

FERRUM COLLEGE
Protected Health Information
Disclosure Request Form

*This Form is used by individuals and others to request disclosure of protected health information ("PHI") in the possession of the health care plans sponsored or maintained by Ferrum College and any of its affiliates, or the business associates of such plans. **Submit this Form to the Human Resources Department.***

REQUESTER:

(Print name, address, telephone number, and date)

INFORMATION

REQUESTED:

(Describe the information you're requesting)

REASON FOR

REQUEST:

(Describe reasons you're requesting the information)

AUTHORITY:

(If requesting information on behalf of an individual, describe your authority to act for the individual)

ACTION ON

REQUEST:

For office use only:

Request received: in writing orally

Requester's identity and authority verified: No Yes _____ *(Initial)*

Date received: _____ Recipient name: _____ Date delivered to Privacy Official/

Deputy: _____

Transmittal to Business Associate *(if appropriate)*: Date: _____ Name of Business Associate: _____

Authorization Issues:

Authorization is: Required Not required because disclosure is for: TPO Other reason: _____

If Authorization is required, is Authorization provided and valid? N/A No Yes *(If Yes, attach to this Form)*

Approval/disapproval:

If request is **disapproved**:

Notify the requester by returning a copy of this Form. Form returned on *(insert date)*: _____

If request is **approved**:

Is the disclosure for one of the reasons below: No Yes *(if Yes, check appropriate box below)*

To the individual

Required by law

Pursuant to authorization

To Dept. of HHS

To a provider for treatment

Required for compliance with HIPAA data standards

If disclosure is NOT for a reason above, a "minimum necessary" analysis is required. **Disclose only the minimum necessary.** If request is from other plan or provider, or a law enforcement/public official for an official purpose, generally you may presume the amount requested is the amount needed. See the Privacy Policy and Procedure Manual.

Documentation Requirements:

Is the disclosure for TPO, required by law, or to law enforcement? Yes No *(If No, disclosure may have to be logged; see the Privacy Policy and Procedure Manual.)*

Keep a copy of this Form