Applicability: UW Medicine

Policy Title: Use and Disclosure of Protected Health Information to Carry Out Treatment, Payment and Healthcare Operations

Policy Number: PP-07

Superseded Policy(ies) or Entity Policy: N/A

Date Established: March 28, 2008

Date Effective: July 1, 2014

Dates Revised: December 9, 2010; April 6, 2012; July 30, 2013

Next Review Date: July 1, 2017

Purpose and Scope
This policy is applicable to all UW Medicine entities.

Policy Principles/Statement
See POLICY.

Definitions

1. Disclosure means the release, transfer, provision of access to or divulging information in any other manner outside the entity holding the information.

2. Healthcare Operations are the business functions required for managing and delivering health and medical services, including all business processes relating to the following:

   Business Focused Activities
   
   a. Business management and general administrative functions, including compliance activities required by the Health Information Portability and Accountability Act (HIPAA);
   
   b. Business planning and development (for example: cost management analyses, planning-related analyses, formulary development, payment methods and coverage policies);
   
   c. Disclosure of protected health information (PHI) for legal and regulatory purposes;
   
   d. Internal grievance resolution; Customer service, provided PHI is not disclosed;
   
   e. Accreditation, certification, licensing or credentialing activities;
f. Health insurance contracting (for example: underwriting, premium rating and reinsurance of risk relating to claims); and
g. Medical review, legal services and auditing functions including those associated with fraud and abuse detection and compliance programs.

Clinically Focused Activities

a. Quality assessment including outcomes evaluation;
b. Patient safety activities;
c. Population-based activities relating to improving health or reducing healthcare costs;
d. Clinical guidelines and clinical protocol development;
e. Case management and care coordination;
f. Patient contact regarding treatment alternatives;
g. Performance evaluation for healthcare professionals; and
h. Training programs for students, practitioners and non-healthcare professionals.

3. Payment means all activities undertaken by UW Medicine to obtain reimbursement for treatment that has been provided, including the following:

a. Eligibility determination for coverage;
b. Coordination of benefits among third-parties and patients for cost-sharing responsibilities;
c. Adjudication or subrogation of health benefit claims;
d. Risk adjustment of amounts due;
e. Payment under a contract for reinsurance;
f. Healthcare data processing that supports billing, claims management and collection; and
 g. Utilization reviews.

4. Treatment is a healthcare provider’s provision, coordination and management of healthcare and related services. Such services cross the continuum of care and include but are not limited to primary and specialty outpatient care, inpatient hospitalization, step-down and extended facility care, emergency medicine, and referral activities.

5. Use is the sharing, employment, application, utilization, examination or analysis of patient information within UW Medicine.

See UW Medicine Compliance Policy: PP.00 Glossary of Terms.

POLICY
UW Medicine may use and disclose PHI:
1. For treatment, payment or healthcare operations (TPO);

2. As authorized by the patient or surrogate decision maker. See UW Medicine Compliance Policy: PP08 Use & Disclosure of Protected Health Information Requiring Authorization; or

3. As required by law\(^1\).

**UW Medicine Workforce members must limit their access, use and disclosure of PHI to the minimum amount of information necessary to perform their authorized activities or duties. See UW Medicine Compliance Policy: PP.20 Minimum Necessary Requirements for Use & Disclosure of Protected Health Information for more information.**

**Documentation requirements for disclosures of patient information:**

<table>
<thead>
<tr>
<th>When Disclosure:</th>
<th>Documentation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is made from an authorization.</td>
<td>The signed authorization is filed in the medical record.</td>
</tr>
<tr>
<td>Is not for treatment, payment, healthcare operations nor is authorized by the patient.</td>
<td>Must be documented for the purposes of patient’s right to an accounting of disclosures, (for example: <a href="https://know1.mcis.washington.edu/disclosure_accounting/">https://know1.mcis.washington.edu/disclosure_accounting/</a> or EpicCare HIPAA Order. For a complete list of options, please see UW Medicine Compliance Policy: PP.25 Accounting of Disclosures of Protected Health Information).</td>
</tr>
</tbody>
</table>
| Is regarding mental health information of a minor for any purpose.              | Document into the minor’s medical record:  
  1. Date;  
  2. Circumstances under which the disclosure is made;  
  3. name or names of the persons or agencies to whom such disclosure is made;  
  4. The relationship, if any, to the minor; and  
  5. The information disclosed.                                                   |

1. Treatment
   a. Using PHI about a patient to provide healthcare to the patient. This may include consulting with other healthcare professionals about the patient’s treatment.
   b. Sending a copy of a patient’s medical record to a specialist who needs the information to treat the patient.
   c. Sending a patient’s healthcare instructions to another care facility to which the patient is transferred.

2. Payment
   a. Preparing claims for payment for services.
   b. Submitting a claim for payment to a health plan.
   c. Giving a patient’s payment information to an ambulance service provider that transported the patient to the hospital in order for the ambulance provider to bill for its treatment.

