Applicability: UW Medicine

Policy Title: Use & Disclosure of Protected Health Information Related to Inpatient Facility Directories & for Disaster Relief Purposes

Policy Number: PP-13

Superseded Policy(ies) or Entity Policy: N/A

Date Established: March 24, 2003

Date Effective: July 1, 2014

Dates Revised: July 28, 2003; September 27, 2004; April 26, 2007; June 22, 2007; June 10, 2010; July 30, 2013

Next Review Date: July 1, 2017

PURPOSE AND SCOPE
This UW Medicine policy relates to the use or disclosure of protected health information (PHI) for inpatient facilities directories; individual’s opportunity to prohibit or restrict use or disclosure of PHI; the permitted uses or disclosures after the opportunity to object, for emergency treatment or during an individual’s incapacity; defining the UW Medicine inpatient facility directory, and for disaster relief purposes.

This policy is applicable to all UW Medicine entities.

POLICY PRINCIPLES/STATEMENT
See POLICY.

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

POLICY
I. PHI maintained in an inpatient facility directory

A. Except in limited situations as outlined in policy section (I)(B), each UW Medicine entity maintains the following PHI in its inpatient facility directory:

1. Patient’s name;

2. Patient’s location within UW Medicine;
3. Patient’s condition described in general terms\(^1\);

The one-word descriptions include:

a. UNDETERMINED: The patient is awaiting a physician and an assessment.

b. TREATED AND RELEASED: The patient has been treated by UW Medicine and has been released. In this instance, “treated” is the condition and “released” is the location. Generally, this indicates the patient’s condition was satisfactory upon release.

c. STABILIZED AND TRANSFERRED: The patient was stabilized at UW Medicine, and has been transferred to another facility for further care. In this instance, “stabilized” is the condition and “transferred” is the location. UW Medicine should not disclose where the patient was transferred. This classification does not imply a patient’s condition, simply that the patient is located in another facility.

d. SATISFACTORY: Vital signs (heartbeat, breathing, blood pressure, temperature) are stable and within normal limits. The patient is conscious and comfortable. Indicators are good.

e. SERIOUS: Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.

f. CRITICAL: Vital signs are unstable or not within normal limits. The patient may be unconscious. There is some doubt the patient will recover. Death could be imminent.

g. DECEASED: The death of a patient may be reported to the authorities by UW Medicine, as required by law. Typically, a report will be made after efforts have been made to notify the next-of-kin. If the media inquires about the condition of the patient, UW Medicine may disclose that the patient is deceased only if the next-of-kin has been notified and the patient’s body is still in the hospital.

h. RELEASED: If a patient has been released, and UW Medicine receives an inquiry about the patient by name, UW Medicine may confirm that the patient is no longer in the hospital, but cannot give the release date, admission date, length of stay or any other information; and

\(^1\) An individual’s “Condition” in general terms is a one-word description.
4. Patient’s religious affiliation (if patient consents to have this information available to clergy).

B. The UW Medicine entity does not include patients in the inpatient facility directory when doing so would violate other state and federal laws that are more restrictive on the release of information for certain patient populations. Examples include, but are not limited to:

1. Federally funded drug and alcohol treatment programs (42 CFR Part 2);

2. Voluntary and involuntary psychiatric admissions (RCW 71.05.390); however, if a psychiatric patient is competent to give permission, and wishes to be in the directory, UW Medicine may include the patient in the directory.

3. Patient or workforce safety concerns (within the administration’s discretion).

C. If a patient changes their mind regarding their inclusion in the inpatient facility directory, workforce members refer the patient to admitting.

D. Prisoner patients.

Inclusion or exclusion of prisoner patients in the facility directory follows this process:

Inmates in correctional facilities\(^2\) (for example: King County Jail, Monroe Correctional Facility, Washington State Penitentiary, King County Juvenile Detention Center, etc.) are automatically opted-out of the facility directory by registration/Emergency Department. Information may be released to family or media only under a special agreement between the correctional facility, community relations, and/or entity representative (for example: administrator on-call, nursing supervisor, stat RNs (RN3s) and patient flow coordinators). (Use Form UH1868 to document this in the medical record).

