**Policy:** It is the policy of The Arc of Monroe to ensure that people have opportunities for privacy and that business, administrative, and support functions promote personal and organizational outcomes.

**Additional Information:** An authorization is a signed statement from the person or their legal representative granting The Arc permission to use or disclose PHI in a specific way for a specific purpose. HIPAA law dictates what must be included in an authorization for it to be compliant and legal.

In many cases, The Arc is required to obtain such an authorization before we can use or disclose PHI. An authorization is NOT required for:

- Treatment, payment or health care operations (please cross reference that policy)
- Disclosing PHI to other health care providers who also serve the person
  - Example: Someone we support falls and hurts their leg. We may share their medical information with the hospital so that they can treat the person correctly.
- Disclosing PHI to a family member, other relative, or close personal friend of the person, consistent with our policy on “Uses and Disclosures of PHI – Special Circumstances”
- For some marketing and fundraising activities (please cross reference those policies for more details)
- To law enforcement and other legal bodies under specific circumstances (please cross reference the policy “Uses and Disclosures of PHI – Special Circumstances"

For all other uses and disclosures, you should presume an authorization is needed. Please cross reference other HIPAA policies for more details or contact the VP for Quality and Compliance for guidance.

PLEASE NOTE: It is NEVER permitted to ask a person or their legal representative to sign a blank or partially-completed authorization. Before an authorization can presented to a person for their signature, all sections must be filled in. We cannot require someone to sign a blank or partially-completed authorization.

If, per agency policy and HIPAA requirements, an authorization is required, the PHI in question cannot be used or disclosed until a valid and complete authorization has been signed and received by The Arc. Primary responsibility for implementing an authorization lies with management. The VP for Quality and Compliance is available to assist as necessary.

The Arc has a standard authorization form that must be used (see attached, individual authorization). We have also implemented a standard agency release for publication, videos and photos (“media release”) (see attached). This latter form is used primarily by The Arc Foundation of Monroe for the purposes of sharing the work we do with others in the community. People supported can modify this authorization form in whole or in part before signing it.
Please note that our Health Homes program may use alternate authorizations as required by our contract with GRHHN. These provide enhanced protections for the person and are considered HIPAA-compliant.

“Protected health information or PHI” is defined as information about people we support that relates to their past, present or future mental or physical health and also identifies them in some way. In addition to more obvious things such as treatment plans, service documentation, clinical assessment, etc., the following are also considered PHI:

- Initials of someone we support. If you share initials, you are sharing PHI. Reducing a name to initials does not protect it under HIPAA law.
- Pictures of someone we support. This includes any photograph that will identify the person in some way. This may be the case even if their face isn’t visible, but something distinctive about them is. It could also apply to pictures of the back of their head, side shots, other parts of their bodies that are distinctive, etc.
- Anything that describes someone in a way that makes it clear who you are talking about (such as a full physical description; or a combination of characteristics that are so unique as to effectively name the person). EXAMPLE: A short middle-aged woman with blazing red hair and right-side hemiparesis who goes to Henrietta Day Services.

This definition applies whether the information is written, spoken, signed, or in an electronic format – regardless of the language (e.g., English or any other language). You should presume that any information about people we support that you work with in your job is PHI and should be treated as such.

For the purposes of this procedure, “staff” includes employees, contractors, consultants, interns, students and volunteers.

<table>
<thead>
<tr>
<th>Procedure</th>
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<tbody>
<tr>
<td><strong>Task:</strong></td>
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<tr>
<td>General Guidelines:</td>
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<tr>
<td>1. Managers should ask those they support if they would be willing to sign the agency’s media release. The person we support is not obligated to agree to these disclosures and they cannot be pressured to do so. Their continued receipt of services and supports by The Arc is in no way contingent on them agreeing to these disclosures. While not required, it is recommended that these be presented to people we support annually at the primary Life Plan review to ensure they continue to agree.</td>
</tr>
<tr>
<td>2. If the person supported/their legal representative agrees to the conditions on the media release form, the manager will check “Approved” on the form. If the person does not agree, the manager will check “Not Approved” on the form. This determination remains in effect until the person requests a change to the authorization. Managers should make a copy of the form, which they should send to</td>
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<td>Step</td>
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| 6    | Managers (or designees) should present the proposed authorization to the person or their legal representative. Both the standard form and the media release indicate the person’s rights regarding the authorization, namely that:  
* The person can refuse to sign the authorization and if they do so, their services cannot and will not be affected  
* The person can revoke the authorization at any time by doing so in writing and sending it to the VP for Quality and Compliance; but that doing so will not affect any disclosures already made  
* The PHI referenced in the authorization may be re-disclosed by others who receive it if they are not bound by state or federal laws to protect it; and that The Arc is not responsible for such re-disclosure  
* The form was (and must be) filled out fully before the person can sign it (as referenced above)  
* They have reviewed and understand the information on the form and the intent behind it. | Managers or designees |
| 7    | **Once signed, the originally-signed hard copy signed authorization must be maintained by the program.** This applies to both the standard individual authorization and the media release. We do not currently have the ability for people we support to electronically sign an authorization and a scanned copy of a hand-signed authorization is not considered a legally valid originally signed document. | Managers          |
| 8    | If staff are made aware that a person or their legal representative would like to revoke an authorization currently in effect, staff should notify their manager. | Staff             |
| 9    | The manager should inform the person that they need to put their revocation request in writing to be submitted to the VP for Quality and Compliance. The manager will facilitate getting the revocation request to the VP for Quality and Compliance. | Manager          |
| 10   | The VP for Quality and Compliance will review the revocation request and communicate clearly with affected programs the impact of the revocation request. Members of senior leadership will be copied in on such communication as appropriate to ensure enhanced awareness. A copy of the revocation request will be sent to affected programs/departments (managers) with instructions to attach it to their copy of the authorization now being revoked. | VP for Quality and Compliance |
11. Once a revocation request has been received and processed, affected programs and departments are no longer authorized to use or disclose the PHI initially allowed by the authorization. Managers are responsible for ensuring that this is communicated as necessary to other agency staff.

