

Stark County Board of Developmental Disabilities

HIPAA Procedure 16: HIPAA Non-Routine Uses and Disclosures to Board Staff/Business Associates	Effective: 4/14/2003
Chapter 2: Agency Administration	Page 1 of 2

Subject: HIPAA Non-Routine Uses and Disclosures to Board Staff/Business Associates

In a situation where a Board staff person (“Requestor”) requests the use or access of Protected Health Information (“PHI”) either (1) not identified as PHI required to carry out his/her job function; or (2) in situations outside of the conditions that would allow such access, the Requestor must request specific permission for the use of the PHI by completing the appropriate Information [Request Form \(HIPAA -11\)](#). The member of the Compliance Committee* or designee that has the responsibility of overseeing the Requestor is to determine whether or not the use or access will be permitted.

The Requestor is to complete the Information Request Form (HIPAA-11). It is imperative that prior to proceeding the Case Records Administrator checks the file for an approved [“Request for Restriction of Use/Disclosure of Protected Health Information” form \(HIPAA 8\)](#) and determines if it applies in the situation at hand.

The Case Records Administrator will send the completed form to the appropriate Compliance Committee Member or designee for the access authorization. In exceptional circumstances, the Case Records Administrator may request verbal permission from the Compliance Committee Member or designee; however, the form must be sent to the Compliance Committee Member or designee for written approval. In these exceptional circumstances, “Verbal authorization by _____ given on (date)” must be written on the form before being sent to the Compliance Officer or designee. The form or a copy of the form must be returned to the Case Records Administrator once authorized by the Compliance Committee Member.

When a disclosure is permitted, it must be limited to the minimum amount of PHI necessary for the intended purpose. Unlike routine uses/disclosures, non-routine uses/disclosures or conditions must be reviewed on an individual basis to ensure that the proper use/disclosure is made according to reasonable professional judgment of the Compliance Committee Member, who may seek guidance from the Privacy Officer. The Compliance Committee Member or designee that is responsible for overseeing the information requested maintains the right to deny the authorization granted by the Compliance Committee Member or designee approving the Information Request Form. In such circumstances, the Compliance Committee Members or designees shall review the request for appropriateness, jointly determining whether access shall be granted. The request and disposition of the request shall be documented.

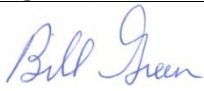
Access for such special one-time type occasions shall, if access to PHI is required, be done via the Information Request form.

PHI requested may not be released to the Business Associate without the prior execution of an [Authorization form \(ARI-1A\)](#) for non-routine uses.

*The Compliance Committee is composed of the upper most management positions within the agency.

Stark County Board of Developmental Disabilities

HIPAA Procedure 16: HIPAA Non-Routine Uses and Disclosures to Board Staff/Business Associates	Effective: 4/14/2003
Chapter 2: Agency Administration	Page 2 of 2

Applies to: Yes No All Employees X Non Represented SCEPTA SCDD SSA See Current Bargaining Agreement	Historical Resolution Information Policy 2.22 HIPAA <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Date</td> <td style="width: 50%;">Resolution</td> </tr> <tr> <td>1/19/13</td> <td>01-09-13</td> </tr> </table> Procedure Revision 6/11/12	Date	Resolution	1/19/13	01-09-13
Date	Resolution				
1/19/13	01-09-13				
Superintendent's Signature: 	Reviewer(s): Privacy Officer Security Officer				