**PURPOSE**

To delineate the process for obtaining patient authorizations to use or disclose protected health information (PHI). To ensure that Ohio Living Home Health & Hospice use, or disclosure of protected health information is consistent with the authorization obtained.

**POLICY**

Ohio Living Home Health and Hospice will obtain a valid authorization from the patient or his/her legal representative prior to using or disclosing protected health information, as required by federal and state laws. Authorizations will be obtained to use or disclose protected health information in psychotherapy notes and for marketing activities. Ohio Living Home Health & Hospice will not condition the provision of treatment on obtaining an authorization, except as allowed by law.

**PROCEDURE**

1. The designated organization personnel will provide the “Authorization for Use or Disclosure of Information” form
2. The valid Authorization for Use or Disclosure of Health Information Form contains the following elements and is written in plain language:
	1. A description of information to be used or disclosed
	2. Name or other specific identification of the person(s) authorized to make the requested use or disclosure
	3. A description of the purpose of the requested use or disclosure
	4. An expiration date or expiration event that relates to the patient or the purpose of the use or disclosure
	5. Signature of the patient and date. If the authorization is signed by a personal representative of the patient, a description of the representative’s authority and proof of that authority to act for the patient must also be provided
3. A statement of the ability or inability of the organization to condition treatment, payment, admission or eligibility for benefits on the authorization
4. The authorization form will be filed in the patient's clinical record.
5. The patient may revoke in writing an authorization at any time. The revocation will be effective for uses or disclosures on or after the date of the revocation.