1. For arrestees who are in custody of law enforcement and under continuous guard, UW Medicine follows the same procedure as it follows for inmates of correctional facilities above.

   a. Arrestees who are not in custody and not under guard (or their legally authorized surrogate) may decide whether or to be included in the facility directory. Based upon information provided by law enforcement to the entity representative (for example: administrator on-call, nursing supervisor, stat RNs (RN3s), and patient flow coordinators) who may make an administrative decision to opt the patient out of the directory.

\(^2\)The Psychiatric manager and team will deal with psychiatric admissions on a case-by-case basis with evaluation.
E. Patients guarded by law enforcement for their protection.

The patient or legally authorized surrogate may decide whether or not the patient is included in the facility directory. Law enforcement may provide information to the entity representative (for example; administrator on call, nursing supervisor, stat RNs (RN3s), and patient flow coordinators) who may make an administrative decision to opt the patient out of the directory.

II. Individual’s opportunity to object to inclusion in the inpatient directory

Patients are:

A. Informed that the UW Medicine entity maintains an inpatient facility directory and advised about what PHI is contained in the directory;

B. Informed about the people to whom directory information may be disclosed; and

C. Given the opportunity to request that disclosures be prohibited and receives explanation of the impact of their decision. The UW Medicine entity will only include religious affiliation if the patient specifically consents to having this information included for release only to clergy. A patient may elect not to have his or her religious preference listed and still be listed in the inpatient directory.

UW Medicine workforce has patient complete and sign the Patient Information for UW Medicine Inpatient Facility Directory, UH1868 (Attachment A), which is filed in the designated record set. If patient omits religious affiliation on this form, it will not be available in the directory. Workforce enters the patient’s preference regarding the facility directory.

III. Permitted uses or disclosures after an opportunity to object

Inpatient facility directory information may be used or disclosed to:

A. People who ask for a patient by name; religious affiliation will not be disclosed except as described below.

1. Clergy may request a list of patients of the same religious preference as the clergy when those patients have consented to the disclosure of their religious affiliation.

2. Media inquiries must be handled through appropriate UW Medicine Strategic Marketing & Communications.
IV. Permitted uses or disclosures for emergency treatment or during an individual’s incapacity

A. When a patient cannot practicably be provided an opportunity to object because of incapacity or the need for emergency treatment, a UW Medicine entity may use or disclose some or all of the directory information if the disclosure is:

1. Consistent with a prior expressed preference of the patient, if known; and

2. In the patient’s best interest, as determined by their healthcare professional in the exercise of professional judgment.

B. As soon as practicable, the patient is informed what PHI is included in the inpatient facility directory and is given an opportunity to object to such inclusion.

V. Use and disclosures for disaster relief purposes

UW Medicine may use or disclose PHI to a public or private entity authorized by law, or by its charter, to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures to notify, or assist in the notification of (including identifying or locating) a family member, a personal representative of the patient or another person responsible for the care of the patient about the patient’s location, general condition or death, and the disclosure to the extent that UW Medicine, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstances.

REGULATORY/LEGISLATION/REFERENCES

- 45 CFR Part 160 and 164; Section 164.510(a) Uses and Disclosures Requiring an Opportunity for Individuals to Agree or Object – Inpatient Facility Directories
- RCW 70.02 – Medical Records - Healthcare Information Access and Disclosure
- Washington State Constitution, Article 1, Section 11
- Washington State Hospital Association; “Guide For Cooperation For Physicians, Hospitals, Press, Radio, Television in the State of Washington”

PROCEDURE ADDENDUM(s) REFERENCES/LINKS

- UW Medicine Compliance Policy: PP-00 Glossary of Terms

Cross References (where applicable)

- HMC: HMC APOP 30.01 Community Relations

ROLES AND RESPONSIBILITIES

Defined within POLICY.
AUTHORITIES

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<tr>
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APPROVAL

__________________________________________   _______________________
UW Privacy Official                        Date

Johnese M. Spisso, Chief Health System Officer,
UW Medicine & Vice President for Medical Affairs, UW