**PURPOSE**

To ensure that the use and disclosure of Protected Health Information (“PHI”) is consistent with applicable laws, regulations, and health information standards.

**POLICY**

[COVERED ENTITY] is committed to protecting the privacy and security of PHI. Accordingly, when using or disclosing PHI, or when requesting PHI from another Covered Entity, [COVERED ENTITY] will, unless otherwise excepted, make reasonable efforts to limit uses and disclosures of PHI to the minimum necessary to accomplish the purpose(s) of the use, disclosure, or request, and will comply with all other HIPAA and state privacy requirements with respect to such use, disclosure, or request. As a general rule, [COVERED ENTITY] will only use or disclose PHI for the purposes of treatment, payment, or healthcare operations, unless otherwise permitted or required by law.

**PROCEDURE**

1. Uses and Disclosures to the Individual. [COVERED ENTITY] may disclose PHI to the individual who is the subject of the PHI when the individual requests his or her own information. [COVERED ENTITY] must disclose PHI if required for access or accounting of disclosures.
2. Uses and Disclosures for Treatment, Payment, and Healthcare Operations. [COVERED ENTITY] may, without the individual’s authorization, use and disclose an individual’s PHI for treatment, payment, and healthcare operations, provided such use or disclosure is consistent with [COVERED ENTITY]’s Notice of Privacy Practices.
   1. “Treatment” means the provision, coordination, or management of healthcare and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.
   2. “Payment” activities are activities to obtain or provide reimbursement for the provision of health care, including: eligibility or coverage determinations; billing, claims management, and collection activities; review of health care services with respect to medical necessity; coverage under a health plan, appropriateness of care, or justification of charges; utilization review activities, including pre-certification and preauthorization of services; concurrent and retrospective review of services; and disclosure to consumer reporting agencies.
   3. “Health Care Operations” are activities necessary to a health care business and that support the core functions of treatment and payment. These activities, include:
      1. Conducting quality assessment and improvement activities;
      2. Population-based activities relating to improving health or reducing health care costs;
      3. Case management and care coordination;
      4. Reviewing the competence or qualifications of health care professionals;
      5. Evaluating provider and health plan performance;
      6. Training health care and non-health care professionals;
      7. Accreditation, certification, licensing, or credentialing activities;
      8. Conducting, or arranging for, medical reviews, legal services, and/or auditing services, including fraud and abuse detection and compliance programs;
      9. Business planning and development, such as conducting cost-management and planning analyses, related to managing and operating the entity;
      10. Business management and general administrative activities, including those related to implementing and complying with the Privacy Rule and other Administrative Simplification Rules; customer service; resolution of internal grievances; sale or transfer of assets; creating de-identified health information or a limited data set; and
      11. Certain fundraising activities for the benefit of the covered entity.
3. Disclosures for Health Care Operations of Another Covered Entity. [COVERED ENTITY] may disclose PHI to another covered entity for certain health care operation activities of the receiving entity if:
   1. Each entity either has or had a relationship with the individual who is the subject of the information, and the protected health information pertains to the relationship; and
   2. The disclosure is for a quality-related health care operations activity or for the purpose of health care fraud and abuse detection or compliance.
4. Uses and Disclosures of Psychotherapy Notes. Except when psychotherapy notes are used by the originator to carry out treatment, or by [COVERED ENTITY] for certain other limited health care operations, uses and disclosures of psychotherapy notes for treatment, payment, and health care operations require the individual’s written authorization.
5. Disclosures to Persons Involved with a Patient’s Care. [COVERED ENTITY] may disclose to a family member, other relative, close friend, or any other person identified by the patient, PHI that is directly relevant to that person’s involvement with the patient’s care or payment for care; or to notify such person of the patient’s location, general condition, or death.
   1. If the patient is present for, or otherwise available prior to, a permitted disclosure, then [COVERED ENTITY] may use or disclose the PHI only if [COVERED ENTITY]:
      1. Obtains the patient’s agreement;
      2. Provides the patient with an opportunity to object to the disclosure, and the patient does not express an objection (this opportunity to object and the patient’s response may be done orally); or
      3. May reasonably infer from the circumstances, based on the exercise of professional judgment, that the patient does not object to the disclosure.
   2. If the patient is not present, or if opportunity to agree or object to the use or disclosure cannot practicably be provided because of the patient’s incapacity or an emergency situation, [COVERED ENTITY] may, in the exercise of professional judgment, determine that the disclosure is in the best interest of the patient. If [COVERED ENTITY] makes this determination, it may disclose only that PHI which is directly relevant to the person’s involvement with the patient’s care.
   3. [COVERED ENTITY] shall take reasonable steps to confirm the identity of a patient’s family member or friend. [COVERED ENTITY] is permitted to rely on the circumstances as confirmation of involvement in care.
6. Responding to Specific Types of Disclosure Requests. See the “Request and Disclosure Table” following this Policy for applicable requirements for responding to requests by specific entities/individuals.
7. Minimum Necessary Rule. In general, the minimum necessary rule limits the PHI used or disclosed to the minimum amount necessary to achieve the intended purpose. This includes limiting the type, amount, or scope of PHI, and also the number of people who access or view the PHI. The minimum necessary rule applies to all permitted uses and disclosures of PHI, including uses and disclosures by and to [COVERED ENTITY]’s Business Associates. The minimum necessary rule does not, however, apply to the following:
   1. Uses and disclosures for treatment purposes, including disclosures to or requests by, a health care provider for treatment purposes
   2. Uses or disclosures to the individual who is the subject of the information
   3. Uses or disclosures made pursuant to an individual’s HIPAA Authorization
   4. Uses or disclosures to the Secretary of Health and Human Services
   5. Uses or disclosures required by law; and
   6. Uses or disclosures required for compliance with HIPAA.

