



CHAPTER: PATIENT RIGHTS AND RESPONSIBILITIES	Effective Date: April, 2012
SUBJECT: Patients' Rights and Responsibilities	Policy 1.013

POLICY

1. Patient rights and responsibilities are posted in the lobby of Lubbock Heart & Surgical Hospital.
2. Patients (and their named representatives) are given a copy of the Patient Rights and Responsibilities at the time of admission to Lubbock Heart & Surgical Hospital, in advance of furnishing or discontinuing care whenever possible.
3. All patients, inpatient and outpatient, (or their named representatives) are informed of their rights as patients.

PATIENT RIGHTS

Patients treated at Lubbock Heart & Surgical Hospital, have the right to the following:

1. Each Medicare beneficiary who is an inpatient (*or his/her representative*) is provided the standardized notice, "An Important Message from Medicare" (IM), within 2 days of admission.
2. A reasonable response to his or her request and needs for treatment or service within the hospital's capacity, its stated mission, and applicable law and regulation.
3. The patient has the right to participate in the development and implementation of his or her plan of care.
4. The patient and his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
5. Impartial access to treatment or accommodations that is available or medically indicated regardless of race, creed, sex, national origin, disability or source of payment.
6. Considerate, respectful care focused upon the individual patient's needs, with respect for personal dignity, and care that considers the psychological, spiritual, and cultural variables that influence perceptions of illness.
7. Personal privacy and confidentiality of information, including the right to:
 - a. Have access to information contained in the patients' medical record by the patient and/or the patient's representative, within the limits of the law.
8. Care of the dying patient which optimizes the comfort and dignity of the patients through:
 - a. Treating primary and secondary symptoms that respond to treatment as desired by the patient or surrogate decision maker.
 - b. Effectively managing pain.

- c. Acknowledging the psychosocial and spiritual concerns of the patient and the family regarding dying and the expression of grief by the patient and family.
9. Make informed decisions involving his or her health care in collaboration with his or her physician, including the right of the patient to:
 - a. Accept medical care or to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal. For refusals, a *refusal of treatment form* is to be completed.
 - b. Formulate advance directives and appoint a surrogate to make health decisions on his or her behalf to the extent permitted by law.
 - c. The information necessary to enable him or her to make treatment decisions that reflect his or her wishes.
 - d. The involvement of his or her family and/or guardian in the decision-making process throughout the course of treatment for minors (neonates, children and adolescents).
 - e. The right to participate in the development and implementation of his or her plan of care.
10. The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives, as is permitted by state law.
 - a. The hospital will ascertain the existence of, and, as appropriate, assist in the development of advance directives at the time of the patients' admission:
 - b. The provision of care will not be conditioned on the existence of an advance directive.
 - c. An executed advance directive will be in place in the patients' medical record and will be reviewed periodically with the patient.
11. The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.
12. The patient has the right to be informed of any human experimentation or other research/educational projects affecting his or her care or treatment, including the right of the patient or the patient's designated representative to:
 - a. Participate in the consideration of ethical issues that arise in the care of the patient.
13. The patient has the right to information at the time of admission, about the hospital's:
 - a. Patient rights policies
 - b. A mechanism for the initiation, review and when possible, resolution of patient complaints concerning the quality of care or services.
14. Have their representative to exercise, to the extent permitted by law, the rights delineated on behalf of the patient if the patient:
 - a. Has been adjudicated incompetent in accordance with the law.
 - b. Is found by his or her physician to be medically incapable of understanding the proposed treatment of procedure
 - c. Is unable to communicate his or her wishes regarding treatment; or,