3. Healthcare Operations
   a. Teaching physician reviewing patient information with medical students or residents.
   b. Disclosing PHI to another healthcare provider, healthcare facility or third-party payor for that party’s healthcare operations if both parties have or had a relationship with the patient who is the subject of the PHI being requested, the PHI pertains to such relationship and the disclosure is for the purposes of healthcare operations.

4. Required by Law
   a. Reporting to the appropriate authorities suspected abuse, exploitation or neglect of a child under age 18, a developmentally disabled person, or an elderly person.
   b. Providing information regarding FDA regulated drugs and devices to the U.S. Food and Drug Administration.
   c. Providing government oversight agencies with data for health oversight activities such as auditing or licensure.
   d. Providing public health authorities with information on communicable diseases and vital records.
   e. Providing information to Workers’ Compensation agencies and self-insured employers for work-related illness or injuries.
   f. Providing notice to appropriate individuals when it is necessary to avoid a serious threat to health or safety or to prevent serious harm to an individual.
g. Providing information to organ procurement organizations to coordinate organ donation activities.

h. Providing information to law enforcement when required or allowed by law.

i. Disclosing information pursuant to court order or lawful subpoena.

j. Providing information to coroners, medical examiners and funeral directors.

k. Providing information to government officials when required for specifically identified government functions such as national security.

l. Disclosing information when otherwise required by law, such as to the Secretary of the U.S. Department of Health and Human Services (DHHS) for purposes of determining compliance with regulations governing the protection of PHI.

B. Examples of inappropriate access, use or improper disclosure of PHI

UW Medicine workforce members must not:

1. Look at a co-worker’s medical record unless they are part of the care team for that individual.

2. Access a family member’s medical record.

3. Access a patient’s record out of curiosity (for example: a patient of media interest).

4. Provide patient information to law enforcement unless the patient authorizes the disclosure or the disclosure is allowed or required by law.

5. Disclose patient directory information when the patient has opted out of the directory.

6. Search for potential research subjects (without HIPAA waiver of authorization).

REGULATORY/LEGISLATION/REFERENCES

- 45 CFR Part 164; Section 164.501 – Definitions
- 45 CFR Part 164; Section 164.502(a)
- RCW 70.02 – Medical Records - Healthcare Information Access and Disclosure

PROCEDURE ADDENDUM(s) REFERENCES/LINKS

- UW Medicine Compliance Policy: PP-00 Glossary of Terms
- UW Medicine Compliance Policy: PP-08 Use & Disclosure of PHI Requiring Authorization
- UW Medicine Compliance Policy: PP-16a Use & Disclosure of PHI Permitted for Public Health Activities
- UW Medicine Compliance Policy: PP-16b Use & Disclosure of PHI Permitted to Employers
- UW Medicine Compliance Policy: PP-16c Use & Disclosure of PHI Permitted for Health Oversight Activities
- UW Medicine Compliance Policy: PP-16d Use & Disclosure of PHI Permitted for Decedents
- UW Medicine Compliance Policy: PP-16e Use & Disclosure of PHI Permitted to Avert a Serious Threat to Health or Safety
• UW Medicine Compliance Policy: PP-16f Use & Disclosure of PHI Permitted for Correctional Institutions
• UW Medicine Compliance Policy: PP-16g Use & Disclosure of PHI Permitted for Judicial and Administrative Proceedings
• UW Medicine Compliance Policy: PP-16h Use & Disclosure of PHI Permitted for Law Enforcement Purposes
• UW Medicine Compliance Policy: PP-16i Disclosure of PHI for the Reporting of Violent Injuries
• UW Medicine Compliance Policy: PP-16j Use & Disclosure of PHI Permitted for Victims of Abuse, Neglect or Domestic Violence
• UW Medicine Compliance Policy: PP-20 Minimum Necessary Requirements for Use & Disclosure of PHI
• UW Medicine Compliance Policy: PP-25 Accounting of Disclosures of PHI

Related Guidelines
UW Medicine Use & Disclosure Decision Tree:
http://depts.washington.edu/comply/docs/UWM_UseDisclosureDecisionTree.pdf

ROLES AND RESPONSIBILITIES
Defined within POLICY.

AUTHORITIES

<table>
<thead>
<tr>
<th>Custodian</th>
<th>Responsible Officer</th>
<th>Implementation Officer</th>
<th>Administrative Officer</th>
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<tbody>
<tr>
<td>UW Medicine Compliance Author</td>
<td>UW Medicine Compliance Owner</td>
<td>UW Medicine Compliance Auditor</td>
<td>UW Medicine Compliance Endorser</td>
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<tr>
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<td>UW Medicine Compliance Auditor</td>
<td>UW Medicine Executive Compliance Committee</td>
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</tbody>
</table>

APPROVALS

_________________________________________ __________________________
UW Privacy Official Date
Johnese M. Spisso, Chief Health System Officer,
UW Medicine & Vice President for Medical Affairs, UW