

---

**University of Wisconsin-Madison  
Policy and Procedure**

Policy Number: 3.2  
Policy Title: Uses and Disclosures of Protected Health Information that Require Patient Authorization (Clinical, Non-Research)  
Effective Date: April 14, 2003  
Last Revisions Date: September 22, 2014  
Page 1 of 9

---

**I. Policy**

The HIPAA Privacy Rule requires that, in most situations, patients provide written authorization prior to uses or disclosures of their protected health information. This policy is to ensure that UW-Madison follows HIPAA regulations regarding patient authorizations for uses and disclosures of protected health information. This policy addresses clinical, non-research circumstances.

To ensure the privacy of patient health information, UW-Madison obtains patient authorization for uses and disclosures of health information that require an authorization by law. In addition, when UW-Madison uses or discloses health information pursuant to a patient authorization, it does so only in a manner consistent with the authorization.

**II. Definitions**

- A. **Disclosure:** The release, transfer, provision of access to, or divulging in any manner of PHI by an individual within the HCC or ACE with a person or entity outside the HCC or ACE.
- B. **Health Care Component (“HCC”):** A component or combination of components of a hybrid entity designated by the hybrid entity as covered by HIPAA.
- C. **Health Care Operations:** Any of a number of business and administrative activities, including
- Conducting quality assessment and improvement activities
  - Reviewing the competence or qualifications of health care professionals
  - Conducting training programs
  - Accreditation
  - Credentialing
  - Conducting or arranging for medical review, legal services and auditing functions

---

**University of Wisconsin-Madison  
Policy and Procedure**

Policy Number: 3.2  
Policy Title: Uses and Disclosures of Protected Health Information that Require Patient Authorization (Clinical, Non-Research)  
Effective Date: April 14, 2003  
Last Revisions Date: September 22, 2014  
Page 2 of 9

---

- Business planning and development, and
- Business management and general administrative activities

Health care operations do not include research and many fundraising and marketing activities. See Privacy Policies # 3.6 “Uses and Disclosures of Protected Health Information for Marketing” and # 3.7 “Uses and Disclosures of Protected Health Information for Fundraising” for more information.

- D. Payment: The activities undertaken by a health care provider to obtain payment for the provision of care or by a health plan to provide reimbursement for the provision of care.
- E. Protected Health Information (“PHI”): Health information or health care payment information, including demographic information collected from an individual, which identifies the individual or can be used to identify the individual. PHI does not include student records held by educational institutions or employment records held by employers.
- F. Treatment: The provision, coordination, or management of health care and related services.
- G. University of Wisconsin Affiliated Covered Entity (“UW ACE”): The UW-Madison Health Care Component (except University Health Services and the State Laboratory of Hygiene), the University of Wisconsin Medical Foundation and the University of Wisconsin Hospital and Clinics. See Privacy Policy # 1.2 “Designation of the University of Wisconsin Affiliated Covered Entity (UW ACE)”.
- H. Use: The employment, application, utilization, examination or analysis by an individual within the UW HCC or UW ACE, or the sharing of PHI with an individual within the UW HCC or the UW ACE.
- I. UW-Madison Health Care Component (“UW HCC”): Those units of the University of Wisconsin-Madison that have been designated by the

---

**University of Wisconsin-Madison  
Policy and Procedure**

Policy Number: 3.2  
Policy Title: Uses and Disclosures of Protected Health Information that Require Patient Authorization (Clinical, Non-Research)  
Effective Date: April 14, 2003  
Last Revisions Date: September 22, 2014  
Page 3 of 9

---

University as part of its health care component under HIPAA. See Privacy Policy # 1.1 “Designation of UW-Madison Health Care Component”.

**III. Procedures**

- A. Authorization Not Required. Patient authorization is not required for:
1. The use of PHI by individuals within the UW HCC or UW ACE for most treatment, payment, and health care operations (note, however, that the more stringent state and/or federal law requirements concerning the use and disclosure of alcohol and other substance abuse records and HIV test results continue to be in effect).
  2. The disclosure of PHI by individuals within the UW HCC or UW ACE for most treatment, payment and many health care operations with another HIPAA covered entity that shares a relationship with the patient (note, however, that the more stringent state and/or federal law requirements concerning the use and disclosure of alcohol and other substance abuse records and HIV test results continue to be in effect).
  3. Required public health reporting.
  4. Mandatory reporting under state law (e.g., suspected child abuse, elder abuse, required reports to State licensing agencies).
  5. Disclosures pursuant to a court order.