d. Is a minor

15. A written copy of the patient's bill of rights and responsibilities prior to admission in the patient's primary language, if possible. A copy of the patient's bill of rights and responsibility will be given to the patient's parent, managing conservator, guardian or other representative.
16. Identification and knowledge of professional status of persons providing care and services, including the physician primarily responsible for the patient's care, professional relationships among persons treating the patient, and relationships to any other health care or educational institutions.
17. Reasonable personal and environmental safety.
18. To be free from all forms of abuse or harassment, including verbal, physician, psychological, sexual, or emotional while under the care of the hospital.
19. To be free from restraints of any form that are not medically necessary or are used as means of coercion, discipline, convenience, or retaliation by staff.
20. Communications with persons internal and external to the institution, including access to an interpreter in the event of language/speech barriers.
21. Request another health care practitioner or consultation from another provider.
22. Transfer to another facility or organization if the patient is medically stable, has been completely examined by a physician, the need for transfer established and communicated to the patient, and an accepting physician and facility has been secured.
23. Request and receive an itemized and detailed explanation of a bill for services rendered.
24. The patient is notified (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights.
25. Patients (or support person, where appropriate) are notified of the right, subject to his or her consent, to receive visitors whom he or she designates, including but not limited to, a spouse a domestic partner, (including same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.
26. Patients have the right to receive information at the time of admission about the hospital's
 - a. Patient rights policies, and
 - b. A mechanism for the initiation, review and resolution of patient complaints concerning the quality of care or services.
 - i. If a patient or family member wishes to lodge a formal complaint with the Texas Department of State Health Services, they may do so either by phone, fax, mail or email to:
Texas Department of State Health Services

PO Box 149347
Austin, Texas 78714
512/834-6648

Or

Texas Department of State Health Services
The Exchange Building
Facility Licensing Group
8407 Wall Street
Austin, Texas 78754
512/834-6648

Or

www.dshs.state.tx.us

Or

Texas Medical Foundation Quality Institute
5918 Courtyard Drive, Suite 300
Austin, Texas 78730
512/329-6610

PATIENT RESPONSIBILITIES

Patients treated at Lubbock Heart & Surgical Hospital have the following responsibilities to:

1. Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other information relating to their health and medical care.
2. Communicate whether they clearly comprehend a proposed course of action and the expectations of them, and to make decisions regarding their medical plan.
3. Follow the treatment plan recommended and ordered by the health care practitioner, the patient is responsible for actions and outcomes for refusing care, treatment, or services and failing to follow instructions and/or the treatment plan.
4. Assure payment for financial obligations incurred as a result of services rendered.
5. Follow hospital policies, procedures, rules and regulations affecting patient care.
6. Respect rights and property of other patients, hospital personnel, health care practitioners, visitors and the hospital.

42CFR 482.13
25TAC 133.42



CHAPTER: HEALTH INFORMATION MANAGEMENT	Effective: April, 2012
SUBJECT: HIPAA Access to the Medical Record	Policy 6a.014

POLICY:

Lubbock Heart & Surgical Hospital maintains that the medical record is confidential and requires controlled, limited access.

Access to the medical record is based on applicable laws, rules and regulations, the need to know and patient rights.

PROCEDURE:

1. Patient Request for Access

- a. The patient may examine his or her medical record by requesting to do so. The hospital reserves the right to schedule a time for the record review by the patient so that a HIM employee can stay with the patient to answer questions and safe-guard the integrity of the record.
- b. The patient can request amendments to the medical record, but the physician and the hospital have the right to refuse to make the amendment.
- c. Request for amendments must be made in writing, approval or denial must be made to the patient in writing. Communications regarding request become a part of the medical record.

2. Non-Employee or Non-Patient Request For Access:

- a. The patient's record may be examined by
 - i. Properly credentialed and verified representatives of the patient's insurance company
 - ii. Insurance review company
 - iii. The patient's legal counsel
 - iv. State, federal regulatory body members
 - v. Accreditation surveyors
- b. When the patient's medical record is reviewed by state, federal or accreditation surveyors an entry is made on the patient's disclosure accounting form These will be scanned into the patients electronic health record
- c. The patient has the right to know disclosures that occurred
- d. Disclosures made to inspecting insurance companies, legal counsel, state, federal and accreditation agencies must be documented on the disclosure accounting record.

3. Hospital and Medical Staff Access:

- a. The patient's record may be examined and reviewed by hospital staff to provide care, document care given, or gather data for legitimate hospital functions.
- b. The record may be examined and reviewed by hospital administration, hospital insurance representatives, hospital legal counsel or other hospital designee for legitimate purposes.
- c. The record may be reviewed by members of the Medical Staff performing Medical Staff functions that include review of Records as outlined in the Medical Staff Bylaws.

