

Topic: Authorizations for use and disclosure	Department: Entire agency
Original effective date: 1/29/21	Last revision date: 8/21/26
Owner: VP for Quality and Compliance (VPQC)	Frequency of reviews: Annual
Internal/Regulatory Reference(s) (all that apply): 45 CFR 164.508; 45 CFR 164.502(g); 14 NYCRR 633.11	
Related documents/Links: Individual authorization form; HIPAA Authorization for Use/Disclosure of Information for Publication, Videos and Photos	

Policy: It is the policy of The Arc of Monroe (“The Arc”) 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 Protected Health Information (PHI) in a specific way for a specific purpose. The Health Insurance Portability and Accountability Act (HIPAA) specifies the elements that must be included in a valid authorization.

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 the following:

- Treatment, payment or health care operations (please cross reference the policy, “Treatment, Payment and Health Care Operations, and Data Use Agreements” for more information)
- Disclosing PHI to other health care providers for treatment purposes
 - 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; or someone we support also sees a primary care physician in the community. We can share PHI with this physician in order to ensure continuity of care.
- 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” – please cross reference that policy
- For some marketing and fundraising activities (please cross reference the following policies for more detail: Fundraising Activities, and Use and Disclosure of PHI for Marketing Activities)
- To law enforcement and other legal bodies under specific circumstances (please cross reference the policy “Uses and Disclosures of PHI – Special Circumstances”)

Staff must limit their access to and use or disclosure of PHI consistent with their job responsibilities, agency policy, and applicable HIPAA requirements. The HIPAA minimum necessary standard contains certain exceptions, including disclosures to or requests by a health care provider for treatment purposes and uses or disclosures made pursuant to a valid authorization. Please cross reference the policy, “Staff Confidentiality of PHI and Minimum Necessary,” for additional information.

If a proposed use or disclosure is not clearly permitted under another agency HIPAA policy, staff should presume that an authorization may be required and consult their manager before using or disclosing the PHI.

PLEASE NOTE: It is NEVER permitted to ask or require a person or their legal representative to sign a blank or partially-completed authorization. Before an authorization can be presented to a person for their signature, all sections must be filled in. Similarly, the people we support or their legal representatives can refuse to sign any authorization for any reason. They do not need to share that reason with us.

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 VPQC is available to assist as necessary.

The Arc has a standard authorization form that must be used (see attached, “Individual Authorization Form”). We have also implemented a standard agency release for publication, videos and photos (“media release”) (see attached, “HIPAA Authorization for Use/Disclosure of Information for Publication, Videos and Photos”). 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 we support 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 HHUNY and CHHUNY. These provide enhanced protections for the person and are considered HIPAA-compliant.

Confidential HIV-related information is subject to additional requirements under New York Public Health Law Article 27-F, including PHL § 2782. A general HIPAA authorization does not, by itself, authorize disclosure of confidential HIV-related information. Staff must follow the policy, “Privacy of Confidential HIV Information,” and use an applicable HIV-specific release unless disclosure is otherwise permitted by law. Please cross reference that policy for more information.

Protected health information (PHI) includes individually identifiable information relating to a person's past, present or future physical or mental health, health care, or payment for health care. Staff should cross reference “Staff Confidentiality of PHI and Minimum Necessary” for additional information regarding what constitutes PHI.

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

Procedure	
Task:	Responsible party:
General Guidelines:	
1. Managers should ask those they support (or their legal representative) if they would be willing to sign The Arc’s media release. The person we support/legal representative 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 with their prior decision.	Managers
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. Managers should make a copy of the form, which they should send to	Manager

the Senior Director of Marketing and Communication. They should keep the original, hand-signed copy in their records.	
3. For more intermittent situations, if staff are unsure whether an authorization is needed before PHI can be used or disclosed, they should notify their manager.	Staff
4. The manager will review the situation and related policies and procedures and determine whether an authorization is needed. If necessary, they will consult with the VPQC to ensure that their decision falls within HIPAA requirements.	Manager
5. If an authorization is required and the VPQC has been made aware of the situation, they will offer to draft the authorization to ensure that it is compliant with HIPAA requirements.	VPQC
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: a. The person can refuse to sign the authorization and if they do so, their services cannot and will not be affected b. The person can revoke the authorization at any time by doing so in writing and sending it to the VPQC; but that doing so will not affect any disclosures already made c. The information disclosed pursuant to the authorization may be re-disclosed by the recipient and may no longer be protected by HIPAA or other applicable privacy laws; and The Arc is not responsible for such re-disclosure. d. The form was (and must be) filled out fully before the person can sign it (as referenced above) e. They have reviewed and understand the information on the form and the intent behind it.	Managers or designees
7. Once signed, the person or legal representative who signed the authorization must be provided with a copy. The original hand-signed authorization should be maintained by the program in the event that the validity of the scanned version is questioned or the original is otherwise required. The authorization must also be scanned into the Electronic Health Record so that it is available to all programs and departments supporting the person.	Managers
8. Signed authorizations must be retained for six years from the date the document was created or the date it was last in effect, whichever is later.	Managers
9. 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
10. The manager should inform the person that they need to put their revocation request in writing to be submitted to the VPQC. The manager will facilitate getting the revocation request to the VPQC.	Manager
11. The VPQC will review the revocation request and communicate clearly with affected programs the impact of the revocation request. Members of expanded leadership will be copied on such communication as	VPQC

appropriate to ensure relevant leadership is aware of the revocation. 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.	
12. 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.	Managers

Document revision record:

Revision Date	Release Date	Reason for change	Approver
9/29/21	10/8/21	Eliminated redundant language	ICC
10/7/22	10/13/22	Specifically stated that minimum necessary always applies; listed out attached/cross-reference documents; clarified hand-signed vs. scanned authorizations	ICC
10/30/23	10/30/23	Specified title of person in Marketing and Communications to receive Media Releases; added hyperlinks to other policies; added statement that people we support/legal reps can decline to sign any authorization for any reason; added clarifying language in general guidelines step 1	ICC
9/26/24	9/26/24	Reformatted parts of the policy and added clarifying language	ICC
9/22/25	10/23/25	Added clarifying language and updated the Health Homes organizations that we work with	ICC
8/21/26	8/21/26	Added clarifying language; removed discrete manager and VPQC sections; updated authorization form to more closely reflect the regulatory language	ICC

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 information disclosed pursuant to this authorization may be re-disclosed by the recipient and may no longer be protected by HIPAA or other applicable privacy laws. 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 individual listed above:

☐ Self

Legal representative of this person (must use the first present on the following list):

- ☐ a guardian lawfully empowered to consent or the person's duly appointed health care agent or alternative agent;
- ☐ 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*****