



Title: Authorization for Release of Protected Health Information Policy

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Date Modified:

Date Approved by CCN Board of Directors:

Date Approved by CCC Board of Directors: September 23, 2025

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Policy # PS26

Purpose:

This policy serves to establish the authorization requirements for the Care Compass Entities regarding release of Protected Health Information (“PHI”) consistent with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

Definitions:

Business Associate: A person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity.

Care Compass Entities: Organizations that are directly, or indirectly through one or more intermediaries, owned or controlled by, or are under common ownership or control of, Care Compass Network, including Care Compass Collaborative, Inc. and Care Compass Supporting IPA, LLC.

Covered Entity: A health plan, healthcare provider, or healthcare clearinghouse that must comply with the HIPAA Privacy Rule.

Disclose(s)/Disclosure(s): For information that is protected health information, disclose or disclosure means any release, transfer, provision of access to, or divulging in any other manner of individually identifiable health information to persons not employed by or working within the Care Compass Entities with a business need to know.

Health Care Operations: Any of the following activities: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health or social care plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities of a Covered Entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of a Covered Entity.

HIPAA: The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended by the Health Insurance Technology for Economic Clinical Health Act (HITECH) and any regulations, rules, and guidance issued pursuant to HIPAA and the HITECH Act (collectively “HIPAA”).

Individually Identifiable Health Information: Information that is a subset of health or social care information, including demographic information collected from an individual, and:

1. Is created or received by a health or social care provider, health plan, employer, or health care clearinghouse; and
2. Relates to the past, present, or future physical, social need, or mental health or condition of an individual; the provision of health or social care to an individual; or the past, present, or future payment for the provision of health or social care to an individual; and
 - a. That identifies the individual; or
 - b. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Payment: Activities to obtain premiums, to determine or to fulfill responsibilities for coverage and provision of benefits, or to furnish or receive payment for health or social care delivered to an individual, or to a group, and activities of a health or social care provider to obtain payment or to be reimbursed for the provision of health or social care to an individual, or to a group, including but not limited to value based arrangements.

Protected Health Information (“PHI”): Individually Identifiable Health Information, that is transmitted by or maintained in electronic media, or transmitted or maintained in any other form or medium (with exceptions, as described under 45 CFR §160.103), that relates to a person’s physical or mental health, and his/her treatment or payment including, but not limited to:

1. Name;
2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code;
3. All elements of dates (except year) for dates related to an individual, including birthdate, admission date, discharge date, date of death, and exact age if over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older);
4. Telephone numbers;
5. Facsimile numbers;
6. E-mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) addresses;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographs and any comparable images; and
18. Any other unique identifying number, characteristic or code.

Staff: Employees, contractors, agents, consultants, volunteers, and others who act on the Care Compass Entities' behalf.

Treatment: The provision, coordination, or management of health or social care and related services for an individual by one or more health or social care providers, including consultation between providers regarding a patient or client and referral of a patient or client by one provider to another.

Use(s): The sharing, employment, application, utilization, examination, or analysis of PHI by any person working for or within the Care Compass Entities, or by a Business Associate of the Care Compass Entities.

Policy:

It is the policy of the Care Compass Entities to comply with all federal and state regulation regarding the Use and Disclosure of PHI and to allow Disclosure of PHI without an individual's authorization only for the purposes of Treatment, Payment and Healthcare Operations or as otherwise allowed by HIPAA or under other state and federal law.

I. Authorization Requirements.

- a. Use and Disclosure of PHI for which authorization is not required can only occur under special circumstances, as required per the Privacy Program Policy.
- b. A current, valid, written authorization, using the Authorization for Release of Protected Health Information Form, is required for each individual, parent, legal guardian, personal representative, as defined in the Privacy Program Policy and Personal Representative(s) Procedure, or entity that is to receive PHI, beyond Uses and Disclosures permitted under HIPAA for Treatment, Payment, or Healthcare Operations or except as provided or permitted by federal and state law.
 - i. When a person other than the patient/client requests Disclosure of PHI, Staff must verify the identity of the individual(s) and obtain any documentation, statements, or representation of the person(s) requesting the information, in accordance with the Authorization for Release of Protected Health Information and Personal Representative(s) Procedures.
- c. The Care Compass Entities will obtain authorization for release of PHI using the minimum necessary standard, as it is defined by HIPAA, to accomplish the intended purpose of the request.
- d. Authorizations are not to be used to circumvent prohibited Uses and Disclosures, such as for the sale of PHI.
- e. Authorization is not required if the information being released is de-identified by removing all PHI identifiers.
- f. If the Care Compass Entities are requesting an individual to authorize release of their PHI, the following must be indicated on the Authorization for Release of Protected Health Information Form:
 - i. The reason for the request; and
 - ii. Whether or not the Care Compass Entities will receive financial or in-kind compensation in exchange for Using or Disclosing the PHI described.

