



<b>Policy Title:</b> Individual Revocation of Authorization to Disclose PHI			
<b>Department Responsible:</b> THN Compliance and Privacy	<b>Policy Number:</b> THN-CP-110-0919- Individual Revocation of Authorization to Disclose PHI	<b>THN's Effective Date:</b> September 30,2019	<b>Next Review/Revision Date:</b> September 30, 2020
<b>Title of Person Responsible:</b> THN Compliance Officer	<b>THN Approval Council:</b> Board of Managers	<b>Date Approved:</b> September 30, 2019	<b>Revision Approval Council:</b>

**PURPOSE:**

As organizations request authorization from individuals to use their protected health information, there will be cases where individuals will initially grant authorization only to later change their minds. In these instances, Triad HealthCare Network has created policies and procedures to accommodate individuals who may wish to revoke their authorizations.

**DEFINITIONS:**

Term	Definition

**POLICY:**

- A. Triad HealthCare Network will provide individuals who inquire about or wish to modify their preferences regarding PHI sharing for care coordination and quality improvement purposes with information about how to modify their PHI sharing preferences via 1-800-MEDICARE. Such communication shall note that, even if an individual has elected to decline sharing PHI, Trial HealthCare Network may still engage in certain limited data sharing for quality improvement purposes.
- B. Triad HealthCare Network will allow individuals to reverse a PHI sharing preference at any time by calling 1-800-MEDICARE.
- C. Triad HealthCare Network will maintain the PHI sharing preferences of individuals who elect to decline PHI sharing or who have previously declined PHI sharing.
- D. Triad HealthCare Network will affirmatively contact an individual who has elected to decline PHI sharing no more than one time in a given year to provide information regarding PHI sharing. Such



affirmative contact includes mailings, phone calls, electronic communications, or other methods of communicating with the individual outside of a clinic setting.

- E. In the event that a provider is termination from Triad HealthCare Network for any reason, if that departing provider is the sole provider in Triad HealthCare Network during the 12-month period prior to the effective date of the termination, Triad HealthCare Network will administratively opt the individual out of all PHI sharing within thirty (30) days of the effective date of the termination unless
  - a. The individual affirmatively consents to continued PHI sharing with Triad HealthCare Network by the execution of an Authorization for Disclosure of PHI; or
  - b. The individual has become the patient of another provider of Triad HealthCare Network.
  
- F. Notwithstanding the foregoing, Triad HealthCare Network will receive shared PHI regarding substance order treatment only if the individual has not elected to decline PHI sharing or otherwise been opted out of PHI sharing and has also submitted an Authorization for Disclosure of PHI.
  
- G. Triad HealthCare Network will administratively opt an individual back into PHI sharing if:
  - a. The individual was administratively opted out of PHI sharing solely due to the termination of a provider from Triad HealthCare Network;
  - b. The individual is aligned to Triad Healthcare Network for a subsequent year; and
  - c. The individual does not affirmatively opt out of PHI sharing.

**REFERENCE DOCUMENTS/LINKS:**

**COMMITTEE APPROVAL:**

**PREVIOUS REVISION/REVIEW DATES:**

Date	Reviewed	Revised	Notes