

PURDUE UNIVERSITY STUDENT HEALTH CENTER

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| SUBJECT | Policy and Procedures for Tracking and Releasing Protected Health Information | REF # |
| DEPARTMENT | HEALTH CENTER WIDE | |
| | | EFFECTIVE 9/21/2010 |
| APPROVED BY | | FORM INCLUDED |
| Title | DIRECTOR | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SUMMARY

1. Purdue University Student Health Center (PUSH) will properly document releases of protected health information (PHI) and will obtain a valid Purdue HIPAA authorization prior to releasing PHI when required by HIPAA regulations.
2. Medical Records Staff will release all records with exception of emergency or not being reasonably able to access the Medical Records Department. Other exceptions are listed in the body of the policy.
3. A valid HIPAA authorization form will be accepted for requests for record release. Only the Purdue version is accepted when a HIPAA authorization is required.
4. Release of PHI by healthcare professionals may be documented in the health record. The documentation should include what documents were released, who released the information, when it was released, and by what method it was released (fax, carried by patient, etc.).
5. Information released pursuant to the provider's order for diagnostic testing or therapeutic treatment does not require a HIPAA authorization, but will be tracked by the affected department.
6. Information released for purposes other than treatment and not pursuant to an authorization will be limited to the limited data set (see definition below), or when necessary, the minimum necessary for the intended purpose.
7. Records requested by the patient to be obtained or transmitted in electronic format to an entity or individual designated by the patient will be provided by the Medical Records staff through the electronic medical records system. Any fee charged cannot be greater than PUSH's labor costs in responding to the request.
8. PUSH will not directly or indirectly receive remuneration in exchange for any PHI of an individual without obtaining an authorization that permits the payment, with certain exceptions. The authorization must specify whether the PHI can be further exchanged by the entity receiving the information. Exceptions include, public health activities, research where an authorization is not required and the price charged reflects the costs of preparation and transmittal of the data, for treatment, or for remuneration of a business associate for activities provided on behalf of the covered component, or to provide a copy to the individual of their PHI.

POLICY

It is the policy of the Purdue University Student Health Center (PUSH) to properly document releases of protected health information (PHI) and to obtain a valid Purdue HIPAA authorization prior to releasing PHI for all purposes, except:

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- Treatment, Payment and healthcare Operations (TPO),
- sharing PHI with the individual themselves,
- sharing PHI with an entity with whom you have a valid HIPAA business associate agreement,
- sharing PHI as required by law, or in response to a subpoena, discovery request or other lawful process.
- certain required public health activities,
- certain activities requested by an employer relating to medical surveillance of the workplace,
- required disclosures about victims of abuse or neglect,
- for reporting crime, or for purposes of averting a serious threat to health or safety,
- reviews preparatory to research (by covered component staff only) and disclosures for research where an IRB waiver has been obtained or for which there is a limited data set agreement.
- For health oversight activities (i.e. audits by an oversight agency)
- To the coroner (i.e. for identifying a deceased person)
- To avert a threat of serious injury (i.e. disclosure to a person who can prevent the threat or to law enforcement).

In cases where disclosure of information is requested and a HIPAA authorization is not required (see above list), PUSH staff will obtain a written request for the disclosure or will document the disclosure either with a form provided by the requesting agency (i.e. Indiana Department of Health) or provider, or with an entry describing the disclosure in the patient's medical record, as specified in the procedures below.

Staff will document information regarding who released the protected health information, where, to whom and how the information was released, and when the release occurred. The original version of the HIPAA authorization and other forms documenting the request for disclosure will be maintained in the patient medical record. When a HIPAA authorization is required, a copy of the signed document will be offered to the individual authorizing the disclosure.

PROCEDURE

Documentation of Release by PUSH Medical Records

Copies of medical records, excluding information that is legally restricted, will be made available to the individual upon receipt of Purdue's written authorization from the patient or their legal representative.

If a written request is received in person or records are provided to an individual who appears in person, the individual's photo ID is checked prior to receiving the records. When a request is received other than in person, a comparison of the signature to the individual's signature in the patient chart should be attempted.

Records requested by the patient to be obtained or transmitted in electronic format to an entity or individual designated by the patient will be provided by the Medical Records staff through the electronic

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medical records system. Any fee charged cannot be greater than PUSH's labor costs in responding to the request.

When a HIPAA authorization is required for the release of records, the Purdue HIPAA authorization form must be used. Only the information specified for release in the HIPAA authorization will be provided. Information that is legally restricted will not be disclosed and information restricted pursuant to an approved patient Request of Privacy Protection will be disclosed in compliance with the restrictions agreed to within that document. Where a patient has requested that PUSH not bill the individual's insurance company and the health care services have been paid out of pocket in full, any such request must be accepted. **Any such restrictions should be noted in the PUSH medical system.** Purdue's HIPAA authorization form may also be used to document other releases of medical records, where a written request is required.

In all cases where a written request for medical records is required, the following information must be written on PUSH's copy of the document requesting a release of medical records and placed in the medical record:

- The printed name and signature of the person who disclosed the protected health information
- The date sent
- Where the information was sent (i.e. mailing address, delivery in person), if not documented elsewhere on the authorization
- The method of delivery, i.e. faxed, mailed, etc.
- When a Purdue HIPAA authorization is provided, the person responsible for the disclosure must sign the "Witnessed" blank on the bottom of the form.

