

# Stark County Board of Developmental Disabilities

HIPAA Procedure 19: HIPAA Revocation of an Authorization to Release	Effective: 4/14/2003
Chapter 2: Agency Administration	Page 1 of 1

**Subject: HIPAA Termination of an Authorization to Release**

An individual served, legal guardian, or parent or legal guardian of an individual under the age of eighteen (“Individual Served”) has the right to terminate a previously executed authorization directing release of Protected Health Information (“PHI”) at any time. The termination shall be in writing, dated and signed by the Individual Served.

If the Individual Served revokes the authorization in part, the termination shall be handled as follows:

1. All of the PHI originally reflected in the signed authorization should be indicated in the termination.
2. A new [Authorization to Release](#) form should be completed reflecting the PHI authorized to be released.


The exception to this termination procedure is that an Individual Served may not terminate an authorization to release information if the Board has “acted in reliance on the authorization,” i.e., already released the PHI that was authorized.

The termination of an authorization is to be requested in writing by the use of the [HIPAA-10, Termination of Authorization form](#). The HIPAA-10 form shall be physically attached to the applicable authorization that it is terminating. The terminated authorization shall clearly have written on it “TERMINATED” and the time/date of the termination in large enough font to make it obvious to any reader that the authorization is no longer valid.

The Privacy Officer will determine the other departments affected by the termination and shall provide the affected departments with copies of the HIPAA-10 form. The Case Records Administrators of the other affected departments are to follow the same termination process as indicated above.

The termination affects only the use and disclosure of PHI after the date that the Board receives the written termination.

Any questions in regard to this procedure are to be directed to the Privacy Officer.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Applies to:</td> <td style="width: 15%;">Yes</td> <td style="width: 15%;">No</td> </tr> <tr> <td>All Employees</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Non Represented</td> <td></td> <td></td> </tr> <tr> <td>SCEPTA</td> <td></td> <td></td> </tr> <tr> <td>SCDD SSA</td> <td></td> <td></td> </tr> <tr> <td>See Current Bargaining Agreement</td> <td></td> <td></td> </tr> </table>	Applies to:	Yes	No	All Employees	X		Non Represented			SCEPTA			SCDD SSA			See Current Bargaining Agreement			<p><b>Historical Resolution Information</b> Policy 2.22 HIPAA</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Date</b></td> <td style="width: 50%;"><b>Resolution Number</b></td> </tr> <tr> <td>1/19/13</td> <td>01-09-13</td> </tr> </table> <p><b>Procedure Revision 6/11/12</b></p>	<b>Date</b>	<b>Resolution Number</b>	1/19/13	01-09-13
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Superintendent’s Signature: 	Reviewer(s): Privacy Officer Security Officer																						