



**HIPAA Privacy Procedure #3**

Effective Date: April 14, 2003

Reviewed Date: February, 2011

Revised Date: February, 2011

Scope: Radiation Oncology

**Accounting for Uses or Disclosures of Protected Health Information**

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**Policy Expectation:**

Individuals have the right to request an Accounting of certain types of Uses and Disclosures made of their Protected Health Information (PHI). Washington University (WU) has adopted this Policy to define the circumstances under which WU has the responsibility to produce an accurate Accounting of all covered Uses and Disclosures within the time periods mandated by the regulations.

**Why is this important?**

HIPAA gives Radiation Oncology the right to Use and Disclose the PHI of Individuals as necessary to perform Treatment, Payment and Health Care Operations, known collectively as TPO. In addition, Individuals may authorize Radiation Oncology to Use and Disclose their PHI for other reasons such as Marketing or Fundraising. If Radiation Oncology uses or Discloses PHI for reasons **other than TPO or as specifically authorized by the Individual**, Radiation Oncology is required to keep records of such Uses or Disclosures for six (6) years and be able to produce such records for the Individual upon request. **This includes accidental disclosures related to process errors such as a misdirected fax, phone message, or email.** Failure to comply can result being liable for civil and criminal penalties under the HIPAA regulations.

**What do you need?**

- Copy of HIPAA Policy on Accounting for Uses or Disclosures of Protected Health Information
- Department Disclosure Log(s)

**IMPORTANT NOTE ON USING THIS PROCEDURE:**

**Only the WU Privacy Office may release an accounting to a patient.**

Steps:	Additional Information
<p>1. Direct all individuals making a request for an Accounting to the University Privacy Office.</p> <p>All other requests for clinical PHI accounting should be directed to the BJH HIPAA Privacy Contact.</p>	<p>University Privacy Office  <a href="mailto:HIPAA@msnotes.wustl.edu">HIPAA@msnotes.wustl.edu</a>  747-4975</p> <p>David Rey,  BJH Medical Records at 362-1913</p>
<p>2. The Privacy Office will assist individuals in making their requests in writing, either through completion of a Request for an Accounting form or in a letter.</p>	<p>See Exhibit A.</p> <p>Requests that involve BJH or SLCH will be coordinated with each of those facilities and any accounting from either of them will be independent of the accounting from WU.</p>
<p>3. The Privacy Office will verify the identity of the individual making the request through:</p> <ul style="list-style-type: none"> <li>• personal review of picture identification or</li> <li>• signature of the individual on the requesting form or letter</li> </ul>	<p>Individual areas should attempt to obtain this information during the initial request for PHI. Forward to the appropriate WU and BJH contact listed above.</p>
<p>4. Upon receipt of a valid request, the Privacy Office will contact the Privacy Liaison of Radiation Oncology for the accounting records.</p> <p>For each use or disclosure occurring before the request date and within the 6-year request period, the accounting shall include:</p> <ul style="list-style-type: none"> <li>• The date of the use or disclosure</li> <li>• The name of the entity or persons receiving the PHI and, if known, the address</li> <li>• A brief description of the PHI used or disclosed; and</li> <li>• A brief description of the purpose of the use or disclosure or, in lieu of this, a copy of the written request for use or disclosure where no authorization was required (i.e. law enforcement, Center for Disease Control, waiver from IRB). Mark the document with a letter “A”, or “B”, etc. and mark the corresponding log entry with the same letter.</li> <li>• Attached to the log shall be the subpoena, waiver or other documentation of the information given without specific authorization. Mark the document with a letter “A”, or “B”, etc. and mark the corresponding log entry with the same letter.</li> </ul>	<p>See Disclosure log. Exhibit B.</p> <p>It is the responsibility of the department to maintain accurate records of all Disclosures of PHI which are subjected to such an accounting (outside of TPO or as authorized in writing or by verbal/inferred agreement by the Individual.)</p>

5. The Radiation Oncology Privacy Liaison will log each request from the Privacy Office through conclusion.	
6. The RO Privacy Liaison will contact the appropriate Record Custodian and will FAX a copy of the Request for Accounting to that Custodian.	
7. It is the responsibility of the Radiation Oncology Record Custodian(s) to ensure that the records of uses or disclosures of PHI are kept in such a way to meet this deadline.	
8. The PHI Custodian will: <ul style="list-style-type: none"> <li>a. File this request in the medical record or research record or other appropriate location.</li> <li>b. FAX a copy of the Use and Disclosure Log to the Privacy Liaison.</li> <li>c. Make a note on the Disclosure Log that a copy of the log was given to the Privacy Liaison, along with the date.</li> </ul>	
9. Upon receipt of the information from all Privacy Liaisons, the University Privacy Office will respond to the individual's request within the 60 days specified in the regulations.	
10. If the 60-day deadline cannot be made, a one-time extension of 30 days will be requested of the individual making the request by the University Privacy Office. This request must be made within the original 60-day period in order to be valid.	If Radiation Oncology PHI Custodian believes he/she will not be able to meet the 60-day deadline, they should contact the RO Privacy Liaison as soon as possible so that the extension request (Exhibit C) can be made by the University Privacy Office.
11. University Privacy Office will provide the first accounting to an individual within any rolling 12-month period at no charge.	
12. University Privacy Office will charge a reasonable, cost-based fee for any additional accountings in any rolling 12-month period. If a charge is to be made, the individual must be given the opportunity to withdraw the request before any fees are assessed.	
13. All PHI in any format must be properly disposed of or stored or shredded. Any PHI not being disposed of must be properly secured.	
14. A review of accounting logs will be conducted periodically by the RO privacy Liaison.	

