PRIVACY POLICIES SUMMARY

Throughout this summary, references to UW Medicine include UW Medicine’s workforce.

Policy 1. Designation of Health Care Components at the University of Washington
The University of Washington (UW) is a hybrid entity with both healthcare components and non-healthcare components. UW has designated certain of its healthcare components and related covered entities as one affiliated healthcare entity known as “UW Medicine” for current list please see UW Medicine Compliance policy: PP:01 Designation of Healthcare Components at the University of Washington: http://depts.washington.edu/comply/docs/PP_01.pdf. Within the entities included, protected health information (PHI) may be shared for treatment, payment and healthcare operations. PHI may not be shared with the non-healthcare components of the UW without patient authorization unless it is for the component to support the treatment, payment or healthcare operations of UW Medicine. This policy describes UW Medicine’s Organized Healthcare Arrangements which allow entities to share PHI for clinical care services, payment for clinical care services, and any healthcare operations activities of the organized healthcare arrangement.

Policy 2. Use of Consents, Authorizations or Other Legal Permission from the Patient during Transition to Health Insurance Portability and Accountability Act (HIPAA) Compliance
Prior to April 14, 2003, and until the individual's first contact with UW Medicine for services after that date, UW Medicine entities may continue to rely on the individual's “Registration Consent /Financial Agreement,” authorization, or other express legal permission to use and disclose PHI for treatment, payment, healthcare operations, or other non-research purposes. Each UW Medicine entity will obtain the individual’s acknowledgement of receipt of the UW Medicine Notice of Privacy Practices or make a good faith effort to obtain an acknowledgment for all services provided after April 14, 2003.

Policy 3. Administrative Requirements of UW Medicine's Privacy Program
Outlines UW Medicine’s policy for the administrative requirements related to privacy. Administrative requirements include administrative, technical and physical safeguards for the protection of PHI, disclosures by whistleblowers, mitigation, retaliatory acts, waiver of rights, personnel designations, revisions to privacy policies and procedures, and documentation of privacy policies and procedures.
Policy 4. Privacy, Confidentiality, & Information Security Training
The law requires UW Medicine to train its workforce, including physicians, on the organization’s policies and procedures about PHI. UW Medicine maintains documentation of the training provided to each member of the workforce for six years. HIPAA training must be completed within 30 days of hire; and appropriate component and job role training including updates when job responsibilities are impacted because of new or changed policies or procedures within 30 days of the effective date of the change. Each workforce member must sign the Privacy, Confidentiality, and Information Security Agreement (PCISA) upon hire and at each performance evaluation or re-credentialing.

Policy 5. Complaints and Incidents Related to Privacy and Information Security
Patients and their families have the right to file complaints about how UW Medicine and individual healthcare providers use or disclose their PHI. They may complain to UW Medicine Compliance, or the U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR). If any person complains to a member of the UW Medicine workforce about a use or disclosure of PHI, the workforce member must contact UW Medicine Compliance immediately. Workforce members are required to cooperate with all compliance investigations. UW Medicine will not retaliate, or tolerate retaliation, against anyone who files a good faith complaint.

The UW Medicine corrective action policy requires that appropriate corrective actions be applied to workforce members who fail to comply with privacy and information security policies and procedures. Corrective actions will be based upon UW Medicine policies, the severity of the violation, whether the violation was intentional or unintentional, whether the violation indicated a pattern or practice of improper use or disclosure of PHI, and the workforce member’s corrective action record. Corrective actions are documented and retained according to UW records retention schedules.

Policy 7. Use and Disclosure of PHI to Carry Out Treatment, Payment, and Healthcare Operations
The policy describes how UW Medicine may use and disclosure PHI for treatment, payment, and healthcare operations or as required by law. Workforce members must limit their use and disclosure of PHI to the minimum amount of information necessary to perform their authorized activities or duties.