Cross-Reference Documentation

Standard -

Policy –Uses and Disclosures Not Requiring Authorization

Form – Accounting of Disclosures Form

Reference: Federal HIPAA Privacy and Security Act

Replaces #15.32 Effective December 2003; Approved by Board of Directors: 1-2004; Approved By Medical Executive Committee: 1-2004;

Reviewed: 1/2008

Reviewed 4-2015

Approved by:

CHAPTER: HEALTH INFORMATION MANAGEMENT	Effective: April, 2012
SUBJECT: HIPAA Minimum Necessary	Policy 6a.015

PURPOSE:

To provide guidelines for identifying what job positions need to know what protected health information and what it will be used for by that job position.

POLICY:

Employee access to protected health information is limited to the information that is essential in performing their respective job duties.

Employees will sign a “Security and Need to Know Agreement,” agreeing that they will not use information other than that which is necessary to perform their job function.

Employees accessing information that is not required by their respective job duties are subject to disciplinary action up to and including termination.

PROCEDURE:

1. Designated protected health information per job duty is reviewed during orientation and annually. If employees believe that they have a need to access additional information, they should contact the Privacy Officer.
2. When an employee receives a request for information, he or she should first determine whether this is information that is for treatment, payment or operations.
3. If the request for information is not for payment, treatment or operations, an authorization for disclosure should be requested from the patient or the patient’s personal representative.
4. Physicians’ offices, home health agencies, etc. (known as continued care providers) must request, in writing, what information they need.
5. This information will be scanned into the electronic health record
6. If the identity of the requestor is not known, the employee should verify the identity.
7. If an employee makes a request for information from another covered entity, the request should be specific and limited in scope with the minimum necessary to achieve the intended purpose of the requested disclosure.
8. Requests for protected health information should be made subject to the following criteria:
 - a. Requests should be as specific as possible with respect to the amount of information needed.
 - b. Requests should not be for entire medical records unless absolutely necessary.
 - c. If the information is being requested for treatment purposes, the entire medical record may be requested.
9. Employees should be prepared to provide justification for the scope of the request.

Authorities:

- 45 CFR §164.502(b)
- 45 CFR §164.514(d)
- 45 CFR §164.514(h)

Excerpt from HIPAA Privacy Regulation

4.1 Uses and Disclosures restricted to minimum necessary information

Except for uses and disclosures related to the treatment of the patient (and other exceptions discussed below in paragraph 4.4), the hospital must make reasonable efforts to limit the amount of patient information used within the hospital or disclosed to others to that which is minimally necessary to accomplish the intended purpose of the use or disclosure. The minimum information should include discharge summary, history and physical, operative notes, progress notes, and lab exams.

4.2 Uses Within the Hospital

For uses of information within the hospital, the hospital must identify all individuals by job category who need access to protected health information and identify the type of protected health information to which each category of personnel needs access. The following grid represents the information that each category of personnel needs to know based upon his or her job description.

4.3 Uses and Disclosures to Third Parties

For requests that the hospital receives on a routine or recurring basis, see additional specific policies HP.05 and HP.06. Requests that do not occur on a routine basis must be reviewed individually to determine the minimum amount of information that must be disclosed to achieve the stated purpose of the disclosure, based upon the following criteria:

- Determine whether the requestor was specific about the type of information that is needed (e.g., demographics, financial/billing, physician notes, laboratory results).
- If the requestor was not specific, ask the requestor specifically what information is needed and why.
- If the requestor requests the entire medical record, ask the requestor to justify why the entire medical record is needed. Employees should not disclose an entire medical record until the requestor provides satisfactory justification.
- Determine whether the requestor is a person who can be relied upon (as set forth in paragraph 4.5 below).
- If the requestor is a person whose representations can be relied upon, then the employee may disclose the requested information.
- If the requestor is not a person whose representations can be relied upon, and the employee has any question regarding the appropriateness of the scope of the request, the employee should ask the Privacy Officer for approval to disclose the information.

4.4 Exceptions to minimum necessary requirements

The minimum necessary restriction does not apply under the following circumstances:

- When the disclosure is made to a provider for the purpose of **treatment**
- When the patient requests his or her **own information**
- When the patient signs an **authorization** for the disclosure
- When a disclosure is made because it is **required by law**, including those disclosures required by the HIPAA regulations.

4.5 Requestors who can be relied upon to determine minimum necessary information

- When making a permissible disclosure to a public official the hospital may rely on the public official's representations regarding the amount of information needed.
- When making a disclosure to another covered entity (e.g. a provider, health plan or clearinghouse) the hospital may rely on the requestor's representations regarding the amount of information needed.
- The hospital may rely upon the professional judgment of a business associate to determine what information is needed for the performance of professional services (for example, an accountant or attorney).

