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| <p style="text-align: center;">Policy & Procedure</p> <p>WEBER HUMAN SERVICES</p> <p style="text-align: center;">HIPAA / PRIVACY USES AND DISCLOSURES OF PHI</p> | <p>NUMBER 01</p> |
| | <p>APPROVED 2/21/2014</p> |
| | <p>REVIEWED 5/11/2017</p> |
| | <p>REVISED</p> |

PURPOSE:

To ensure that disclosure of Protected Health Information (“PHI”) is made consistent with applicable laws, regulations and health information standards, and to ensure that any disclosures of a client’s PHI to a client’s family members, other relatives, close friends or other persons designated by the resident are appropriate.

POLICY:

Disclosure of PHI will only be allowed with a properly completed and signed authorization except:

- When required or allowed by law (see “Request and Disclosure Table” following this Policy).
- As defined in the *Notice of Privacy Practices*:
 - For continuing care (treatment), except for clients treated for a substance use disorder (SUD)
 - To obtain payment for services (payment), except for clients treated for a SUD
 - For the day-to-day operations of the facility and the care given to the residents (health care operations)

Disclosure of PHI will be centralized through the Privacy Officer. In some instances, the Privacy Official will need to track information that is disclosed. All disclosures designated as trackable on the “Request and Disclosure Table” must be approved by the Privacy Officer to enable the Facility to provide an accounting of disclosures when requested.

Disclosure of PHI will be carried out in accordance with all applicable legal requirements and in accordance with Facility policy.

Original Medical Records will not be removed from the premises, except when ordered by subpoena or by other court order.

PROCEDURE:

Receiving a Request for Medical Records:

Requests for Medical Records shall be managed by the Privacy Officer, or designee.

1. Other staff members will not release PHI without approval of the Privacy Officer or designee.
2. Only emergency release of information will be done after hours or on weekends.
3. After hours and on weekends, release of information for continuing care (i.e., transfer to a hospital or emergency clinic) is allowed.

Responding to Specific Types of Disclosures:

See the “Request and Disclosure Table” following this Policy for applicable requirements in responding to requests by specific entities/individuals.

1. Media: No PHI shall be released to the news media or commercial organizations without the authorization of the client or his personal representative.
2. Telephone Requests: Staff members receiving requests for PHI via the telephone will make reasonable efforts to identify and verify that the requesting party is entitled to receive such information. (See "Disclosures of PHI over the Telephone" Policy.)

Disclosures to Persons Involved with a Client's Care:

1. The Facility may disclose to a family member, other relative, close friend, or any other person identified by the client, PHI:
 - a. That is directly relevant to that person's involvement with the client's care or payment for care; or
 - b. To notify such person of the client's location, general condition, or death.
2. Conditions if the Client is Present. If the client is present for, or otherwise available, prior to a permitted disclosure, then the Facility may use or disclose the PHI only if the Facility:
 - a. Obtains the client's agreement;
 - b. Provides the client with an opportunity to object to the disclosure, and the client does not express an objection (this opportunity to object and the client's response may be done orally); or
 - c. May reasonably infer from the circumstances, based on the exercise of professional judgment, that the client does not object to the disclosure.
3. Conditions if the Client is Not Present or is Incapacitated. The Facility may, in the exercise of professional judgment, determine whether the disclosure is in the best interest of the client, and, if so, disclose only that PHI which is directly relevant to the person's involvement with the client's care if:
 - a. The client is not present, except for clients being treated for a SUD,
 - b. The opportunity to agree/object to the use or disclosure cannot practicably be provided because of the client's incapacity, except for clients being treated for a SUD, or
 - c. In an emergency.
4. Confirming Identity. The Facility shall take reasonable steps to confirm the identity of a client's family member or friend. The Facility is permitted to rely on the circumstances as confirmation of involvement in care. For example, the fact that a person admits a client to the Facility and regularly attends appointments with the client is sufficient confirmation of involvement in the client's care.

