**PURPOSE**

To describe the circumstances under which workforce members who are whistleblowers or victims of a crime may make disclosures of protected health information.

**POLICY**

[COVERED ENTITY] does not violate the requirements of the Privacy Rule if a member of its workforce or a business associate discloses PHI, provided that:

* The workforce member or business associate believes in good faith that [COVERED ENTITY] has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by [COVERED ENTITY] potentially endangers one or more patients, workers, or the public; and
* The disclosure is to:
	+ A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of the Covered Component or to an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by the Covered Component; or
	+ An attorney retained by or on behalf of the workforce member or business associate for the purpose of determining the legal options of the workforce member or business associate with regard to the alleged unlawful conduct; or
* The workforce member is the victim of a crime and discloses PHI to a law enforcement official, provided the information disclosed is limited as described in this policy.

**PROCEDURE**

1. Whistleblower Disclosures. [COVERED ENTITY]’s workforce members and business associates may make whistleblower disclosures of an individual’s PHI without the individual’s written authorization. [COVERED ENTITY] will not impose any sanctions upon, and will not take any intimidating or retaliatory actions against members of [COVERED ENTITY]’s workforce and [COVERED ENTITY]’s Business Associates who make Whistleblower Disclosures related to [COVERED ENTITY]’s handling of PHI and compliance with HIPAA. [COVERED ENTITY] does not violate HIPAA if a member of its workforce or its business associate makes a whistleblower disclosure in compliance with the requirements of this policy.
2. Crime Victim Disclosures. A member of [COVERED ENTITY]’s workforce may disclose PHI to a law enforcement official if the workforce member is the victim of a crime and the PHI to disclosed pertains to the suspect who allegedly committed the crime against the workforce member. When making disclosures as the victim of a crime, the workforce member may disclose to law enforcement only the following information:
	1. Name and address of the suspect;
	2. Date and place of birth;
	3. Social Security number;
	4. ABO blood type and rh factor;
	5. Type of injury;
	6. Date and time of treatment;
	7. Date and time of death, if applicable; and
	8. A description of distinguishing physical characteristics including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars and tattoos.