



HIPAA Privacy Procedure #13

Effective Date: April 14, 2003

**Uses or Disclosures of Protected Health Insurance
Without a Verbal or Written Authorization**

Reviewed Date: **February, 2011**

Revised Date:

Scope: Radiation Oncology

Policy Expectation:

Washington University (WU) has adopted a Policy to define the Uses or Disclosures of Protected Health Information (PHI) that are permitted or required under HIPAA without an Individual's verbal agreement or written Authorization. In emergency situations, Radiation Oncology must exercise professional judgment in the best interest of the Individual in deciding whether to Use or Disclose PHI.

Why is this important?

- To ensure that Uses or Disclosures of PHI without an Individual's Authorization occur only when specifically permitted or required as defined in HIPAA and other laws or regulations.
- Compliance with all HIPAA privacy regulations is required of all Radiation Oncology Divisions creating, collecting or holding PHI of Individuals.
- Failure to comply may result in being liable for civil and criminal penalties.

What do you need?

Copy of the HIPAA Policy on Uses or Disclosures of Protected Health Information without Verbal or Written Authorization

Steps:	Additional Information
<p>SECTION 1: USES & DISCLOSURES OF PHI THAT MAY BE MADE BY RADIATION ONCOLOGY</p>	
<p>1. Verify that the Use or Disclosure is appropriate for Radiation Oncology AND involves a request for PHI held only by Radiation Oncology.</p> <p>Make the verification decision by checking procedure step 2 below.</p>	<p>If the Use or Disclosure does not appear in step 2 below or more than one Business Unit holds the Individual's PHI, the situation requires review by the University Privacy Office, Office of General Counsel or Risk Management Office.</p>

<p>2. The Uses & Disclosures that are Permitted and/or Required to be made without review by the Privacy Office, Office of General Counsel or Risk Management Office are those for the following purposes:</p> <ul style="list-style-type: none"> a. Individual's access to his/her own PHI b. Public Health Activities c. Victims of abuse, neglect of domestic violence d. Health oversight activities e. Crime victims f. Coroners, medical examiners and funeral directors g. Organ procurement/donation h. Serious threat to health/safety of a person or the public i. Military personnel j. Inmates k. Worker's compensation l. Statutes or regulations other than those in a, b or c above that require regular reporting m. Regulations that require PHI for Payment above that normally released in Payment situations 	
<p>3. If there is any question as to whether the PHI Use or Disclosure is appropriate, fully review the Policy related to this procedure and/or contact General Counsel or Risk Management Office for assistance.</p>	
<p>4. If you determine that the PHI Use and/or Disclosure is appropriate, verify the identity of the person requesting the PHI and the authority of that person to have access to the PHI before any access to PHI is granted.</p>	<p>Examples of identity include name and title of the requesting party, letterhead of requesting agency and ID Badge number. Examples of authority include statute or regulation.</p>
<p>5. If RO is required to obtain additional documentation, statements or representations from the person requesting the PHI, complete the collection before the Use or Disclosure occurs.</p>	

6. Ensure that the PHI is necessary to meet the requirements of the law or need compelling Disclosure.	Refer to the WU Policy on Minimum Necessary
7. Complete Exhibit A (Disclosure of Protected Health Information Form) and attach copies of all documentation pertaining to the Use or Disclosure of PHI without any agreement from the Individual.	
8. Forward Exhibit A to PHI I Records Custodian or RO Privacy Liaison to File the documentation.	If the PHI is housed in an electronic repository, the forms should be kept by the RO Privacy Liaison and the Individual's record annotated to reflect an unauthorized Use or Disclosure was made.
SECTION 2: USES & DISCLOSURES REQUIRING ADDITIONAL REVIEW AND/OR APPROVAL FROM OUTSIDE RADIATION ONCOLOGY	
1. Uses or Disclosures of PHI that require additional review or approval outside of Radiation Oncology are: <ul style="list-style-type: none"> a. PHI located in multiple departments/Business Units b. Judicial and administrative proceedings, including warrant, subpoena, court order or legal process issued by a grand jury or judicial or administrative tribunal c. Law enforcement d. Whistleblowers e. Department of Health & Human Services f. Medicare inquiries related to provider participation (outside of those normally required for Payment) 	
2. If you determine that the request made should be handled under this Section, RO Privacy Liaison will complete Exhibit B (PHI Use or Disclosure Review Form) and fax it to the appropriate office as shown on the form.	It is important that this determination is made as quickly as possible and that the communication of the request is made immediately thereafter to ensure prompt and appropriate handling of all such requests for PHI.

