Guidance: Releasing Protected Health Information

Releasing Protected Health Information

The HIPAA Privacy regulation requires a patient’s written authorization to use or disclose protected health information (PHI), with some exceptions including for treatment, payment, and health care operations. More information can be found in policy A05-12 Permitted Uses and Disclosures to Carry Out Treatment, Payment and Health Care Operations with regard to this exception. Additionally, Illinois state law requires the patient’s written specific consent prior to disclosure of certain types of highly confidential information (HCI), examples include mental health, HIV/AIDS, and genetic testing information.

When patients or family members request copies of health information to be provided to an outside third party or they wish to receive copies or their medical record directly a completed and signed “Request and Authorization to Copy Health Information” should be obtained from the patient. The Health Information Management Department (Medical Records) is available to provide further guidance at 773-702-1637. The following people are authorized to sign for release of patient health information:

- The patient (Not the spouse)
- Power of attorney if the patient is unable to sign (Legal document must be provided.)
- Parent (if the patient is younger than age 18)
- Parent and minor if the patient is 12 to 17 years of age and receiving psychiatric, alcohol, or drug treatment services
- Legal guardian (Proof of guardianship document must be provided.)
- Representative of the estate for deceased patients (Copy of the death certificate and a copy of the representative of estate documents must be provided.)

Any questions/comments/concerns please feel free to reach out to the Privacy Program at:

773-834-9716 or hpo@bsd.uchicago.edu