

AUTHORIZATION TO USE OR DISCLOSE HEALTH CARE INFORMATION (PHI)

STANDARD

Waikiki Health is required to meet the Federal HIPAA standards as required by HIPAA law and accompanying regulations. This procedure and accompanying form provides patients with a means of revoking an Authorization to Use or Disclose Health Care Information (PHI).

SCOPE

The Revocation of Authorization to Use or Disclose Health Care Information procedure applies to the whole Waikiki Health including all of its satellite sites that provide patient care. Patient care includes, but is not limited to, medical care, dental care, mental health care, and substance abuse and covers all patients receiving care within the organization. The Revocation of Authorization to Use or Disclose Health Care Information form covers protected health information (PHI) as defined in the HIPAA laws and standards.

PROCEDURE

1. When a request is made to revoke a PHI Authorization:

- a. Ask for verification of the identity and the authority of the individual if warranted – if the identity or the authority of the individual is not known to Waikiki Health.
- b. Ask the patient or legally authorized representative to submit the revocation in writing on Waikiki Health's Revocation of Authorization to Use or Disclose Health Care Information Form, or, if the patient is not at Waikiki Health and a form is not available, instruct the patient to write, sign and date a letter to Waikiki Health, ATTN: Privacy Officer requesting that the authorization be canceled.
- c. If it is not feasible or practicable to obtain the individual's written revocation:
 - i. Document the individual's oral revocation on the affected Authorization to Use or Disclose Health Care Information Form.
 - ii. Document the date and time and whether the revocation was done in person or over the phone.
 - iii. If feasible, the oral revocation shall be witnessed and documented by a second staff member.
- d. Inform the individual that:
 - i. A valid revocation to revoke the authorization will be honored; and
 - ii. Any uses or disclosures already made based upon the original request will not be affected; and
 - iii. Sometimes Waikiki Health is allowed or required by law to use or disclose information without patient permission; and
 - iv. If the authorization was given to obtain insurance – it is possible that the authorization may not be revocable.

2. Honor the request to the extent required by law.

3. If the revocation is not documented on the affected authorization, then link the affected authorization with the documented revocation.

4. Place the documentation of the revocation in the HIPAA section of the patient's medical record.