4.6 Verification of Requestor

Employees will verify the identity of a requestor if the employee does not know the requestor.

4.7 Application of the minimum necessary rule where the hospital is the requestor

HIPAA requires the hospital to restrict requests for information to the minimum necessary to achieve the intended purpose of the requested disclosure. Requests for protected health information should be made subject to the following criteria:

- a. Requests should be as specific as possible with respect to the amount of information needed
- b. Requests should not be for entire medical records unless absolutely necessary.
- c. If the information is being requested for treatment purposes, the entire medical record may be requested
- d. Employees should be prepared to provide justification for the scope of the request

Reference: Federal HIPAA Privacy and Security Act

Replaces #15.022 Effective December, 2003; Approved by Board of Directors: 1-2004; Approved By Medical Executive Committee: 1-2004;
Reviewed:1/2008; Revised: 8-2011
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Approved by:

CHAPTER: HEALTH INFORMATION MANAGEMENT	Effective: April, 2012
SUBJECT: HIPAA Uses and Disclosures NOT Requiring Authorization	Policy 6a.016

PURPOSE:

To provide guidelines to identify when uses and disclosures do NOT require authorization from the patient prior to the use or disclosure of patient health information.

POLICY:

Personnel will disclose protected health information in compliance with the HIPAA Privacy Regulation.

The HIPAA Privacy Regulation allows the disclosure of protected health information for the purposes of treatment, payment or operations.

PROCEDURE:

1. If a use or disclosure of patient information is for treatment, payment or operations of the hospital or of another provider or health plan subject to the conditions set forth in paragraph 3.2, of the regulation there is no need to obtain a signed authorization from the patient. Some uses and disclosures that are considered treatment, payment, or operations and, therefore, do not require an authorization are:
 - a. Use of patient information (including medical records from other physicians involved in treatment of the patient) by physicians, nurses, lab technicians, radiology and other health care providers in the hospital for treatment decisions.
 - b. Disclosure of patient information to physicians or health care providers who are involved in the patient’s treatment, including consultations and referrals, disclosures to laboratories or radiologists.
 - c. Disclosure of patient information to billing companies or collection agencies for payment purposes.
 - d. Disclosure of patient information to health plans for coverage determinations, eligibility determinations, medical necessity and or appropriateness review, justification of charges, utilization review, pre-certification, or preauthorization.
2. If an employee has a question as to whether a use or disclosure is for treatment, payment, or operations, he or she should contact the Privacy Officer.
3. If the patient does not object, patient information may be shared with a family member, friend, personal representative or caregiver.
 - a. If they are involved in the patient’s health care or payment of health care, provided that the information is relevant to the person’s involvement with the patient:
 - i. Family member
 - ii. Relative
 - iii. Close personal friend
 - iv. Other person identified by the patient as being involved in the patient’s health care or payment of health care
4. Employees may make disclosures without offering the patient an opportunity to object if a health care provider infers, based upon professional judgment that
 - a. The patient would not object or

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- b. It is in the patient’s best interest to make the disclosure, such as in the case of an emergency,
 - c. The hospital may disclose information regarding the patient’s general condition,
 - d. Location or death to a family member, the patient’s personal representative, and another person responsible for the care of the patient.
5. Employees are required to consult with the Privacy Officer if there is any question as to whether an inference as discussed above is appropriate.

Authorities:

- 45 CFR §164.501 (definitions)
- 45 CFR §164.502 (general rules for uses and disclosures)
- 45 CFR §164.506 (treatment, payment, or operations)
- 45 CFR §164.510 (b) (disclosures to family members, etc.)

Excerpt from HIPAA Privacy Regulation.

3.1 Uses and Disclosures Permitted for the hospital’s Treatment, Payment, and Health Care Operations

Patient information can be used for treatment, payment, and operations without obtaining authorization from the patient.