REQUEST AND DISCLOSURE TABLE

| Requestor | Authorization Required? | Copy Fee Charged? | Track on Accounting of Disclosure? | Notes: |
|--|--|--------------------------|---|---|
| Accrediting Agencies (JCAHO, CARF) | No | No | No | See policy on Business Associates |
| Attorney for Client | Yes | Yes | No | See policy on Authorizations |
| Attorney for Facility/Corporation | No | No | No | |
| Contractors/ Business Associates /Qualified Service Organizations | No, unless their purpose falls outside of TPO | No | No | See policy on Business Associates |
| Employer <ul style="list-style-type: none"> • PHI specific to work related illness or injury, and • Required for employer's compliance with occupational safety and health laws as long as the PHI is not related to SA treatment | No, for the purpose listed. Yes for all others. | No | No | |
| Family Members | No for oral disclosures to family members involved (<u>not</u> SA treatment); Yes for others | Yes | No | See policy on Authorizations |
| Entity Subject to the Food and Drug Administration <ul style="list-style-type: none"> • Adverse events | No | No | Yes | See policy on Accounting of Disclosures |
| Health Oversight <ul style="list-style-type: none"> • Licensing • Audits/Reviews by State oversight entities • Benefits program • Fraud and abuse compliance | No | No | Yes | See policy on Accounting of Disclosures |
| Internal Health Care and Providers for Continuity of Treatment | No | No | No | Part of treatment |
| External Health Care Providers for Continuity of Treatment | MH | No | No | Part of operations |
| | SA | Yes | No | See policy on Authorizations |
| Insurance Companies/Third Party Payors—Related to claims processing | MH | No | No | Part of payment |
| | SA | Yes | No | See policy on Authorizations |
| Medical Emergencies | No | No | Yes | Limit PHI to that needed to treat medical Emergency |
| Reporting of Abuse or Neglect | No | No | Yes | If client is receiving SA TX services, only the initial report is allowed. Follow-up requests only under court order. |

| Requestor | | Authorization Required? | Copy Fee Charged? | Track on Accounting of Disclosure? | Notes: |
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| Judicial and Administrative Proceedings | | | | | |
| <ul style="list-style-type: none"> Court order Subpoena | | No | No | Yes | See policy on Accounting of Disclosures Court Order must comply with 42CFR Part 2, subpart E |
| | | No - See policy on Responding to a Subpoena | No | Yes | |
| Law Enforcement | MH | No | No | Yes, except for disclosures to correctional institutions | See policy on Accounting of Disclosures |
| | SA | Yes | No | No | See policy on Authorizations |
| <ul style="list-style-type: none"> Administrative request Locating a suspect, fugitive, material witness or missing person Victims of crime Suspicious deaths Avert a serious threat to health or safety | | | | | |
| Public Health Authorities | | No | No | Yes | See policy on Accounting of Disclosures |
| <ul style="list-style-type: none"> Surveillance Investigations Interventions Foreign governments collaborating with US public health authorities Recording births/deaths Communicable disease (TB) | | | | | If the PHI is on an individual services for a SUD, the info cannot mention that the individual is in SA TX |
| Research (w/o Authorization) | | No, if IRB or Privacy Board approves the research study and waives authorization. | No | Yes | See policy on Accounting of Disclosures |
| | | | | | Approval from Compliance Officer Required |
| Client/Client's Personal Representative | | No | Yes | No | See policy on Authorizations |
| Specialized Government Functions | MH | No | No | Yes, except for disclosures for national security and intelligence activities. | See policy on Accounting of Disclosures |
| | SA | Yes | No | No | See policy on Authorizations |
| <ul style="list-style-type: none"> Military and Veterans' activities Protective services for the President Foreign military personnel National security and intelligence activities | | | | | |
| Workers' Compensation Comply w/existing laws (see state law) | MH | No | See applicable state law | Yes | See policy on Accounting of Disclosures |
| | SA | Yes | No | No | See policy on Authorizations |

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| Crimes on Program Premises or against Program Personnel | No | No | Yes | See policy on Accounting of Disclosures. Disclosure limited to: incident details, name status, address and whereabouts |
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This does not apply to PHI created or maintained prior to April 14, 2003.