

**HAMILTON CENTER, INC.  
OPERATIONS MANUAL**

Section: **CONFIDENTIALITY**

Procedure No.: OP.09.5.01.01.00

Procedure: **REVOKING A RELEASE OF  
INFORMATION FROM CONSUMER  
RECORDS WHEN AUTHORIZATION  
IS REQUIRED**

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## PURPOSE

To ensure compliance with the Health Insurance Portability and Accountability Act of 1996 and other federal and state laws related to the privacy and security of health information regarding appropriate uses, disclosures, and revoking permission to release protected health information (PHI).

## PROCEDURE

A. All consumer records are the property of Hamilton Center, Inc. (HCI).

1. The service recipient is the owner of the information contained in the record and therefore has the right to:
  - a. Authorize the release of information;
  - b. Refuse permission to release information when authorization is required; and/or
  - c. Revoke permission after authorization was given.

B. The consent to release information may be revoked at any time in writing by the individual authorizing such consent, except to the extent that action was taken in reliance on it. The revocation is not effective until HCI receives it. HCI will honor a revocation with the exception of the information previously released to an individual or organization as authorized by the original authorization. 42 CFR Part 2 permits a consumer to revoke consent verbally for SUD records. Form OP.9.5.01.01.01 will be completed and placed in the consumer's electronic medical record.

C. Only the service recipient or their legally authorized representative may revoke previously authorized permission for use or release of health information.

1. When a written order is received:
  - a. The HCI clinician or designated staff can accept a signed and dated handwritten form or the form OP.9.5.01.01.01 HCI Revocation of Authorization to Disclose Health Information as proof an authorization is revoked.
  - b. The authorization is then scanned back into the electronic medical record. Authorizations that have been revoked will be end dated in the electronic medical record.
  - c. Completed OP.9.5.01.01.01 forms will be sent to the Health Information Management email at [him@hamiltoncenter.org](mailto:him@hamiltoncenter.org).