Applicability: UW Medicine

Policy Title: Use & Disclosure of Protected Health Information Permitted for Public Health Activities and for Proof of Immunization

Policy Number: PP-16a

Superseded Policy(ies) or Entity Policy: N/A

Date Established: April 10, 2003

Date Effective: July 1, 2014

Dates Revised: August 3, 2006; April 9, 2009; April 12, 2012; May 6, 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
See UW Medicine Compliance Policy: PP.00 Glossary of Terms.

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

I. UW Medicine may disclose the minimum necessary PHI for public health activities to:

   A. Public health authorities\(^1\) who are required by law to collect or receive the information for the purpose of preventing or controlling disease, injury or disability, including but not limited to the reporting of disease, injury and vital events, and the conduct of public health surveillance, public health investigation and public health interventions;

   B. Official(s) of a foreign government agency acting in collaboration with a public health authority when the public health authority directs the disclosure be made to the collaborating foreign agency;

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\(^1\) Public health authority means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.
C. Public health or other government authorities authorized by law to receive reports of child abuse or neglect;

D. A person or entity subject to the jurisdiction of the U.S. Food and Drug Administration (FDA) who has responsibility for the quality, safety and effectiveness of a FDA-regulated product when necessary to protect public health and the purpose of the disclosure is one of the following:

1. To collect or report adverse events with respect to food, dietary supplements, product defects or problems, or biological product deviations;

2. To track FDA-regulated products;

3. To enable product recalls, repairs, replacement, or lookback (including locating and notifying individuals who have received products that have been recalled, withdrawn, or are the subject of lookback); or

4. To conduct post-marketing surveillance.

II. Public health intervention

If UW Medicine is otherwise authorized by law to conduct a public health intervention and is authorized as part of the intervention to notify a person who may have been exposed to a communicable disease, or may be at risk of contracting or spreading a disease, then it may notify such person without patient authorization.

III. Disclosure of proof of immunization for a student or prospective student

UW Medicine may disclose proof of immunization about an individual who is a student or prospective student to a school that is required by State or other law to have proof of immunization prior to admitting the individual. UW Medicine must have agreement, which may be verbal, from a parent, guardian or other person acting in loco parentis for the individual, or from the individual himself or herself, if the individual is an adult or emancipated minor. The agreement must be documented in the patient’s medical record.

2 When a healthcare provider has reasonable cause to believe that a child has suffered abuse or neglect, the provider shall report to law enforcement or the Department of Social and Health Services at the first opportunity but no later than 48 hours after the provider has reasonable cause. Please see UW Medicine Compliance Policy: PP16j: Use & Disclosure of Protected Health Information Not for Treatment, Payment, or Healthcare Operations Permitted Without an Individual’s Authorization for Victims of Abuse, Neglect or Domestic Violence and the list of policies in the CROSS REFERENCE Section regarding Abuse and Neglect Reporting.

3 NOTE: Please see CROSS REFERENCE section at the end of this policy for UW Medicine entity policies regarding Safe Medical Device Act Reporting.
IV. Documentation of disclosures

UW Medicine documents and retains a record of all disclosures in accordance with the entity’s record retention policies and procedures. See 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 26.44.030 – Duty and Authority to Make Reports of Child Abuse or Neglect
- RCW 68.50, Human Remains
- RCW 70.02 – Medical Records - Healthcare Information Access and Disclosure
- RCW 70.58 – Vital Statistics
- RCW 74.34.035 – Reports – Mandated and Permissive – Contents – Confidentiality

PROCEDURE ADDENDUM(s) REFERENCES/LINKS

- UW Medicine Compliance Policy: PP.00 Glossary of Terms
- UW Medicine Compliance Policy: PP.25 Accounting of Disclosures of Protected Health Information

Cross References

Please see following list of UW Medicine entity specific policies and procedures regarding: Public Health Activities, Abuse and Neglect Reporting, and Safe Medical Device Act Reporting:

HMC:
75.4 MEDICAL EQUIPMENT
75.9 BIOMETICAL - DEFECTIVE EQUIPMENT REPORTING

UWMC:
115.5 MEDICAL DEVICE-RELATED EVENT REPORTING

ROLES AND RESPONSIBILITIES

Defined within POLICY.
AUTHORITIES

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APPROVALS

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