**Exhibit A**  
**Request for Accounting of Disclosures of Protected Health Information**

Request Date: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Individual Address: \_\_\_\_\_

Telephone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Medical Record # : \_\_\_\_\_

Period Requested for Accounting of Disclosures: (May not exceed the 6 year period prior to your request)

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Is this your first request for an accounting of the disclosure of your medical information within the last 12 months? \_\_\_\_ Yes \_\_\_\_ No

**NOTE:** If you have made additional requests within the last 12 months, Washington University may impose a reasonable cost-based fee for each additional request. Please check with \_\_\_\_\_ to receive the cost of your request.

\_\_\_\_\_  
Patient and/or Patient's Representative

\_\_\_\_\_  
Date

**For Washington University Use Only:**

Accounting has been: \_\_\_\_\_ Provided Date of Response: \_\_\_\_\_

\_\_\_\_\_ Extension Requested: Date: \_\_\_\_\_  
(Attach Form)

Accounting has been suspended: Date: \_\_\_\_\_ Length of suspension: \_\_\_\_\_

Requesting Health Care Oversight Agency or Law Enforcement Official: (name/telephone)

\_\_\_\_\_

\_\_\_\_\_ Written Request (Attach); or

\_\_\_\_\_ Oral Request (suspension of requested action is limited to 30 days)

Signature of Staff Person \_\_\_\_\_ Date \_\_\_\_\_

Print Name & Title \_\_\_\_\_

**Exhibit B**  
**Accounting of Disclosures of Protected Health Information**

Request Date: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Individual Address: \_\_\_\_\_

Telephone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Requested Period Requested for Accounting:

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

**Disclosures of PHI within the Request Period:**

For each Disclosure, include:

- date of the Disclosure;
- name of person or entity receiving the PHI (including address, if known);
- a brief description of the Disclosed; and
- a brief statement of the purpose of the Disclosure or a copy of the written request for release.

<i>Date of Disclosure.</i>	<i>Person or Entity (&amp; address)</i>	<i>Brief Description of PHI</i>	<i>Purpose Release/Auth.</i>
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Signature of Staff Person \_\_\_\_\_

Response Date \_\_\_\_\_

Print Name & Title \_\_\_\_\_

## EXHIBIT C

<p style="text-align: center;"><b>Request for Extension of Time To Respond to Request for Accounting</b></p>
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To [Individual]:

We have received your request for an Accounting of the disclosures of Protected Health Information and are in process of responding to your request.

Federal regulations require us to respond to your request within 60 days of our receipt of the request. If we are unable to respond within such time, we may receive a one-time extension of 30 days within which we will provide you with a response to your requested accounting. Currently, we are experiencing delays in our processing of the review of your request due to [INSERT REASON FOR DELAY] and will require an additional 30 days to respond to your request. We appreciate your patience in this matter and will provide you with a response to your requested amendment by [INSERT DATE THAT IS NOT GREATER THAN 90 DAYS FROM THE RECEIPT DATE].

If you have questions concerning your request, please contact [INSERT NAME OR TITLE OF PERSON] at Washington University [INSERT CONTACT INFORMATION].

Sincerely,

## Appendix D

### **Examples of Disclosures in an Accounting**

1. To Health Oversight Agencies
2. For certain research, including disclosures pursuant to a waiver of an authorization for research
3. When an authorization is required and one was not obtained
4. For public health activities
5. By business associates for purposes other than for treatment, payment or health care operations

### **Examples Not Subject to Accounting Requirement**

1. Disclosures made to carry out treatment, payment and health care operations
2. Disclosures made to individuals of their own PHI
3. Disclosures made to persons involved in the individual's care or for purposes of notifying such person of an individual's condition or status (see Policy on Verbal/Inferred Agreement to Use or Disclose Protected Health Information)
4. Disclosures made for national security or intelligence purposes
5. Disclosures made to correctional institutions or to law enforcement officials having lawful custody of an inmate
6. Disclosures that occurred prior to April 14, 2003
7. Disclosures of de-identified PHI
8. Disclosures made to law enforcement officials or health oversight agencies when such officials or agencies have made a request to suspend an accounting
9. Disclosures of Limited Data Sets related to research
10. Disclosures that are incidental to TPO (such as overhead conversations containing PHI)
11. Disclosures made pursuant to the individual's authorization
12. Disclosures by or to a Business Associate for purposes of TPO