Use or Disclosure.

2. If a signed authorization is required for a particular Use or Disclosure, then approved ULM “Authorization” form shall be used when obtaining an individual’s authorization. Except for purposes of research, no other form may be used to obtain an individual’s authorization for the Use or Disclosure of their PHI.

Examples of disclosures that require an authorization include but are not limited to:

- Release of psychotherapy notes
- Marketing
- Sale of PHI
- To release PHI to an employer as part of a background check
- To release PHI to an insurance company at the patient's request for underwriting or eligibility for benefits (e.g. life or disability insurance)
- To release the results of a fitness test to a prospective employer

3. A valid authorization shall include the following elements:

- A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
- The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
- The name or other specific identification of the person(s), or class of persons, to whom ULM may make the requested use or disclosure.
- A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.
- An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.
- Signature of the individual and 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 must also be provided.

4. In addition to the elements in 3 above, the authorization must contain statements adequate to place the individual on notice of all of the following:

(i) The individual's right to revoke the authorization in writing, and either:

- The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or
- To the extent that the information is included in ULM's notice of privacy practices (NPP), a reference to ULM's NPP.

(ii) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:

- ULM may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations in 45 CFR §164.508(b)(4); or
- The consequences to the individual of a refusal to sign the authorization when, in accordance with 45 CFR §164.508(b)(4)(i)-(iii), ULM can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization.

(iii) The potential for information disclosed pursuant to the authorization to be subject to re-disclosure by the recipient and no longer be protected by HIPAA regulations.

5. The authorization must be written in plain language.
6. The individual must be provided with a copy of the signed authorization.
7. The “Permitted” and “Required” Uses or Disclosures of Protected Health Information listed in this section do NOT require an individual’s signed authorization.

Permitted uses and disclosures of PHI are:

1. Disclosing the individual’s Protected Healthcare Information to the individual.
2. Using and disclosing the individual’s Protected Health Information for treatment reasons, to obtain payment, or for health care business operations.
3. Incident to a use or disclosure otherwise permitted or required by the HIPAA Privacy Regulations (e.g. overheard conversations at clinic stations, sign-in sheets).
4. Disclosures of Protected Health Information in response to a signed authorization that the patient has signed for ULM to release his or her Protected Health Information to another entity.
5. Disclosures of Protected Health Information pursuant to an oral agreement with the individual to make such disclosures to a relative or friend (e.g. family member, friend, or other).
6. Uses or Disclosures of Protected Health Information that are required by law.
7. Disclosure of Protected Health Information for public health activities.
8. Disclosure of Protected Health Information about an individual whom ULM reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency,
9. Authorized by law to receive reports of such abuse, neglect, or domestic violence.
10. Disclosure of Protected Health Information to a health oversight agency for oversight activities authorized by law (e.g. professional boards).
11. Disclosure of Protected Health Information in the course of any judicial or administrative proceeding. (An authorization is not needed, but the disclosure must comply with other requirements of the privacy regulations for judicial disclosures and any state law requirements).
12. Disclosure of Protected Health Information for a law enforcement purpose to a law enforcement official.
13. Disclosure of Protected Health Information in response to a law enforcement official’s request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.

14. Disclosure of Protected Health Information in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime.
15. Disclosure of Protected Health Information about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if ULM has a suspicion that such death may have resulted from criminal conduct.
16. Disclosure to a law enforcement official of Protected Health Information that ULM believes in good faith constitutes evidence of criminal conduct that occurred on the premises of ULM.
17. If ULM is providing emergency health care in response to a medical emergency, other than such emergency on the premises of ULM, ULM may disclose Protected Health Information to a law enforcement official, if such disclosure appears necessary to alert law enforcement.
18. ULM may disclose Protected Health Information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
19. Disclosure of Protected Health Information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
20. Use or disclosure of Protected Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.
21. ULM may use or disclose Protected Health Information, if ULM, in good faith, believes the use or disclosure: (A) is necessary to prevent or lessen a serious and imminent threat to the health safety of a person or the public; (B) is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or, (C) is necessary for law enforcement authorities to identify or apprehend an individual. ULM may disclose Protected Health Information as authorized by and to the extent necessary to comply with Louisiana Workers' Compensation statutes.
22. ULM may use or disclose to a HIPAA Business Associate the following Protected Health Information for the purpose of raising funds for its own benefit, without an authorization:
 - Demographic information relating to an individual; and,
 - Dates of health care provided to an individual.

REQUIRED DISCLOSURES OF PROTECTED HEALTH INFORMATION ARE:

1. To an individual, when requested under and as required by the access or accounting requirements of the HIPAA Privacy Regulations.
2. When required by the Secretary of the Department of Health and Human Services to investigate or determine ULM's compliance with the HIPAA Privacy Regulations.

VI. Enforcement

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

VII. Policy Management

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

VIII. Exclusions

None

IX. Effective Date

This policy is effective upon the date signed by the University President.

X. Adoption

This policy is hereby adopted on this 8th day of November 2024.

Recommended for Approval by:

Approved by:



Dr. Mark Arant, Provost



Dr. Ronald L. Berry, President

XI. Appendices, References and Related Materials

N/A

XII. Revision History

Original Adoption Date: November 8, 2023