

## **POLICY & PROCEDURE: Use of Authorizations**

**Section:**  
**Privacy**

**Effective Date:** April 14, 2003

**Reviewed by:** NDPERS Board  
**Approved by Board:** 12/19/02

### **POLICY**

**Authorizations are required for the use and disclosure of Protected Health Information ("PHI") for purposes other than payment and health care operations or to request PHI from another Covered Entity for the recipient's purposes.**

### **PROCEDURE**

NDPERS uses an authorization form in the following circumstances:

- if You or Your personal representative requests that Your PHI be disclosed to a third party;
  - when NDPERS asks a participant for permission to use or disclose their PHI to the Plan Sponsor (NDPERS Board) for purposes other than payment or health care operations or as permitted by law; or
  - when NDPERS asks participants for permission to request their PHI from another Covered Entity solely for NDPERS own purposes.
- 
- When authorization is needed, the participant is provided with a copy of the authorization form and asked to sign it.
  - Signing the authorization form is voluntary and the participant may refuse to sign it.
  - A copy of the signed authorization is provided to the participant.
  - The participant may revoke the authorization, in writing, at any time.
  - The permissions granted in the authorization may not be acted upon if the authorization has been revoked or if it has expired.
  - The authorization is documented and retained for a period of six (6) years after it was created or expired, whichever date is later.