

Documentation of Disclosures of Protected Health Information

POLICY:

It is the policy of Purdue University that HIPAA-covered components will obtain written authorizations when required and will properly document certain disclosures of PHI, as required by HIPAA.

PROCEDURES (More detailed procedures may be developed by covered components, but requirements must meet or exceed those stated in this document).

Tracking of Disclosures

HIPAA regulations grant individuals the right to receive an accounting of disclosures of their PHI, made by a covered component for the six years prior to the request, but on or after 4/14/2003.

In order to comply with this requirement, Purdue covered components will track disclosures of PHI, **except the following disclosures:**

- ✓ to carry out treatment, payment and health care operations,
- ✓ to individuals of protected health information that pertains to them,
- ✓ when a valid HIPAA authorization has been obtained,
- ✓ for the facility's directory or to persons involved in the individual's care or other notification purposes such as in a disaster or other emergency,
- ✓ for national security or intelligence purposes,
- ✓ to correctional institutions or law enforcement officials having lawful custody of an inmate or other individual,
- ✓ as part of a limited data set, or
- ✓ disclosures that occurred prior to 4/14/2003.

Disclosures that **are required to be tracked**, include those that are:

- ✓ required by law (i.e. reports of certain wounds),
- ✓ required for public health activities (i.e. reporting of disease),
- ✓ for health oversight activities (i.e. audits by an oversight agency),
- ✓ reports of abuse (i.e. to the appropriate government authority),
- ✓ for judicial and administrative proceedings (i.e., subpoenas, court orders, etc.),
- ✓ for law enforcement purposes (i.e. to identify the perpetrator of a crime),
- ✓ for research (except where authorized or pursuant to a limited Data Set Agreement) (i.e. Where the researcher has obtained a waiver),
- ✓ to the coroner (i.e. for identifying a deceased person),

- ✓ to avert a threat of serious injury (i.e. disclosure to a person who can prevent the threat or to law enforcement), and
- ✓ unlawful or unauthorized disclosures (i.e. inadvertent disclosures).

All disclosures that are required to be tracked, will be documented by healthcare providers in the medical record. Tracked disclosures made by Health plans or business support components will be maintained in a folder by the covered component's HIPAA liaison. All tracked disclosures will be recorded using either the HIPAA Record of Disclosure form, medical record entry or other standard form such as those provided by the Indiana State Department of Health. Inadvertent Disclosures in all areas, will be recorded on the Inadvertent Disclosure form and provided to the HIPAA liaison for investigation. This form will be filed in the same manner as the other disclosure tracking documents.

1. The documentation or entry should include what information was released, to whom the information was released and address (if known), date of the disclosure, purpose of the disclosure and by what method it was released (fax, carried by patient, etc.).
2. If, during the previous year, the covered entity has made multiple disclosures of protected health information to the same person or entity for a single purpose, the information in paragraph 1 above should be documented for the first disclosure and, in addition, the frequency, periodicity, or number of the disclosures made and the date of the last such disclosure during the previous year.

HIPAA Authorizations

As required by HIPAA, Purdue's covered components will obtain a valid HIPAA authorization prior to releasing PHI **for all disclosures, except those for the purpose of:**

- Treatment, Payment and healthcare Operations (TPO),
- sharing PHI with the individual themselves,
- sharing PHI with an outside entity with whom Purdue has a valid HIPAA business associate agreement,
- sharing PHI as required by law, or in response to a subpoena, discovery request or other lawful process,
- certain required public health activities,
- certain activities requested by an employer relating to medical surveillance of the workplace,
- required disclosures about victims of abuse or neglect,
- for reporting crime, or for purposes of averting a serious threat to health or safety,
- reviews preparatory to research (by covered component staff only) and disclosures for research where an IRB waiver has been obtained or for which there is a limited data set agreement,
- for health oversight activities (i.e. audits by an oversight agency),
- to the coroner (i.e. for identifying a deceased person), or

- to avert a threat of serious injury (i.e. disclosure to a person who can prevent the threat or to law enforcement).

When a HIPAA authorization is required, a copy of the signed document will be offered to the individual authorizing the disclosure and the original authorization will be stored in the medical record by providers, or by health plans or business support components, in a folder maintained by the HIPAA liaison.

Purdue's Authorization for Use, Disclosure or Release of Protected Health Information and Medical Records is a valid, HIPAA compliant release form. All other authorizations, including those from outside sources, must be reviewed and approved by Purdue's HIPAA Privacy Compliance Office prior to any disclosure of PHI.

Only the information specified for disclosure in the HIPAA authorization will be provided. Information that is legally restricted will not be disclosed (for example, information deemed to be harmful to the patient by a medical provider or psychotherapy notes) and information restricted pursuant to an approved "Request of Privacy Protection of Protected Health Information" will be disclosed in compliance with the restrictions agreed to within that document. **Any such restrictions should be noted in the medical record or in a folder maintained by the covered component's HIPAA liaison.**

All requests for an entire medical record will be reviewed by the HIPAA liaison prior to disclosure to determine whether the HIPAA minimum necessary requirement has been met.