Policy 8. Use and Disclosure of PHI Requiring Authorization
UW Medicine must obtain a valid patient authorization for a disclosure of PHI that is not for treatment, payment or healthcare operations and within UW Medicine or with UW components that support UW Medicine. UW Medicine may share PHI with any healthcare professional for treatment purposes without an authorization. UW Medicine may share the minimum necessary PHI with non-UW Medicine entities for payment
purposes. Questions regarding the sharing of PHI for the healthcare operations of a non-UW Medicine entity should be directed to UW Medicine Compliance. This policy outlines when a patient must sign an authorization for use or disclosure of their PHI, provides the required core elements of an authorization, and describes the patient’s right to revoke an authorization.

Policy 9. Use and Disclosure of PHI for Marketing Communications
Healthcare professionals may communicate face-to-face with their patients about health related products or services that UW Medicine provides. Healthcare professionals may also communicate with their patients about alternative treatments, coordination of care, or specialty care. UW Medicine must obtain the patient’s authorization for any use or disclosure of PHI for non-face-to-face marketing unless it is a promotional gift of nominal value.

Policy 10. Use and Disclosure of PHI for Fundraising
Regarding fundraising, state law governs because it is more protective of a patient’s privacy. UW Medicine may use or disclose an approved set of patient demographic information and the dates of healthcare services to raise funds for its own benefit. UW Medicine must obtain an authorization for the use or disclosure of any other PHI for fundraising purposes. Individuals have the right to opt out of fundraising communications.

Policy 11. Verifying the Identity and Authority of Individuals Requesting Access to and Disclosure of PHI
UW Medicine has identified staff within UW Medicine who will respond to requests for disclosure of PHI. UW Medicine verifies the identity of all requestors and the requestors’ legal authority for obtaining PHI. UW Medicine documents the requestors’ authority to receive the PHI prior to release of PHI.

Policy 12. Use and Disclosure of PHI by Business Associates
UW Medicine may disclose PHI to an entity Business Associate that is performing an activity on its behalf when UW Medicine establishes the permitted and required uses and disclosures of PHI and obtains satisfactory assurances that the Business Associate will safeguard the information. Satisfactory assurances are documented in writing through a Business Associate Agreement and under specified circumstances the contract or agreement must include terms and conditions that require compliance with applicable information security and privacy laws and UW rules or policies. Relationships between healthcare providers regarding the treatment of a patient do not have the same requirements and are therefore not business associate relationships. Please contact UW Medicine Compliance if you have questions about whether a business associate relationship exists in a specific situation.
Policy 13. Use & Disclosure of PHI Related to Inpatient Facility Directories and for Disaster Relief Purposes
Upon admission, patients have the opportunity to decide whether to be included in the hospitals’ inpatient directories. If a patient opts out of the directory, UW Medicine will not include that patient in the directory. If a patient is incapacitated at admission, the healthcare professional should exercise his or her best judgment on whether to list the patient in the facility directory until the patient is able to express an opinion. Hospitals may release the condition and location of patients when a requestor asks for the patient by name. With the permission of the patient, clergy of the same faith may be given directory information without asking for a patient by name. UW Medicine may use or disclose PHI to assist in disaster relief efforts.

Policy 14. Access and Disclosure of PHI to a Minor or Personal Representatives/Surrogate Decision-Makers
With exceptions, the personal representative or legally authorized surrogate decision-maker for the patient may sign the acknowledgement for receipt of the UW Medicine Notice of Privacy Practices (Notice) and make decisions concerning UW Medicine’s use and disclosure of the adult or emancipated minor patient’s PHI. In addition, unemancipated minors may under certain circumstances acknowledge receipt of the UW Medicine Notice and make decisions concerning UW Medicine's use and disclosure of their PHI.

Policy 15. Use and Disclosure of PHI for Involvement in Individual's Care and Notification
Provided the patient does not object, UW Medicine may use or disclose PHI to relatives or other persons involved in the treatment or care of the patient. If a patient is unable to express his or her wishes, the healthcare professional exercises professional judgment on whether or not to release any PHI. If PHI is disclosed without the opportunity for the patient to object, UW Medicine will let the patient know of the disclosure as soon as possible.

