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## OAK HILL

Effective Date: April 14, 2003  
Revised September 30, 2010

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| <b>SUBJECT:</b> Use and Disclosure of Protected Health Information - Treatment, Payment and Health Care Operations |
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### **PURPOSE:**

The purpose of this policy is to ensure that Oak Hill complies with applicable laws that set forth rules regarding use and disclosure of protected health information for treatment, payment and health care operations.

### **POLICY:**

It is the policy of Oak Hill to use and disclose protected health information for treatment, payment and health care operations reasons only with the written consent of the individual and only if the individual has provided a written acknowledgement of receipt of Oak Hill's Notice of Privacy Practices, unless the use or disclosure is required to be made by law without such consent or acknowledgement.

### **PROCEDURES:**

1. **Consent/Acknowledgement:** Oak Hill will provide every individual with its Notice of Privacy Practices on or before the time of first service delivery and obtain a Consent and Acknowledgement Form signed and dated by the individual. Oak Hill may delay such actions in an emergency situation. The signed consent and acknowledgement shall be filed with the individual's records.
2. **Uses and Disclosures for Treatment, Payment and Health Care Operations:**
  - a) Uses or disclosures for treatment, payment and health care operations purposes shall not occur unless the individual has signed a Consent and Acknowledgement Form for such uses and disclosures, or unless the Privacy Officer has authorized the use or disclosure in accordance with Connecticut and Federal law.
  - b) Psychotherapy notes, if any, shall be maintained separately from the individual's medical record and shall not be disclosed without specific authorization signed by the individual, unless otherwise permitted by Connecticut or Federal law.

- c) The Privacy Officer shall approve each use and disclosure for treatment, payment and health care operations on a case by case basis, provided that the following routine and recurring uses and disclosures shall not require case by case approval of the Privacy Officer:
- i) Disclosures to the Connecticut Departments of Developmental Services (DDS), Social Services (DSS), Children and Families (DCF) and any other state, federal or local agency and to any other health care or service providers upon the request of these entities for treatment and other required purposes;
  - ii) Disclosures for payment purposes;
  - iii) To comply with any licensing, regulatory, investigatory or other functions required or permitted by state or federal law.

Effective Date: October 29, 2010

**SUMMARY**

**USE AND DISCLOSURE FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

To identify how PHI may be used or disclosed for treatment, payment, or health care operations.

- A. **Generally.** Oak Hill may only use or disclose PHI for treatment, payment, or health care operations if the individual has provided written consent for the use or disclosure and only if the individual has provided a written acknowledgement of receipt of Oak Hill's Notice of Privacy Practices. Although consent is not required by HIPAA, various Connecticut laws continue to require consent. Accordingly, a consent requirement is incorporated as a general rule.
- B. **Uses and Disclosures to Another Entity.**
1. Oak Hill may disclose PHI to another Covered Entity or a health care provider for payment activities of the entity that receives the information.
  2. Oak Hill may disclose PHI to another Covered Entity for health care operations activities of the entity that receives the information, if both Oak Hill and recipient Covered Entity has or had a relationship with the individual whose information is being disclosed and the disclosure is for:
    - (a) quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that acquiring generalizable knowledge is not the primary purpose of any study resulting from such activities; population-based activities relating to improving health or reducing health care costs; protocol development; case management and care coordination; contacting of health care providers and program participants with information about treatment alternatives; and related functions that do not include treatment;
    - (b) reviewing the competence or qualifications of health care professionals; evaluating practitioner and provider performance; conducting training programs in which staff, students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers; training of non-health care professionals; accreditation, certification, licensing, or credentialing activities;
    - (c) health care fraud and abuse detection or compliance; or

(d) all licensing, regulatory, investigatory or other functions required or permitted by any state or federal law.

C. **Documentation**. Oak Hill must retain copies of all consents and acknowledgements signed by individuals or documentation regarding the failure to obtain a signed consent and acknowledgement.





**Oak Hill**

Since 1893, services  
& solutions for people  
with disabilities.

**120 Holcomb Street  
Hartford, CT 06112**

### **Consent and Acknowledgment Form**

I consent to the use or disclosure of my protected health information by Oak Hill to any person or organization for the purposes of carrying out treatment, including programmatic services and supports, obtaining payment or conducting certain healthcare operations. My protected health information may include HIV/AIDS related information, psychiatric and other mental health information, and drug and alcohol treatment information. I understand that further information regarding how Oak Hill will use and disclose my information can be found in Oak Hill's Notice of Privacy Practices.

By signing below, I understand and acknowledge the following:

- I have read and understand this consent; and
- I have received Oak Hill's Notice of Privacy Practices currently in effect.

\_\_\_\_\_  
Print Name of Individual

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name of Personal Representative (if applicable)

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

If signed by the individual's representative, describe the legal authority of the representative to act on behalf of the individual:

Parent of minor child     Guardian     Conservator     Other (specify) \_\_\_\_\_