Some uses and disclosures that are considered treatment, payment, or operations and, therefore, do not require an authorization are:

- a. Use of patient information (including medical records from other physicians involved in treatment of the patient) by physicians, nurses, lab technicians, radiology and other health care providers in the hospital for treatment decisions.
- b. Disclosure of patient information to physicians or health care providers who are involved in the patient’s treatment, including consultations and referrals, disclosures to laboratories or radiologists.
- c. Disclosure of patient information to billing companies or collection agencies for payment purposes.
- d. Disclosure of patient information to health plans for coverage determinations, eligibility determinations, medical necessity/appropriateness review, justification of charges, utilization review, pre-certification, or preauthorization.

3.2 Disclosures to another Health Care Provider for Treatment, Payment, or Operations

For Treatment: Disclosures may be made, as necessary, to another health care provider for treatment of the patient.

For Payment: Disclosures may be made to another health care provider or health plan, so that the other provider or plan can obtain payment for services (e.g., disclosures may be made to other physicians, laboratory or radiology, as needed for their billing purposes).

For Health Care Operations: Disclosures may be made to another health care provider or health plan for the other entity’s health care operations, if both the hospital and the other health care provider have a relationship with the patient and the disclosure is for one of the following purposes:

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- quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines (the primary purpose of these studies cannot be to obtain generalized knowledge, i.e., cannot be research studies disguised as QA/QI)
- population based activities related to improving health or reducing health care costs
- protocol development
- case management and care coordination
- contacting providers and patients about treatment alternatives
- evaluation of providers
- evaluation of health plan performance
- conducting training programs
- accreditation, certification, licensing or credentialing activities

Example: Disclosures may be made to the physician who performed procedures at the hospital for his or her QA purposes.

3.3 Disclosures to Family Members and Personal Friends

3.3.1 Disclosure relevant to health care or payment to person assisting with health care or payment. If the patient does not object, the hospital may disclose the patient's health information to the following persons if they are involved in the patient's health care or payment of health care, provided that the information is relevant to the person's involvement with the patient:

- a. family member
- b. relative
- c. close personal friend
- d. other person identified by the patient as being involved in the patient's health care or payment of health care

3.3.2 Disclosure regarding condition, location or death. If the patient does not object, the hospital may disclose information regarding the patient's general condition, location or death to a family member, the patient's personal representative, and another person responsible for the care of the patient.

3.3.3 Opportunity to object. Patients must be given the opportunity to object to all disclosures made to family members, friends, relatives, personal representatives and caregivers **unless:**

- a health care provider can infer from the circumstances that the patient would not object;
- a health care provider determines in the exercise of his/her professional judgment that it is in the best interests of the patient to make the disclosure; or
- the hospital is assisting with disaster relief efforts and providing an opportunity to object would hamper these efforts.

Reference: Federal HIPAA Privacy and Security Act



CHAPTER: HEALTH INFORMATION MANAGEMENT	Effective Date: April, 2012
SUBJECT: HIPAA Uses and Disclosures Requiring Authorization	Policy 6a.027

PURPOSE:

To provide guidelines for identification of uses and disclosures that is routine, BUT requires authorization from the patient prior to the use and disclosure of protected health information (PHI).

POLICY:

The patient must sign a Uses and Disclosure Authorization if they are requesting that a copy of their medical record be sent to another individual, including another physician.

The first copy of the medical record is free, subsequent copies may be subject to copying charges not to exceed state mandated fee schedule.

PROCEDURE:

1. The patient is asked to sign a Uses and Disclosure Authorization form when they are requesting a copy of their medical record for any purpose other than personal use.
2. Inform the patient that the copy will be made within three business days and they will be notified by phone when the copy is available.
3. If the patient brings or sends a signed authorization form in a format other than that used by the hospital, review the form to make certain that it contains the requirements outlined in the form that is used by the hospital.
4. If there is a question as to whether an authorization is valid, and the patient is unavailable or unwilling to sign the hospital's model authorization form, contact the Privacy Officer.
5. Place a copy of the signed authorization in the patient's chart.
6. The patient may choose to revoke a previous authorization as long as that authorization is required for continuing participation in a research program of the hospital.
7. Take any actions necessary to stop uses and disclosures that were the subject of the authorization (for example, take the patient's name off of any mailing lists, notify appropriate personnel not to disclose information to a third party if it has not already been disclosed, etc.).
8. The Privacy Officer and HIM personnel are responsible for ensuring that signed authorization forms are retained for at least seven years.