**REQUEST AND DISCLOSURE TABLE**

| **Requestor** | **Authorization Required?** | **Copy Fee Charged?** | **Track Accounting of Disclosure?** | **Notes:** |
| --- | --- | --- | --- | --- |
| **Attorney for Patient** | Yes | Yes | No | See policy on Authorizations |
| **Attorney for Covered Entity** | No | No | No | See policy on Business Associates |
| **Contractors/Business Associates** | No, unless purpose falls outside of TPO | No | No | See policy on Business Associates |
| **For Deceased Persons**  Coroner or Medical Examiner, Funeral Directors  Organ Procurement | No | No | Yes | See policy on Accounting of Disclosures |
| **Employer**   * PHI specific to work related illness or injury, and * Required for employer’s compliance with occupational safety and health laws | No, for the purpose listed.  Yes for all others. | No | No |  |
| **Family Members** | No for oral disclosures to family members involved in care;  Yes for others | Yes | No | See policy on Authorizations |
| Entity Subject to the Food and Drug Administration Adverse events, product defects or biological product deviations  Track products  Enable product recalls, repairs, or replacements  Conduct post marketing surveillance | No | No | Yes | See policy on Accounting of Disclosures |
| **Health Oversight**   * Government benefits program * Fraud and abuse compliance * Civil rights laws * Trauma/tumor registries * Vital statistics * Reporting of abuse or neglect | No | No | Yes | See policy on Accounting of Disclosures |
| **Healthcare Practitioners and Providers for Continuity of Treatment and Payment** | No | No | No | Part of treatment |
| **Healthcare Practitioners and Providers if not Involved in Care or Treatment (i.e., consultants)** | No | No | No | Part of operations |
| **Insurance Companies/Third Party Payors**  Related to Claims Processing | No | No | No | Part of payment |
| **Judicial and Administrative Proceedings**   * Court order or warrant * Subpoena | No  No - See policy on Responding to a Subpoena | No  Yes | Yes  Yes | See policy on Accounting of Disclosures |
| Law Enforcement Administrative request/CID  Locating a suspect, fugitive, material witness or missing person  Victims of crime  Crimes on premises  Suspicious deaths  Avert a serious threat to health or safety | No | No | Yes, except for disclosures to correctional institutions. | See policy on Accounting of Disclosures |
| **Public Health Authorities**  Surveillance  Investigations  Interventions  Foreign governments collaborating with US public health authorities  Recording births/deaths  Child/elder abuse  Prevent serious harm  Communicable disease | No | No | Yes | See policy on Accounting of Disclosures |
| **Research (w/o Authorization)** | No, if IRB or Privacy Board approves the research study and waives authorization. | No | Yes | See policy on Uses and Disclosures for Research and policy on Accounting of Disclosures |
| **Patient/Patient's Personal Representative** | No | Yes | No | See policy on Authorizations |
| **Specialized Government Functions**  Military and Veterans' activities  Protective services for the President  Foreign military personnel  National security and intelligence activities | No | No | Yes, except for disclosures for national security and intelligence activities. | See policy on Accounting of Disclosures |
| **Workers’ Compensation**   * Comply w/existing laws (see state law) | No | See applicable state law | Yes | See policy on Accounting of Disclosures |

*This does not apply to PHI created or maintained prior to April 14, 2003.*