For additional, less frequently occurring, circumstances under which patient authorization is not needed for the use or disclosure of PHI, see Privacy Policy #3.3 “Uses and Disclosures of PHI Not Requiring Patient Authorization”.

---

**University of Wisconsin-Madison  
Policy and Procedure**

Policy Number: 3.2  
Policy Title: Uses and Disclosures of Protected Health Information that Require Patient Authorization (Clinical, Non-Research)  
Effective Date: April 14, 2003  
Last Revisions Date: September 22, 2014  
Page 4 of 9

---

- B. Authorization required. Patient written authorization is required to use or disclose PHI in circumstances including, but not limited to:
1. When the patient requests the use or disclosure, other than to him/her self.
  2. For most marketing purposes. See Privacy Policy #3.6 “Uses and Disclosures for Marketing” for additional information.
  3. For a number of disclosures to the patient’s employer including pre-employment or continuing employment determinations, and Family and Medical Leave Act. (However, authorization is not required to release PHI for Workers’ Compensation purposes.)
  4. For use or disclosure of psychotherapy notes, except when the use or disclosure is specifically permitted by law.
  5. For research purposes in most but not all cases.
  6. For most fundraising purposes. See Privacy Policy #3.7 “Uses and Disclosures for Fundraising” for additional information.
  7. For any sale of PHI. In this case, the authorization must specifically state that disclosure will result in remuneration to the UW HCC. See Privacy Policy #3.11 “Sale of Protected Health Information Generally Prohibited” for additional details.
  8. For disclosures to a patient’s attorney.
- C. Copy to the patient. After an individual within the UW HCC or UW ACE obtain authorization from a patient to use or disclose PHI, the individual will provide the patient with a copy of the signed authorization.

---

**University of Wisconsin-Madison  
Policy and Procedure**

Policy Number: 3.2  
Policy Title: Uses and Disclosures of Protected Health Information that Require Patient Authorization (Clinical, Non-Research)  
Effective Date: April 14, 2003  
Last Revisions Date: September 22, 2014  
Page 5 of 9

---

- D. Prohibited authorizations. Individuals within the UW HCC or UW ACE are prohibited from obtaining an authorization under the following circumstances:
1. In general, an authorization for use or disclosure of health information may not be combined with any other document to create a compound authorization, except:
    - a. An authorization for use or disclosure of PHI for research may be combined with any other type of written permission for the same or another research study (e.g. combining an authorization to participate in a research study with an authorization for the creation of a research database or repository, or with a consent to participate in the research).
      - i. Where research-related treatment is conditioned on provision of one of the authorizations, any compound authorization must clearly differentiate between the conditioned and unconditioned components and must provide individual with an opportunity to opt-in to the research activities described in the unconditioned authorization.
    - b. An authorization for use or disclosure of psychotherapy notes may only be combined with another authorization for use of disclosure of psychotherapy notes.
    - c. An authorization (except for psychotherapy notes) may be combined with any other authorization except when the treatment, payment or enrollment in a health plan or eligibility for benefits has been conditioned upon one of the authorizations.

---

**University of Wisconsin-Madison  
Policy and Procedure**

Policy Number: 3.2  
Policy Title: Uses and Disclosures of Protected Health Information that Require Patient Authorization (Clinical, Non-Research)  
Effective Date: April 14, 2003  
Last Revisions Date: September 22, 2014  
Page 6 of 9

---

2. An authorization may not condition treatment, payment, enrollment, or eligibility for benefits on receipt of an authorization. Exceptions to this include:
  - i. If PHI is created (or accessed) for treatment-related research, a research authorization may be required.
  - ii. If PHI is created solely for disclosure to another organization, authorization for disclosure to that organization may be required.
  
- E. Requirements of a valid authorization. To be valid, an authorization must be written in plain language. In obtaining authorization, use the approved UW-Madison “Authorization for Disclosure of Medical Information” form (available at [hipaa.wisc.edu](http://hipaa.wisc.edu) within the Forms tab). The following are required elements:
  1. A meaningful description of the health information to be used or disclosed.
  2. A description of each purpose of the use or disclosure in question.
  3. The name or specific identification of the person(s) or class of persons authorized to make the requested use or disclosure.
  4. The name or specific identification of the person(s) or class of persons to whom the use or disclosure may be made.
  5. An expiration date or event (except when this is not required, such as in a research authorization).
  6. A statement of the patient/client’s right to revoke the authorization in writing and the limitations on that right.