- g. Staff in receipt of an Authorization for Release of Protected Health Information Form must take reasonable steps to verify the identity and authority of the individual requesting release of PHI.

II. Release of Protected Health Information.

- a. The Privacy Officer is responsible for reviewing and processing requests in which authorization to release PHI is required.
- b. If an individual requests an electronic copy of PHI that is maintained electronically in one or more designated record sets, the Care Compass Entities may provide the individual with access to the electronic information in the electronic form and format requested by the individual, if it is readily producible, or, if not, in a readable electronic form and format as agreed to by the Care Compass Entities and the individual, with the expectation that there would be at least a machine readable form of the record.
 - i. The Department of Health and Human Services (“HHS”) considers machine readable data to mean digital information stored in a standard format enabling the information to be processed and analyzed by computer. For example, this would include providing the individual with an electronic copy of the protected health information in the format of MS Word or Excel, text, HTML, or text-based PDF, among other formats.
 - ii. A hard copy may be provided if the individual decides not to accept any of the electronic formats offered by the Care Compass Entities.
- c. The Care Compass Entities may allow the individual to inspect the PHI without copies, if the individual agrees to an inspection only.
- d. The Care Compass Entities may provide the individual with a summary of the PHI requested, in lieu of providing access to the PHI or may provide an explanation of the PHI to which access has been provided, if both the following apply:
 - i. The individual agrees in advance to such a summary or explanation; and
 - ii. The individual agrees in advance to the fees imposed, if any, by the Care Compass Entities for such summary or explanation.
- e. If the Care Compass Entities do not maintain the PHI that is the subject of the individual’s request for access, and the Care Compass Entities know where the requested information is maintained, the Care Compass Entities will inform the individual where to direct the request for access.
- f. The Care Compass Entities may charge a reasonable fee to cover the costs of copying and may waive the fee at its discretion.
- g. The Care Compass Entities may permit individuals to request in writing, and must accommodate reasonable requests by individuals to receive communications of PHI from the Care Compass Entities by alternative means or at alternative locations. The Care Compass Entities may condition the provision of a reasonable accommodation on:
 - i. When appropriate, information as to how payment, if any, will be handled; and
 - ii. Specification of an alternate address or other method of contact.
- h. The Care Compass Entities will fulfill requests for release of PHI within 30 calendar days of receipt of a valid Authorization for Release of Protected Health Information Form.

III. Revocation of Authorization.

- a. An individual may revoke an authorization to release PHI beyond Uses and Disclosures permitted under HIPAA for Treatment, Payment, or Healthcare Operations or as provided or permitted by federal and state law at any time, provided that the revocation is in writing, except to the extent that the Care Compass Entities have acted in reliance thereon.
 - i. A valid Revocation of Authorization for Release of Protected Health Information Form must be completed and submitted to the Privacy Officer, in accordance with the Authorization for Release of Protected Health Information Procedure.
 - ii. Revocations of authorization are not effective until received and processed by the Privacy Officer, or designee.

IV. Documentation.

- a. The Care Compass Entities must document and retain any signed authorization and/or revocation for six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

CCN Board Approval History:

CCC Board Approval History: 9/23/2025

IPA Board Approval History: 9/23/2025

Compliance Committee Review History: 8/21/2025

Policy Revisions:

Date	Revision Log	Updated By
6/27/2025	Original creation	Cathy Petrak

This Policy shall be reviewed periodically, but not less than once every 12 months, and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s Leadership Team, Federal and State law(s) and regulations, and applicable accrediting and review organizations.