**Manager responsibilities:**

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<tbody>
<tr>
<td>1.</td>
<td>Managers are responsible for acting as role models for other staff in regards to only using or sharing PHI consistent with HIPAA law, and ensuring that authorizations are enacted when necessary.</td>
</tr>
<tr>
<td>2.</td>
<td>Managers should have a solid understanding of this procedure and their roles and responsibilities in it.</td>
</tr>
<tr>
<td>3.</td>
<td>Managers should seek support and guidance if necessary from the VP for Quality and Compliance in interpreting and applying this requirement.</td>
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**VP for Quality and Compliance:**

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<tbody>
<tr>
<td>1.</td>
<td>Acts as the agency’s Privacy Officer</td>
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<tr>
<td>2.</td>
<td>Responsible for administering the agency’s HIPAA privacy policies and procedures.</td>
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<tr>
<td>3.</td>
<td>Acts as a resource for staff in regards to proper implementation of the HIPAA privacy rule.</td>
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<tr>
<td>4.</td>
<td>Will draft authorizations based for programs or departments based on the desired use and disclosure.</td>
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</table>

**Document revision record:**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Release Date</th>
<th>Reason for change</th>
<th>Approver</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/29/21</td>
<td>10/8/21</td>
<td>Eliminated redundant language</td>
<td>ICC</td>
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INDIVIDUAL AUTHORIZATION
The Arc of Monroe, A Chapter of ArcNY, Inc.

By signing below, I authorize the disclosure of the protected health information for the individual named on this form as indicated below.

Person’s name: __________________________________________________________

What information will be disclosed: __________________________________________

____________________________________________________________________________

The purpose of this disclosure is: ______________________________________________

____________________________________________________________________________

Who will disclose the information (list agency program(s) or department(s)): ________________

To whom the information will be disclosed: _________________________________________

When this authorization will expire (by date or event): _________________________________

By signing below:
• I understand that I can refuse to sign this authorization and that by doing so, services to the person named above cannot and will not be affected.
• I understand that I have the right to revoke this authorization at any time by doing so in writing to the agency’s privacy officer but that doing so will not affect disclosures already made.
• I understand that this information could be re-disclosed by parties who receive it if they are not bound by state or federal regulations to protect it. The Arc of Monroe County is not responsible for such re-disclosure.
• I acknowledge that the form was completed fully at the time I signed.
• I have reviewed and understand the information on and the intent of this form.

______________________________________________________________
Printed Name

______________________________________________________________
Signature Date

Relationship to individual listed above:

☐ Self ☐ Legal representative of this person (must use the first present on the following list):
☐ Court-appointed guardian
☐ Actively involved spouse
☐ Actively involved parent
☐ Actively involved adult child
☐ Actively involved adult sibling
☐ Actively involved adult family member

***PERSON SIGNING THE FORM MUST RECEIVE A COPY OF THIS FORM***
By signing below, I authorize the disclosure of the protected health information for the person named on this form as indicated below.

Person’s name: ________________________________

What information will be disclosed: The Arc of Monroe may disclose the following, as pertains to the person named above: full name, photos, videos and other likenesses; quotes, artwork, music, writings, or other creative work; the name of the person’s Arc program or residence.

The purpose of this disclosure is: The purpose of the use of this information is marketing, fundraising, and raising public awareness of The Arc of Monroe and its mission while celebrating the achievements of people to display their artwork, music, other creative work, and successes.

Who will disclose the information: The Arc of Monroe and The Arc Foundation of Monroe

To whom the information will be disclosed: The general public and media outlets

When this authorization will expire (by date or event): This authorization will be in effect until you revoke it or until you leave all services provided by The Arc of Monroe.

By signing below:

- I understand that I will not receive any payment or compensation for the use or disclosure of the information about me that I have authorized for publication purposes by signing this document.
- I understand that I can refuse to sign this authorization and that by doing so, services to the person named above cannot and will not be affected.
- I understand that I have the right to revoke this authorization at any time by doing so in writing to the agency’s privacy officer. However, to the extent that the previously published information has already been distributed, it will not be possible to stop the continued use of information which has already been made public.
- I understand that this information could be re-disclosed by parties who receive it if they are not bound by state or federal regulations to protect it. The Arc of Monroe is not responsible for such re-disclosure.
- I acknowledge that the form was completed fully at the time I signed.
- I have reviewed and understand the information on and the intent of this form.

______________________________
Printed Name

______________________________
Signature

______________________________
Date

Relationship to person listed above:

☐ Self
☐ Legal representative of this person (must use the first present on the following list):
  ☐ Court-appointed guardian
  ☐ Actively involved spouse
  ☐ Actively involved parent
  ☐ Actively involved adult child
  ☐ Actively involved adult sibling
  ☐ Actively involved adult family member

***PERSON SIGNING THE FORM MUST RECEIVE A COPY OF THIS FORM***

A signed copy of this form is to be maintained electronically in the person’s main file in PrecisionCare.