---

**University of Wisconsin-Madison  
Policy and Procedure**

Policy Number: 3.2  
Policy Title: Uses and Disclosures of Protected Health Information that Require Patient Authorization (Clinical, Non-Research)  
Effective Date: April 14, 2003  
Last Revisions Date: September 22, 2014  
Page 7 of 9

---

7. A description of how the patient/client may revoke the authorization.
  8. A statement acknowledging that the health information disclosed pursuant to the authorization may be re-disclosed by the recipient and no longer protected by the Privacy Rule.
  9. A statement regarding remuneration, either direct or indirect, if the entity is to receive such remuneration for a use or disclosure for marketing purposes.
  10. A statement of UW-Madison's ability or inability to condition treatment, payment, enrollment, or eligibility for benefits on the authorization.
  11. Signature of the patient/client or the patient/client's legal representative and the date signed. The signature of a legal representative must be accompanied by a description of the representative's authority to act for the patient/client.
- F. Invalid authorizations. An authorization is invalid if any of the following occur:
1. The expiration date or event has passed.
  2. The authorization is not properly completed.
  3. The authorization contains material information that the recipient of the authorization knows to be false.
  4. The recipient of the authorization knows that the authorization has been revoked.
  5. The authorization is of a type prohibited by law. See "Prohibited authorizations" above.

---

**University of Wisconsin-Madison  
Policy and Procedure**

Policy Number: 3.2  
Policy Title: Uses and Disclosures of Protected Health Information that Require Patient Authorization (Clinical, Non-Research)  
Effective Date: April 14, 2003  
Last Revisions Date: September 22, 2014  
Page 8 of 9

---

**G. Revocation of Authorizations**

All revocations of authorizations must be in writing. A patient may revoke an authorization except to the extent that, if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

A revocation revokes all uses of the authorization after receipt of the revocation, except where the recipient of the authorization has taken action in reliance upon the authorization prior to receipt of revocation.

**IV. Documentation Requirements**

The UW HCC unit must document and maintain all patient/client authorizations for a period of at least six years, from the date of its creation or the date when it last was in effect, whichever is later.

**V. Forms**

- Authorization for Disclosure of Medical Information
- Staff Instructions for Completing Authorization for Disclosure of Medical Information

Instructions for completing forms are available at [hipaa.wisc.edu](http://hipaa.wisc.edu) within the “Forms” tab.

**VI. References**

- 45 CFR 164.508 (HIPAA Privacy Rule)
- 51.30, Wisconsin Statutes (Treatment Records)
- 146.81, 146.82 Wisconsin Statutes (Release of Health Records)
- 252.15, Wisconsin Statutes (Use of HIV Test Results)

---

**University of Wisconsin-Madison  
Policy and Procedure**

Policy Number: 3.2  
Policy Title: Uses and Disclosures of Protected Health Information that Require Patient Authorization (Clinical, Non-Research)  
Effective Date: April 14, 2003  
Last Revisions Date: September 22, 2014  
Page 9 of 9

---

**VII. Related Policies**

- Policy Number 3.3 “Uses and Disclosures of Protected Health Information Not Requiring Patient Authorization”
- Policy Number 3.4 “Uses and Disclosures of Protected Health Information That Require Providing the Patient with an Opportunity to Agree or to Object”
- Policy Number 3.6 “Uses and Disclosures of Protected Health Information for Marketing”
- Policy Number 3.7 “Uses and Disclosures of Protected Health Information for Fundraising”
- Policy Number 3.8 “Minimum Necessary Standard”
- Policy Number 3.9 “Verifying Identity and Authority of Outsiders Seeking Disclosure of a Patient’s Protected Health Information”
- Policy Number 7.1 “Requests by Patients for an Accounting of Certain Disclosures”

**VIII. For Further Information**

For further information concerning this policy, please contact the UW-Madison HIPAA Privacy Officer or the appropriate unit HIPAA Privacy Coordinator or sub-Coordinator. Contact information is available within the “Contact Us” tab at [hipaa.wisc.edu](http://hipaa.wisc.edu).

**Reviewed By**

Chancellor  
Chancellor’s Task Force on HIPAA Privacy  
UW-Madison HIPAA Privacy Officer  
UW-Madison Office of Legal Affairs

**Approved By**

Interim HIPAA Privacy and Security Operations Committee