

# Stark County Board of Developmental Disabilities

HIPAA Procedure 18: HIPAA Authorization to Release PHI to Third Parties (Authorization to Release)	Effective: 4/14/2003
Chapter 2: Agency Administration	Page 1 of 1

**Subject: HIPAA Authorization to Release Protected Health Information (PHI) to Third Parties (Authorization to Release)**

Disclosure of Protected Health Information (“PHI”) for treatment, payment and healthcare operations is permitted and an authorization is not required. For all other purposes, PHI requires an authorization ([HIPAA-ARI-1A](#)) to be signed by the individual served, legal guardian or parent or legal guardian of an individual under the age of eighteen (“Individual Served”).

For release of photographs and media information, an Individual Served must sign authorization form, [HIPAA-ARI-2A](#).

The approved form provided by the Privacy Officer is the only Board authorization form used for both PHI and non-PHI information. The Privacy Officer will ensure that the Board approved authorization form includes all elements required by the Privacy Rule and is available to all staff.

Release of PHI in response to a non-Board authorization form must be in accord with [HIPAA Procedure 20, Disclosure of Protected Health Information on a Non-Board Release Form](#), and satisfy all the elements in the “[Checklist for Authorization Validity](#)” form, (ARI-AV-1).

The PHI to be released pursuant to a signed authorization shall be the type and amount of information as directed by the authorization. The entire medical record may be released if directed by the signed authorization. In addition, PHI contained in each individual’s file may include information from third parties, i.e. PHI in the medical file generated by another provider. This third party PHI is subject to the release by the Board as is all other PHI created by the Board.

The authorization form is only to be used when the Individual Served is seeking to obtain or release information to a third party. If the Individual Served is seeking to inspect or copy the PHI for their own personal use, the Individual Served must complete the [HIPAA-1, “Request for Access”](#) form available from the Case Records Administrator at any Board site or by contacting the Privacy Officer.

Any questions regarding the use of an authorization should be directed to the Privacy Officer.

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