Medical Staff Authorized to Release Information

- **In all cases where a release of records will occur, the patient should be referred to PUSH medical records (see *Other Releases of Medical Records* below), with four exceptions:**
- Information that is legally restricted will not be disclosed and information pursuant to an approved patient Request of Privacy Protection will be disclosed in compliance with the restrictions agreed to within that document. **Any such restrictions should be noted in the patient chart.**
 1. ***In the event the patient is not reasonably able to complete an authorization in the medical records department*** (i.e. limited mobility), provider/nursing staff are to follow the documentation guidelines in ***Documentation of Release by PUSH Medical Records*** above.
 2. ***In urgent treatment situations*** requiring sharing of information between providers for continuity of care (also, see ***Releases by Auxiliary Medical Staff for Customary Treatment Purposes below***), provider/nursing staff will provide the information to the individual or their provider and then document the following in the treatment record:
 - The name and signature of the person who disclosed the protected health information

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- The date sent
- To whom the information was provided
- Detail regarding which documents were released
- Where the information was sent (i.e. mailing address, delivery in person), if not documented elsewhere on the authorization
- The method of delivery, i.e. faxed, mailed, etc.

3. *Releases by Auxiliary Medical Staff for Customary Treatment Purposes*

Certain PUSH departments create the official treatment record in the department (i.e. Physical Therapy, Radiology, AIC and Laboratory) while providing customary treatment. These treatment records are disclosed to treating providers (PUSH or external) in response to a written order for treatment or at the request of the patient. Information that is restricted pursuant to an approved patient Request of Privacy Protection will be noted in the PUSH medical system and will be checked prior to disclosure.

- When treatment by the auxiliary department is ordered by a provider, treatment results are sent by the department to the treating provider as authorized, documented on a treatment order and the final report or record of treatment is maintained in the patient chart when treatment is complete.
- If medical records for a PUSH patient are requested to be sent to a treating outside provider, either a written request must be obtained from the patient or a request from the provider on their letterhead or on a treatment order must be obtained by the department. This provides written documentation of the treatment relationship and ensures that the records will be sent to the correct location. This request should properly identify the location where the records are to be sent.
- Records requested by the patient to be obtained or transmitted in electronic format to an entity or individual designated by the patient will be provided by the Medical Records staff through the electronic medical records system. Any fee charged cannot be greater than PUSH's labor costs in responding to the request.

Because a HIPAA authorization is not required for treatment disclosures, the Purdue version of the HIPAA authorization is not required. However, the request should include at least the following:

- Who is authorized to disclose the records (i.e. PUSH)
- Specifically, to what provider records should be disclosed and at what address or fax number,
- What records should be disclosed
- Patient's name, address, PUID (if known), birthdate

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Each of these departments maintains a record of the report sent to the provider as designated by individual departmental procedure. **The following information should be written on the request or treatment order and a copy maintained in the patient medical record.**

- The name and signature of the person who disclosed the protected health information
- The date sent
- Where the information was sent (i.e. mailing address, delivery in person), if not documented elsewhere on the authorization
- The method of delivery, i.e. faxed, mailed, etc.

Alternatively, the records may be provided to the patient and the following information should be documented in the treatment record:

- The name and signature of the person who disclosed the protected health information
- The date sent
- To whom the information was provided
- Detail regarding which documents were released
- Where the information was sent (i.e. mailing address, delivery in person), if not documented elsewhere on the authorization
- The method of delivery, i.e. faxed, mailed, etc.

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4. *Standard Releases for Public Health Purposes or as Required by Law*

Other disclosures of health information are made to Purdue's Radiological and Environmental Health department and to the Indiana State Department of Health via the Tippecanoe County Health Department as required by federal and state law for public health purposes. Where standard forms are provided by the Indiana State Department of Health, a copy of these forms is maintained to document the disclosure for tracking purposes or Purdue's Record of Disclosure form is used. Either form is maintained in the patient's medical record.

Information released for purposes other than treatment and not pursuant to an authorization, will be limited to the limited data set (see definition below), or when necessary, the minimum necessary for the intended purpose. Standard forms that have been developed by the Indiana State Department of Health for reporting information for public health purposes can be assumed to only request the minimum necessary information.

Health information is provided verbally to report cases of abuse or neglect of a child or endangered adult to the appropriate agencies. Also, gunshot wounds and stabbings are verbally reported to law enforcement, as required by Indiana law. In these cases, the following is documented in the medical record concerning the disclosure:

- The name of the person who disclosed the protected health information
 - The date sent
 - To which agency and location where the information was provided
 - Details regarding what information was provided
 - The method of delivery, i.e. verbal, faxed, mailed, etc.
- ***Other Releases of Medical Records***

Other requests for releases of medical records should be referred to the PUSH Medical Records department (see also *Documentation of Release by PUSH Medical Records*). These requests can include releases of medical records for legal or administrative purposes. These requests should be accompanied by a Purdue HIPAA authorization, court order or other legal document. Requests for medical records for these purposes, made within documents other than a Purdue HIPAA authorization, should be reviewed by legal counsel prior to releasing the records.

Definitions:

Limited data set: A limited data set is protected health information that excludes the following direct identifiers of the individual or of relatives, employers, or household members of the individual:

- (i) Names;
- (ii) Postal address information, other than town or city, State, and zip code;

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- (iii) Telephone numbers;
- (iv) Fax numbers;
- (v) Electronic mail addresses;
- (vi) Social security numbers;
- (vii) Medical record numbers;
- (viii) Health plan beneficiary numbers;
- (ix) Account numbers;
- (x) Certificate/license numbers;
- (xi) Vehicle identifiers and serial numbers, including license plate numbers;
- (xii) Device identifiers and serial numbers;
- (xiii) Web Universal Resource Locators (URLs);
- (xiv) Internet Protocol (IP) address numbers;
- (xv) Biometric identifiers, including finger and voice prints; and
- (xvi) Full face photographic images and any comparable images.