

Authorization to Release Protected Health Information (PHI) of Persons Served

Policy

It is the policy of Central Florida Behavioral Health Network, Inc. (CFBHN) to ensure that the network and its Network Service Providers (NSP) comply with all federal and state regulations, including the Health Insurance Portability and Accountability Act (HIPAA), regarding the authorization for uses and disclosures of Protected Health Information (PHI), and 42 CFR Part 2 which protects the confidentiality of records of persons served treated or referred for treatment for substance use.

Purpose

The purpose of this policy is to outline guidelines for the use of the CFBHN Authorization to Release Client Information form.

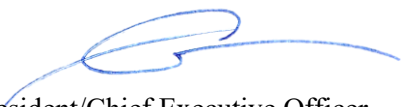
Procedure

1. Privacy rules prohibit healthcare providers and Business Associates from using or disclosing PHI unless they have a valid, written authorization signed by the patient or the patient's personal representative.
2. To be valid authorization, it must contain each of the elements below.
 - A. Core Elements
 - 1) The name of the person who is the subject of the disclosure.
 - 2) The name or specific identification of the person(s), or class of person(s) or organization authorized to make the disclosure.
 - 3) The name(s) or other specific identification of the person(s) or class of person, or organization to whom the covered entity may make the requested disclosure.
 - 4) A description of the PHI to be used or disclosed. This description must specifically identify how much, or the dates, of the information to be released, and what kind of records are permitted for disclosure.
 - 5) For each requested use or disclosure, the purpose of the disclosure must be provided. If the person served initiates the authorization, a statement that the disclosure is "at the request of the individual" is sufficient.
 - 6) An expiration date or event that relates to the length of time for which the authorization is in effect. For example, a specific date or statement such as "Until completion of litigation".
 - 7) The date and signature of the individual or the individual's personal representative. If the authorization is signed by an individual's personal representative, a description of the representative's authority to act for the individual should also be included.
 - B. Required Statements
 - 1) Special protections related to confidentiality exist for those who have undergone treatment for substance use at a federally assisted program. As such, the following notice must accompany each disclosure of substance use treatment records, or records that include both substance use and mental health treatment:

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“This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.6.”

- 2) For records that include only mental health treatment information, three required statements must accompany the disclosure:
 - a) “You or your personal representative have the right to revoke the authorization at any time by submitting a written revocation to the CFBHN Chief Operating Officer (COO, Vice Presidents of Behavioral health Services and/or Privacy Officer. The revocation will be immediately put into effect, except to the extent that CFBHN has taken action on the original authorization.”
 - b) “CFBHN does not condition your treatment, payment, health plan enrollment or benefits eligibility on the provision of this authorization.”
 - c) “Information disclosed by this authorization is subject to re-disclosure by the recipient and is no longer protected by HIPAA.”
- C. Compound authorizations, defined as those that combine an authorization to release information with another legal permission, are not permitted.
- D. The authorization must be completed in full.
- E. The authorization must be written in plain language. For individuals with limited English proficiency, the NSP may need to translate the consent for the individual.
- F. If the NSP is requesting authorization from the person served, the provider must give the individual or their personal representative a signed copy of the authorization. The NSP is not required to give a copy if the person served initiated the authorization.
- G. The original signed, completed Authorization to Release Information must be filed in the client’s medical record, or retained by CFBHN.

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 Alan Davidson, President/Chief Executive Officer	Review Date: <u>08/20/2026</u>