
Department: UW Medicine Compliance

Subject: PP-13 Use & Disclosure of Protected Health Information Related to Inpatient Facility Directories & for Disaster Relief Purposes

Policy Number: 13

Effective Date: June 22, 2007

Review Date: June 22, 2007

Policy:

The UW Medicine policy related to the use or disclosure of protected health information for inpatient facilities directories has five sections:

- I. Protected Health Information (PHI) To Be Maintained In An Inpatient Facility Directory**
- II. Individual's Opportunity to Prohibit or Restrict Use or Disclosure of PHI**
- III. Permitted Uses or Disclosures after Opportunity to Object**
- IV. Permitted Uses or Disclosures for Emergency Treatment or During An Individual's Incapacity**
- V. Official Inpatient Facility Directory**
- VI. Use and Disclosures for Disaster Relief Purposes**

I. Protected Health Information To Be Maintained In An Inpatient Facility Directory

A) Except in limited situations as outlined in policy section (I)(B), each UW Medicine entity¹ will maintain the following PHI in its inpatient facility directory:

- 1) Individual's name,
- 2) Individual's location within UW Medicine,
- 3) Individual's condition described in general terms,² the one-word descriptions include:

¹ UW Medicine includes the following entities: University of Washington Medical Center and Clinics; Harborview Medical Center and Clinics; UW Medicine Neighborhood Clinics (University of Washington Physicians Network); UW Physicians Sports Medicine Clinic; UW Physicians Eastside Specialty Center; Hall Health Primary Care Center; and University of Washington Physicians.

² An individual's "Condition" in general terms is a one-word description.

- **UNDETERMINED:** The patient is awaiting a physician and an assessment.
- **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.
- **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.
- **SATISFACTORY:** Vital signs (heartbeat, breathing, blood pressure, temperature) are stable and within normal limits. The patient is conscious and comfortable. Indicators are good.
- **SERIOUS:** Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.
- **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.
- **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. The death of a patient may also be reported to the media after the next-of-kin has been notified, as long as the patient’s body is still in the hospital.
- **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

- 4) Individual’s religious affiliation (if patient consents to have this information available to clergy).
- B) The UW Medicine entity will not include individuals 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:
- Federally funded drug and alcohol treatment programs (42 CFR Part 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.
 - Patient or Workforce safety concerns (within Administration’s discretion).

C) Prisoner Patients

Inclusion or Exclusion of Prisoner Patients in the facility directory will follow this algorithm:

Inmates in Correctional Facilities³ (i.e. King County Jail, Monroe Correctional Facility, WA State Penitentiary, King County Juvenile Detention Center, etc.) will be automatically Opted Out of Facility Directory by Registration/ER. Information may be released to family or media only under a special agreement between Correctional Facility, Community Relations, and/or Administrator on Call/Nursing Supervisor/Stat RNs (RN3s)/Patient Flow Coordinators. Use form UH1868 to document this in the Medical Record.

- 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.
- 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 or others, the Nursing Supervisor at HMC, Stat RNs (RN3s) and Patient Flow Coordinators at UWMC, or the Administrators-on-Call may make an administrative decision to opt the patient out of the directory.
- 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 Nursing Supervisor at HMC, Stat RNs (RN3s) and Patient Flow Coordinators at UWMC, or Administrator-on-Call who may make an administrative decision to opt the patient out of the directory.

II. Individual's Opportunity to Prohibit or Restrict Use or Disclosure of PHI

Individuals will be:

- 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. The UW Medicine entity will only include religious affiliation if the individual specifically consents to

³The Psychiatric manager and team will deal with psychiatric admissions on a case-by-case basis with evaluation.

having this information included for release only to clergy. An individual may elect not to have his or her religious preference listed and still be listed in the inpatient 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 an individual by name; provided however, that religious affiliation will not be disclosed except as described below.
- B) 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.
- C) Media inquiries must be handled through appropriate UW Medicine News & Community Relations Department.

IV. **Permitted Uses or Disclosures for Emergency Treatment or During An Individual's Incapacity**

- A) When an individual 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 health care provider in the exercise of professional judgment.
- B) As soon as practicable, the patient will be informed what PHI is included in the inpatient facility directory, and be given an opportunity to object to such inclusion.

V. **Official Inpatient Facility Directory**

UW Medicine uses REG/ADT as the official inpatient facility directory using the in-house "roll-and-scroll".

VI. **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 individual, or another person responsible for the care of the individual of the individual'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.

- A. *Uses and disclosures with the individual present.* If the individual is present for, or otherwise available prior to, a use or disclosure for disaster relief purposes, and has the capacity to make health care decisions, the covered entity may use or disclose the PHI if it:
1. Obtains the individual's agreement;
 2. Provides the individual with the opportunity to object to the disclosure, and the individual does not express an objection; or
 3. Reasonably infers from the circumstances, based the exercise of professional judgment that the individual does not object to the disclosure.
- B. *Limited uses and disclosures when the individual is not present.* If the individual is not present for, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, UW Medicine may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the PHI that is directly relevant to the person's involvement with the individual's health care.