Policy 16 (a – l). Use and Disclosure of PHI Permitted for: (a) Public Health Activities; (b) Employers, (c) Health Oversight Activities; (d) Decedents; (e) to Avert a Serious Threat to Health or Safety; (f) Correctional Institutions; (g) Judicial and Administrative Proceedings; (h) Law Enforcement Purposes; (i) Reporting of Violent Injuries; (j) Victims of Abuse Neglect or Domestic Violence; (k) Military & Veteran Activities and Homeland & National Security Activities; (l) Workers Compensation
UW Medicine may use or disclose PHI without a patient’s authorization in certain circumstances (for example, public health activities, health oversight activities and specialized government functions). UW Medicine may also use or disclose PHI without an patient’s authorization to avert a serious threat to the health or safety of any person, to law enforcement when required to do so by law, or pursuant to legal process. Please contact UW Medicine Compliance for fact-specific questions.
Policy 17. Psychotherapy Notes Management
Psychotherapy notes maintained by behavioral health providers are a subset of PHI subject to heightened confidentiality protections. Psychotherapy notes may only be used or disclosed absent the patient’s authorization to conduct UW Medicine training programs, for treatment by the mental health professional, to defend against legal action, to protect the health or safety of any person, to a health oversight agency, to a coroner or medical examiner for official duties or when required by law.

Policy 18. Use and Disclosure of PHI for Research
Research involving human subjects (either directly or indirectly through PHI) requires review by an approved Institutional Review Board (IRB). Researchers may use or disclose PHI for research when authorized by the human subject or pursuant to an IRB-approved waiver. Research using UW facilities or patient information, and/or which includes providing healthcare to UW patients, must comply with UW Medicine Compliance and UW and UW Medicine Information Security policies. For more information on conducting research, please review the UW Human Subjects Division web page at http://www.washington.edu/research/hsd/.

Policy 19 and 19a. (19) PHI, Limited Data Set and De-Identification of PHI; (19a) Handling Public Records Requests That Contain PHI
Federal law allows UW Medicine to use or disclose a “limited data set” for research, public health or healthcare operations. A “limited data set” is PHI that excludes 16 specific identifiers of the patient or of the patient’s relatives, employers or household members. UW Medicine obtains satisfactory assurances through “data use agreements” from the entity requesting a limited data set prior to allowing the use or disclosure. If PHI is de-identified through removal of 18 specific identifiers, the data is no longer subject to state or federal privacy laws and regulations.

Policy 20 and 20a. (20) Minimum Necessary Requirements for Use & Disclosure of PHI; (20a) Access Management
When using or disclosing PHI for payment and healthcare operations or when the patient has not authorized the use or disclosure, UW Medicine makes reasonable efforts to ensure that the use, disclosure or request of PHI is limited to the minimum necessary PHI required to accomplish the intended purpose. This standard does not apply to disclosures for treatment, to the individual, pursuant to patient authorization or when required by law. For use, UW Medicine uses a role-based model to identify appropriate levels of access to PHI. For disclosures made on a routine or recurring basis, UW Medicine departments implement policies and procedures that limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure.
UW Medicine provides all patients (except prisoner patients) a copy of its Notice of Privacy Practices, which outlines a patient’s rights and describes how a patient’s PHI will be used or disclosed. UW Medicine is required to make a good faith effort to obtain written acknowledgement of receipt of the Notice of Privacy Practices from each patient treated after April 14, 2003.

Policy 22. Rights to Request Additional Privacy Protection for PHI
Individuals treated at UW Medicine facilities have a right to request additional privacy protections, restrictions and alternative communications regarding their PHI. UW Medicine may not be required to agree to a requested restriction. UW Medicine will not grant restrictions if continuity of patient care would be impeded. If UW Medicine does agree to a restriction, then it will follow the agreed-upon restrictions. All agreed-upon restrictions must be documented in the patient’s designated record set. The designated record set contains a patient’s medical and billing records, and other information used to make decisions about the patient. When a patient pays out of pocket in full for healthcare items or services prior to the service, the patient has the right to restrict UW Medicine from disclosing the healthcare item(s) or service(s) to their Health Plan.

