



HIPAA Privacy Procedure #7
Appropriate Methods of Communicating Protected
Health Information

Effective Date: April 14, 2003
Reviewed Date: February, 2011
Revised Date: February, 2011
Scope: Radiation Oncology

Policy Expectation:

Washington University (WU) has adopted a policy that provides guidelines and instructions on the appropriate communication and handling of Protected Health Information (PHI).

The health care team can provide PHI to family members and others involved in the Individual’s care while the Individual is present. PHI can be provided according to the provider’s best judgment, when the Individual is not present or is incapacitated.

All reasonable care should be taken to ensure the confidentiality of the Individual’s PHI. This includes phone messages left for Individuals and mailings of materials.

Why is this important?

- Compliance with all HIPAA privacy regulations is required of all Radiation Oncology Divisions creating, collecting or holding PHI regarding Individuals.
- Failure to comply may result in being liable for civil and criminal penalties.

What do you need:

Copies of HIPAA Policies on:

- Authorization Required to Use or Disclose Protected Health Information
- Use or disclosure of PHI in Research
- Verbal/Inferred Agreement to Use or Disclose Protected Health Information
- Minimum Necessary Request, Use or Disclosure of Protected Health Information
- Restrictions on use or disclosure of PHI

| Steps: (for <u>all forms</u> of Communication) | Additional Information |
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| 1. Request the identity of the Individual requesting the PHI | Individuals may request own PHI without authorization or logging in Disclosure Log. |
| <p>2. If the person requesting the PHI is not the Individual, determine the relationship between the requesting party and the Individual (for example, a Health Care Provider or family member providing Treatment).</p> <p>3. If the person requesting the PHI is not the Individual, the request is not related to Treatment, the requesting party is not known to you and there is no documentation of Authorization previously given by the Individual, secure a verbal or written Authorization from the Individual to release the requested information.</p> <p>4. Refer all questions related to this matter to the Radiation Oncology Privacy Liaison.</p> | <p><u>Face to Face Communication:</u> <u>Example:</u> A person brings his/her spouse (The patient) to the doctor’s office for Treatment. It is reasonable to assume that the person is involved in the patient’s care, and may be given general information concerning the patient’s condition without first obtaining the patient’s Authorization.</p> <p><u>Telephone Communications:</u> <u>Example:</u> An employee may receive a telephone call from a person that he/she recognizes as a family member who is involved in the patient’s Treatment. The employee may use good judgment to discuss the patient’s care.</p> <p>RO Privacy Liaison Kevin Sharkey Tel 314-286-1076 FAX 314-362-8521 Campus Box 8224 mailto:ksharkey@radonc.wustl.edu</p> |
| 5. Determine the reason the party is requesting the PHI (i.e., for Treatment, Payment, or Health Care Operations). | In some cases it may be necessary to “call back” the party requesting the PHI after reviewing the Individual’s medical record to check for Authorization(s). |
| 6. If the PHI is needed for reasons other than Treatment, decide the “minimum necessary” amount of PHI that should be Disclosed. | Only the minimum amount of information to fulfill the request should be Used or Disclosed. |

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| <p>7. Additional Steps for Mail, Facsimile, E-mail, Internet, Electronic, Wireless or Satellite Communications:</p> <ul style="list-style-type: none"> • Place all mail in a sealed envelope. Post cards should no longer be used for communicating PHI. • Determine that the fax number is correct via telephone confirmation or written notification. • A cover sheet must accompany every facsimile and/or electronic communication and contain the following information: <p><i>“The materials enclosed with this facsimile transmission are private and confidential and are the property of the sender. If you are not the intended recipient, be advised that any unauthorized use, disclosure, copying, distribution, or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify the sender via telephone to arrange for return of the forwarded documents to us.”</i></p> | <p>An employee may require a written request for a fax or send an initial test fax to confirm the number.</p> <p>PHI that contains a higher level of sensitivity such as HIV, Hepatitis, abortion, or drug/alcohol dependence, should not be faxed unless it is absolutely necessary for urgent or emergent Treatment of an Individual.</p> <p>Electronic communications should be carried out using Department approved methods. See Procedure 17-6.</p> |
| <p>8. Document the communication of PHI in the place designated by the PHI Record Custodian.</p> | |