Procedures:

I. Obtaining Information from the Inpatient Facility Directory

Step	Action
1	Staff receives a request by name for patient directory information, location and/or general condition.
2	Staff looks up requested information in the in-house "roll-and-scroll" screen in REG/ADT or one of the official facility directory reports that was generated from REG/ADT with the same information included on the in-house "roll-and-scroll". If staff does not have access to an official report or the in-house "roll-and-scroll" screen in REG/ADT, then the staff refers the requestor to Admitting, Information Desk, or the Hospital Operator.
3	If the information is available, staff releases inpatient facility directory information, excluding religious affiliation.
4	If the information is not available, staff informs the requestor: "I have

	no information available on a person by that name.”
5	When clergy ask for a list of patients by religious affiliation, staff provides the list.
6	See step 6 of procedure II for emergency situations

II. PHI Used In Inpatient Facility Directory (Per policy sections III & IV)

Step	Action
1	Staff informs patient that their location and general condition may both be provided to anyone requesting that information about them by name during their inpatient stay. Staff asks if patient wishes to name a religious preference, which may only be disclosed to clergy of the same religious affiliation. Staff informs patient that listing religious affiliation may lead to a clergy visit.
2:	<p>As a matter of standard operations, UW Medicine will not include the following categories of the patient population in the inpatient facility directory:</p> <ul style="list-style-type: none"> • Patients in federally funded drug and alcohol treatment programs (42 CFR Part 2); • Prisoner patients; • Psychiatric admissions; unless the patient or legally authorized surrogate has agreed to the inclusion in the directory. • Patient or Workforce safety concerns (within Administration’s discretion). <p>In the case of an opt-out at the Associate Administrator’s or designee’s discretion, only the portion of the facility directory form indicating “admin opt-out” will be completed. Associate Administrator or designee will forward to staff for processing and entry into directory and Designated Record Set.</p>
3	Staff gives patient opportunity to prohibit the disclosure of information and explains to the patient the impact of their decision.
4	Staff obtains patient’s signature on “Patient Information for UW Medicine Inpatient Facility Directory” UH1868 (Attachment A), which is filed in the Designated Record Set. NOTE: If patient omits religious affiliation on this form, it will not be available in the directory. Staff enters the patient information in the directory.
5	If patient objects to being listed in the inpatient facility directory, staff instructs them to check the box under <i>OPT OUT OF INPATIENT FACILITY DIRECTORY</i> on the “Patient Information for UW Medicine Inpatient Facility Directory” UH1868 (Attachment A).
6	Staff places an indicator in REG/ADT that alerts staff to the patient’s request for a restriction in the directory while they are an inpatient.

7	<p>In case of emergency treatment or incapacity, a UW Medicine entity may use or disclose some or all of the directory information if the disclosure is:</p> <ul style="list-style-type: none"> a. Consistent with a prior expressed preference of the patient, if known, <li style="text-align: center;">AND b. In the patient's best interest, as determined by their health care provider in the exercise of professional judgment. <p>As soon as practicable, the patient will be informed of the PHI included in the inpatient facility directory, and be given an opportunity to object to such inclusion.</p>
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III. Removal from Inpatient Facility Directory Listing after Initial Inclusion in the Inpatient Facility Directory

Step	Action
1	Patient initiates request to be removed from inpatient facility directory.
2	Staff contacts Admitting Department.
3	Admitting staff explains to the individual the effect of their decision.
4	Admitting staff explains to the individual that there may be a delay and that some information printed from the systems may continue to exist after removal is initiated.
5	If the patient still objects to being listed in the inpatient facility directory after explanations have been provided, staff uses a new "Patient Information for UW Medicine Inpatient Facility Directory" UH1868 (Attachment A) to revoke previous inclusion in the inpatient facility directory, instructing the patient to check the box under <i>OPT OUT OF INPATIENT FACILITY DIRECTORY</i> on the "Patient Information for UW Medicine Inpatient Facility Directory" UH1868 (Attachment A) and obtains the patient's signature on the form, which is filed in the Designated Record Set.
6	Staff places an indicator in REG/ADT that alerts staff to the patient's request for a restriction in the directory while they are an inpatient.
7	In the case of an opt-out at the Associate Administrator's or designee's discretion after initial inclusion, a new UW Medicine Inpatient Facility Directory Form will be obtained, however, only the portion of the facility directory form indicating "admin opt-out" will be completed by the Associate Administrator or designee. Associate Administrator or designee will forward to staff for processing and entry into the facility directory and Designated Record Set as above.

Cross References:

HMC: HMC APOP 30.01 Community Relations

References:

- I. 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
 - II. RCW 70.02.050 – Disclosure Without Patient’s Authorization,
 - III. RCW 71.05.390 - Confidential information and records -- Disclosure
 - IV. Washington State Constitution, Article 1, Section 11.
 - V. Washington State Hospital Association; “Guide For Cooperation For Physicians, Hospitals, Press, Radio, Television in the State of Washington”
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UW Privacy Officer: _____ Date: _____
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