Authorities:

- 45 CFR §164.501 (marketing definition)
- 45 CFR §164.508 (authorization)
- 45 CFR §164.530 (documentation and retention)

Excerpt from HIPAA Privacy Regulation

3.1 General Requirement for Authorization

Some common examples of when authorization is needed include:

- Disclosures of medical information to an employer or school (for example, return to work/school slips)
- Disclosures for marketing (see paragraph 3.3 for examples of marketing and non-marketing activities)

3.2 Uses and Disclosures Related to Research

As a general rule, authorization is required for uses and disclosures related to research.

However, authorization is not needed in the following limited circumstances:

- Authorization is not required if there is a documented waiver of authorization from an IRB or privacy board (employees should ask the Privacy Officer whether a waiver of authorization has been obtained).
- Authorization is not required if the information is being gathered or used in preparation for research (for example, to identify potential research subjects or populations) as long as the uses and disclosures are necessary to the research and the information does not leave the hospital.
- Authorization is not required for research if the patient is deceased, the use or disclosure is solely for research and is necessary to the research.

3.3 Uses and Disclosures Related to Marketing

As a general rule, any communication that encourages patients to purchase or use certain products or services is considered marketing and requires an authorization (for example, the hospital could not conduct a mass mailing to promote a new product or sell its patient list to an outside company).

Exceptions: The following communications do not require an authorization:

- Communications made to a patient about treatment, case management, or care coordination of health care, including recommendation of services, products and referrals that are important and specific to that patient's treatment (for example, a physician may suggest a particular product or clinic that might help the patient stop smoking or lose weight).
- Provision of sample products during an hospital visit.
- Promotional gifts of nominal value (for example, pens or magnets imprinted with the name of the hospital).

3.4 Authorization Contents

To be valid, an authorization must include the following:

- A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
- Name or specific identification of the person or persons who can make the requested use or disclosures.
- Name or specific identification of the person or persons who may receive the requested use or disclosures.
- A description of each purpose of the requested use or disclosure (if the request was made by the patient and the patient does not wish to give the reason for the request, the hospital may include the words "per patient request" for the description).
- An expiration date or expiration event (expiration event must relate to the patient or the purpose of the use or disclosure) (may use the statement "end of research study" if the authorization is for research). If the authorization is for the creation or maintenance of a research database or research repository no expiration date is needed and the statement "none" can be used.
- Statement of the individual's right to revoke authorization in writing, exceptions to the right to revoke, and description informing the patient how to revoke the authorization (including a reference to the Privacy Notice).

- The consequences, if any, that will result from the patient's refusal to sign, including a statement that the hospital may not condition treatment on the patient's willingness to sign the authorization (subject to certain exceptions).
- Statement that information used or disclosed may be subject to re-disclosure by the recipient and no longer protected by the HIPAA rule.
- If the authorization is for marketing, a statement regarding any remuneration that the hospital will receive as a result of the use and/or disclosure of the patient's PHI.
- The patient's (or personal representative's) signature and date signed.
- If signed by a personal representative, a description of the representative's authority to act on behalf of the individual.

3.5 Authorizations Cannot Be Combined

As a general rule, an authorization cannot be combined with another type of document. (For example, the hospital cannot combine an authorization with an informed consent). There is a limited exception for documents relating to the same research study (for example, the hospital can combine an authorization and any other form of written permission for the same study).

Two authorizations can be combined in the same document, unless one of the authorizations is for psychotherapy notes or eligibility in a health plan.

3.6 Treatment Cannot Be Conditioned on Authorization

The hospital cannot require the patient to sign an authorization as a condition for treatment unless one of the following circumstances exist:

- the authorization is for research and the treatment is related to the research
OR
- the treatment is being provided for the sole purpose of creating protected health information for a third party (for example, if an hospital is contracted by an employer or life insurer to conduct a procedure for an employee, the hospital can condition treatment on the patient signing an authorization to disclose information to the employer).

3.7 Revocation of Authorization

An individual can revoke an authorization in writing at any time. If the hospital has already used or disclosed information in reliance upon the authorization, it will not be held accountable for disclosures made prior to the revocation.

3.8 Documentation of Authorization

All signed authorizations and revocations of authorization must be retained for at least six years. If the authorization was requested for the hospitals own use, the patient must be provided with a copy of the signed authorization.

Reference: Federal HIPAA Privacy and Security Act