<p>3. You should anticipate that additional information (such as copies of the documents presented Radiation Oncology, copies of the PHI being requested, or verification of the identity of the person making the request) may be needed to complete the review.</p>	<p>Depending upon the request, the University office responsible for the review may also contact the provider involved with the Individual's care.</p>
<p>4. RO Liaison should await direction from the University Office responsible for review which will be instructions to Radiation Oncology to comply with the request or refer the person making the request to another office for resolution.</p>	
<p>5. RO Liaison should provide to the PHI Records Custodian the complete documentation of the request, review process and final disposition for the file.</p>	<p>If the PHI is housed in an electronic repository, the forms should be kept by RO Liaison and the Individual's record annotated to reflect an unauthorized Use or Disclosure was made.</p>

Exhibit A
**Documentation by Business Unit of Use or Disclosure of Protected Health Information
without Verbal or Written Authorization**

Individual's Name (Subject of PHI Use or Disclosure): _____

Date of Disclosure: _____

EXTERNAL DISCLOSURE of PHI without Authorization:

Type of Disclosure : (check all that apply)

- Public Health Activity
- Victim of Abuse, Neglect, Domestic Violence
- Health Oversight Activity
- Crime Victim
- Coroner, Medical Examiner, Funeral Director
- Organ Procurement/Donation
- Serious threat to health/safety of Individual or public
- Military Personnel
- Inmate
- Worker's Compensation

Party to Whom PHI was Externally Disclosed:

Name:

Title:

Organizaton:

Address:

Form of Identity Verification: (check all that apply)

- Letterhead from authorizing agency (see attached)
- ID Badge #: _____
- Other: (specify)

INTERNAL USE of PHI without Authorization:

Nature of Internal Use of PHI without Authorization: _____

Note the PHI Elements Used: (check all that apply)

- Name
- Street address, city, county, precinct, zip code or equivalent geocodes
- Any element of dates (except year) for dates directly related to Individual
- Telephone number
- Fax number
- Electronic mail address
- Social Security Number
- Medical record numbers

- ___ Health plan ID numbers
- ___ Account numbers
- ___ Certificate/license numbers
- ___ Vehicle identifiers and serial numbers, including license plate numbers
- ___ Device identifiers and serial numbers
- ___ Web addresses (URLs)
- ___ Internet IP addresses
- ___ Biometric identifiers, including finger and voice prints
- ___ Full face photographic images and any comparable images
- ___ Any other unique identifying number, characteristic or code
(specify) _____

Provide reason(s) verbal agreement or written authorization was not obtained prior to internal use of PHI:

Signature of Staff Person: _____

Print Name: _____

Title: _____

Business Unit/Department: _____

Exhibit B
Review Form to Evaluate Use or Disclosure of Protected Health Information without Verbal Agreement or Written Authorization

Individual's Name (Subject of PHI Use or Disclosure):

Name of Person Requesting PHI:

Title:

Organization:

Form of Identity Verification:: (check all that apply)

Letterhead from authorizing agency (see attached)

ID Badge #: _____

Other: (specify)

Reason for Review by Parties Outside the Business Unit (General Counsel, Risk Management, Privacy Office): (check all that apply)

PHI located in multiple business units/departments

Warrant

Subpoena

Court Order

Other legal process issued by a grand jury, judicial or administrative tribunal

Law enforcement

Whistleblower

Department of Health and Human Services

Medicare inquiry (related to provider participation outside of normal inquiries related to payment)

Signature of Staff Person:

Print Name: _____ Title:

Date : _____

To Whom Forwarded? General Counsel

Risk Management

Privacy Office

Resolution: (To be completed by Review Body)

Signature of Review Party:

Print Name: _____ Title: _____

Date: _____