Policy 23. Patient's Access to Their PHI and Designated Record Set
A patient has the right to access, inspect or request a copy of PHI contained in the UW Medicine designated record set, unless an exemption applies (for example, psychotherapy notes and information compiled for risk management purposes, etc.). A patient also has the right to direct UW Medicine to send their records to a designated person and/or company. Requests to access, inspect or photocopy PHI should be referred to the release of information service area for the entity in which services were provided. UW Medicine workforce members may access their personal PHI through their entity-based approved process. UW Medicine workforce members may not use this access to view the records of their family members or friends.

Policy 24. Amendment of PHI/Designated Record Set
A patient may ask a healthcare professional to correct or amend his or her healthcare record. Requests must be in writing and state a reason for the requested change. UW Medicine has ten days from receipt of the request to respond in writing. If a healthcare professional receives a request for amendment, he or she must immediately contact UW Medicine Compliance.
Policy 25. Accounting of Disclosures of PHI
A patient has the right to request UW Medicine to provide an accounting of all disclosures from the patient’s designated record set, excluding those uses or disclosures for which an accounting is not required (for example, treatment, payment or healthcare operations; uses or disclosures made with patient authorization; or uses or disclosures incidental to an authorized use or disclosure). If you receive a request for an accounting, please contact the UW Medicine Compliance.

Policy 26. Definition of the UW Medicine Designated Record Set
A “designated record set” is a group of records consisting of medical and billing records about individuals, information about health plan enrollment, payment, claims adjudication, and case or medical management record systems, and other information used to make decisions about patients.

Policy 28. Faxing PHI
To protect patient privacy and to decrease the risk of a breach of confidentiality, patient information should only be faxed to fulfill treatment, payment or healthcare operations, or a specifically authorized request. Fax machines should be safeguarded to reduce the likelihood of inappropriate access to patient information. Requirements for faxing PHI are outlined.

Policy 29. Notification of Impermissible Use or Disclosure of PHI
All UW Medicine workforce members must report breaches of patient information to the IT Services Help Desk or UW Medicine Compliance. This policy outlines the process UW Medicine follows to notify a patient when their unsecured PHI has been inappropriately accessed or disclosed. The department in which the breach occurs must cooperate with the investigation, assist in remediating identified issues and may be responsible for funding the response and notification of affected patients.

Policy 30. Safeguarding Patient Information
UW Medicine requires workforce members to safeguard PHI in all forms (including verbal, paper and electronic), and in all locations. For example, workforce members must only discuss patient information in the appropriate workplace setting and only with those who have a need-to-know and the authority to receive the information. Workforce members must keep paper-based patient information out of view of patients, visitors and workforce members who are not involved in the patient’s care, and dispose of it in a secure and confidential manner. Patient information taken off-site must be kept fully secured, remain in the workforce member’s physical possession during transit, never left unattended and never left in any mode of transport (even if it is locked).
Policy 31. Identity Theft Prevention
Outlines UW Medicine program for identity theft prevention to detect, prevent, and mitigate identity theft in connection with new or existing patient accounts. Workforce members who become aware of a pattern, practice or specific activity that indicates the possible existence of identity theft, or discover other indications of potential identity theft must immediately report the information to their manager.

Policy 32. Patient Audio and Images Security Use and Disclosure
Addresses the use of photography, video/audio recordings, digital imaging, etc., in the clinical setting is often necessary for patient care, research and education. Whenever possible, UW Medicine equipment is to be used to create patient images or recordings. UW Medicine workforce members are responsible for ensuring the security of PHI when using and disclosing these records (regardless of format). Patient images and recordings are to be stored and shared according to UW Medicine Information Security Policies.