



RIOONE HEALTH NETWORK INDIVIDUAL AUTHORIZATION POLICY POLICY AND PROCEDURES (HP-4)

Date issued: *(Insert current date)*

SUBJECT: Authorization (“**Opt-Out**”)

PURPOSE: To secure appropriate deauthorization from individuals wishing “Not” to have their Protected Health Information (“PHI”) transmitted through the Health Information “Exchange”

POLICY:

1. All PHI will automatically be transmitted through the Exchange until the individual has signed an “**Opt-Out**” **Form**, which deauthorizes a Participant from transmitting the individuals PHI through the Exchange. The official “Opt-Out” Form will be available through the RioOne Health Network office.
2. The Exchange will use an **opt-out** process, and will not segment PHI. This means that all PHI about that individual will be available through the Exchange, including alcohol and substance abuse, HIV/Aids, mental health and psychotherapy notes, STDs, hepatitis and genetic testing.
3. Participants are responsible for complying with all state laws, THSA regulations, and HIPAA requirements governing the deauthorization processs. Participants shall ensure that the deauthorization form is completed correctly by individuals to ensure compliance with the HIPAA requirements. Participants shall indemnify RioOne against any and all causes of action and damages based on use by Participant of a deauthorization “**Opt-Out**” **Form** that fails to comply with state and federal law.
4. When a Participant obtains an individual’s written or electronic deauthorization to transmit his/her PHI through the Exchange, the Participant will keep such deauthorization on file at the Participant’s office or facility.
5. An individual may revoke an authorization/deauthorization at any time, provided the revocation is in writing. RioOne Health Network will stop transmitting the individual’s PHI information within seventy-two (72) hours of receipt of a written notice. RioOne Health Network will not be liable for use or disclosure of an individual’s PHI after a revocation if:
 - RioOne Health Network is not made aware that an individual revoked his/her authorization; or HIPAA/HITECH Privacy Compliance Manual on page 10.
 - RioOne Health Network acted in good faith based on the actions prior to the authorization, and has already acted in reliance on that authorization.

APPROVAL: Privacy Officer

Signature: _____ Date: _____

Print name: _____

[Office (capacity (i.e. Administrator))]:

Signature: _____ Date: _____

Print name: _____

Approved by RioONE Board of Directors on February 28, 2013

Policy No: 45 C.F.R. §164.524, Access of Individuals to PHI