

Summary of the HIPAA Privacy Rule

The HIPAA Privacy Rule (45 CFR §164.500-534) became effective on April 14, 2001. The primary purpose of the HIPAA Privacy Rule is to ensure the privacy of patients (or as in this case with respect to GreenWay DNA registered users) is protected while allowing health data to flow freely between authorized individuals for certain healthcare activities.

The HIPAA Privacy Rule allows HIPAA-covered entities (healthcare providers, health plans, healthcare clearinghouses and business associates of covered entities) to use and disclose individually identifiable protected health information without an individual's consent for treatment, payment and healthcare operations. In all cases, when individually identifiable protected health information needs to be disclosed, it must be limited to the 'minimum necessary information' to achieve the purpose for which the information is disclosed.

The Privacy Rule also gives patients the right to access the health data created, stored or maintained by their healthcare providers. Patients are permitted to obtain the data in a covered entity's designated data set – a group of records maintained by the covered entity that is used to make decisions about a patient's healthcare. Patients are also permitted to amend certain information held by a covered entity if it is discovered to be incorrect. Such requests should be obtained from a patient in writing.

Covered entities are not required to obtain consent from patients for routine disclosures for treatment, payment or healthcare operations, although some covered entities still choose to do so. This provides them with an additional level of protection in the event of a privacy complaint or audit.

Such authorizations detail when protected health information will be used by the covered entity, the entities to which that information will be disclosed, and the circumstances under which information will be used and disclosed. Essentially, such an authorization duplicates much of what is detailed in a covered entity's Notice of Privacy Practices.

When is a HIPAA Release Form Required?

A HIPAA release form must be obtained from a patient before their protected health information is disclosed for any purpose other than those detailed in 45 CFR §164.506, which are specifically covered in 45 CFR §164.508 and summarized below:

Prior to the disclosure of PHI to a third party for reasons other than the provision of treatment, payment or other standard healthcare operations – E.g. disclosing information to an insurance underwriter

Prior to PHI being used for marketing or fund-raising purposes

Prior to PHI being provided to a research organization

Prior to psychotherapy notes being disclosed

Prior to the sale of PHI or sharing that involves remuneration

What Information Should be Detailed on a HIPAA Release Form?

A HIPAA-compliant HIPAA release form must, at the very least, contain the following information:

A description of the information that will be used/disclosed

The purpose for which the information will be disclosed

The name of the person or entity to whom the information will be disclosed

An expiration date or expiration event when consent to use/disclose the information is withdrawn. For example, an expiration event may be when a research study is completed

A signature and date that the authorization is signed by an individual or an individual's representative. If a representative is signing the form, the relationship with the patient must be detailed along with a description of the representative's authority to act on behalf of the patient.

The HIPAA release form must also include statements that advise the individual of:

Their right to revoke their authorization

Any exceptions to the individual's right to revoke the authorization

Details of how the authorization can be revoked

To the extent that an individual's right to revoke authorization is included in the notice required by § 164.520 (Notice of Privacy Practices)

That the covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization

That there is potential for information disclosed under the terms of the authorization to be redisclosed by the recipient and no longer protected by 45 CFR Part 164, Subpart E

A HIPAA release form must be written in plain language and a copy of the signed form should be provided to the patient.

- By checking this box you wholly agree to all of following statement(s) and completely release GreenWay DNA from any and all actions resulting in your GreenWay DNA report or subsequent medical information being released. GreenWay DNA will not release any of your personal health information to any outside parties without complete consent by you which is confirmed by checking the box above.
1. You are authorizing GreenWay DNA to release confidential health information about you by releasing your GreenWay DNA report or a summary or narrative of your protected health information to a physician, person, facility, or entity of your choosing. (the authorized email's will be entered during your kit registration)
 2. I also understand that the information used or disclosed may be subject to redisclosure by the person or entity receiving it and then would no longer be covered by federal privacy regulations
 3. I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission. I may not be able to revoke this authorization if its purpose was to obtain insurance. In order to revoke this authorization, I must do so in writing and send it to the appropriate disclosing party.
 4. I understand that uses and disclosures already made based upon my original permission cannot be taken back. I understand that it is possible that information used or disclosed with my permission may be redisclosed by the recipient and is no longer protected by the HIPAA Privacy Standards. I understand that treatment by any party may not be conditioned upon my signing of this authorization (unless treatment is sought only to create health information for a third party or to take part in a research study) and that I may have the right to refuse to sign this authorization. I will receive a copy of this authorization after I have signed it and requested in writing to receive a copy from GreenWay DNA.
 5. A copy of this authorization is as valid as the original.
 6. GreenWay DNA is not responsible for any information provided by you (the client) for purposes of sending a secure copy of your GreenWay DNA report that may be outdated, incorrect, compromised, misdirected, interrupted, or viewed by those who may not be authorized.