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Applicability: St. Lawrence Health System
 Wide Content

Temporary Allowance for Verbal Consent to Disclose COVID-19 Test Results

PURPOSE

The State of New York and the United States have taken additional steps to address the COVID-19 pandemic, including the issuance of executive orders and other actions calling on the health care and life sciences industries to take action in response to the pandemic, including a declaration by the Secretary of the Department of Health and Human Services under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19.

The purpose of this policy is to establish the requirements for utilization of patient authorizations for the safe and expeditious disclosure of COVID-19 test results in response to a National State of Emergency in accordance with the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, the Health Information Technology for Economic and Clinical Health Act (HITECH) component of the American Recovery and Reinvestment Act (ARRA), and all Federal regulations and guidelines.

SCOPE

All St. Lawrence Health System facilities including but not limited to Canton-Potsdam Hospital, Gouverneur Hospital, Massena Hospital, and all outpatient facilities.

POLICY

The process for obtaining appropriate consent from patients to the disclosure of protected health information has been revised to decrease the risk of transmitting infection during the COVID-19 pandemic. The new process is intended to reduce concerns regarding the possibility of transmissible disease on surfaces, inclusive of paper. The temporary allowance for verbal consent to disclose COVID-19 results, including witnessing, is consistent with the standards of each hospital's existing authorizations for use and disclosures of Protected Health Information policy(ies).

Please keep in mind for patients not being tested for COVID-19, members of the hospital staff are still required to follow normal operating protocols and obtain appropriate consent (including forms where applicable) from patients.

The goal of this policy is to limit the exposure to COVID-19, while also ensuring we are obtaining the required consents from patients.

PROCEDURE

A. A hospital staff member reads the below language to the patient (or the patient's legal representative) in its entirety.

“Do you give your verbal authorization for the [Hospital] to release your COVID-19 test results to the entity listed as witnessed by the hospital staff member whose signature appears below?”

B. Kindly ask the patient to verify and confirm (i.e. repeat) the name of the entity the patient is consenting to release the test results to.

C. The patient expresses understanding of and verbally affirms the read statement and has the opportunity to ask and have questions answered.

D. Subsequent to patient's verbal consent and affirmation, the hospital staff member documents the patient's consent, the date and time, and the witness present during the consent process on the designated form(s) and in the medical record of the patient.

IMPORTANT: The procedure **MUST** be followed by authorized hospital staff members exactly. Hospital staff members should be taking proper precautions to validate patient identity. Verbal consent is **NOT** durable and must be obtained each time the patient presents for a COVID-19 test.

Related Policies, Documents, & Forms

- [Release of Covid Results \(QMS-22B\)](#) (CPH Only)

References/Citations

- <https://www.vumc.org/coronavirus/updated-standard-operating-procedure-obtaining-procedural-informed-consent-during-covid-19-pandemic>

Attachments

No Attachments

Approval Signatures

Approver

Date

Jeremy Slaga: Chief Administrative Officer 1/29/2021

Applicability

Canton-Potsdam Hospital, Gouverneur Hospital, Massena Hospital, St. Lawrence Health System