Applicability: UW Medicine

Policy Title: Use & Disclosure of Protected Health Information Permitted for Health Oversight Activities

Policy Number: PP-16c

Superseded Policy(ies) or Entity Policy: N/A

Date Established: April 10, 2003

Date Effective: July 1, 2014

Dates Revised: October 12, 2006; July 9, 2009; May 12, 2011

Next Review Date: July 1, 2017

PURPOSE AND SCOPE
This policy describes the circumstances in which UW Medicine may use or disclose protected health information (PHI) for health oversight activities when the purpose of the use or disclosure is not for treatment, payment, health care operations nor authorized by the patient.

This policy is applicable to all UW Medicine entities.

POLICY PRINCIPLES/STATEMENT
See POLICY.

DEFINITIONS
See UW Medicine Compliance Policy: PP00 Glossary of Terms.

POLICY

I. Health Oversight Activities

When there is a request to disclose PHI for a health oversight activity from federal, state or local public health authorities without an authorization, UW Medicine must verify that the agency meets the requirements to obtain this information without patient authorization.

A health oversight agency is:

A. A public agency or Indian Tribe

1. That is authorized by law to oversee the healthcare system or government programs.
2. In which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.

B. Includes contractors of such agency or other persons or entities to whom the health oversight agency grants authority.

Health oversight agencies do not include private-sector accrediting organizations such as Joint Commission and the Accreditation Association for Ambulatory Health Care (AAAHC), whose use or disclosure of PHI is governed by business associate agreements. See UW Medicine Compliance Policy: PP-12 Use & Disclosure of Protected Health Information by Business Associates.

C. UW Medicine may disclose PHI to a health oversight agency for oversight activities as authorized by law, including:

1. Audits, as long as there is a written agreement to:
   a. Remove and/or destroy patient-identifying information at the earliest opportunity; and
   b. Not to further disclose the information except to complete an audit or report unlawful conduct involving fraud in payment of healthcare by a healthcare professional or patient or other unlawful conduct by the healthcare professional.

2. Civil, administrative, or criminal investigations, proceedings or actions;

3. Inspections;

4. Licensure, certification, or registration rules or laws, or to investigate unprofessional conduct;

   Note: Department of Health (DOH) requests for PHI associated with licensure actions against individual healthcare professionals must be accompanied by a subpoena.

5. Other activities necessary for appropriate oversight of the healthcare system:
   a. The healthcare system;
   b. Government benefit programs for which health information is relevant to beneficiary eligibility;
   c. Entities subject to civil rights laws for which health information is necessary for determining compliance; or
   d. Entities subject to government regulatory programs for which health information is necessary to determine compliance.
D. Exception:

1. A health oversight activity does not include an investigation or other activity in which an individual is the subject of the investigation; and

2. When such activity is not directly related to:
   a. Receipt of healthcare;
   b. Claim for public benefits related to health; or
   c. Qualification for, or receipt of, public services or benefits when a patient’s health is integral to the claim for public services or benefits.

Note: If a health oversight activity or investigation is conducted in conjunction with an oversight activity relating to a claim for public benefits not related to health, the joint activity or investigation would be considered a health oversight activity and UW Medicine may use or disclose PHI.

II. Documentation of Disclosures

UW Medicine documents and retains in electronic or written format a record of all disclosures following record retention policies and procedures in accordance with UW Medicine Compliance Policy: PP-25 Accounting of Disclosures of Protected Health Information.

REGULATORY/LEGISLATION/REFERENCES
- 42 CFR, Part 2 – Confidentiality of Alcohol and Drug Abuse Patient Records
- 45 CFR Parts 160 and 164; Section 164.512 – Uses & Disclosures for Which Consent, Authorization or Opportunity to Agree or Object Is Not Required
- RCW 18.130 Regulation Of Health Professions – Uniform Disciplinary Act
- RCW 42.56 Public Records Act
- RCW 70.02 – Medical Records – Healthcare Information Access and Disclosure
- RCW 70.96A.150 – Records of Alcoholics and Intoxicated Persons
- RCW 71.05.120 – Mental Health Records
- WAC 246-320-205 – Management of Information

PROCEDURE ADDENDUM(s) REFERENCES/LINKS
- UW Medicine Compliance Policy: PP-00 Glossary of Terms
- UW Medicine Compliance Policy: PP-12 Use & Disclosure of Protected Health Information by Business Associates
- UW Medicine Compliance Policy: PP-25 Accounting of Disclosures of Protected Health Information

Cross References
UW Medicine entity policies regarding: Release of Information, Medical Records Subpoenaed for Deposition, Release of Information from Satellite Records and Non-Patient Requests for Medical Records.
ROLES AND RESPONSIBILITIES
Defined with POLICY.

AUTHORITIES

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<tr>
<th>Custodian</th>
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<th>Implementation Officer</th>
<th>Administrative Officer</th>
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APPROVALS

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

______________________________________________ Date