

HIPAA “Quick” Reference Guide for UAMS Medical Center Outpatient Clinics – 06/19/03

This guide is designed to be used as a “Quick Reference”. **Employees must also familiarize themselves with each applicable policy and procedures for their area and reference them if any questions arise.**

What do I do If?	Action Steps	Supporting Policies
A. Patient Requests		
1. An outpatient requests copies of their medical record	<ul style="list-style-type: none"> A. You may provide the patient a copy of their most recent service in your clinic or diagnostic reports associated with the most recent service. B. The patient must provide a written request or a note must be made in the medical record regarding the request and identifying the records provided to the patient. C. Do not copy or print from other dates of service or from a different clinic. Refer patient to HIM to process those requests. 	Administrative Guide 3.1.28 <i>Use and Disclosure of PHI and Medical Records Policy</i>
2. A patient requests to have their record changed	<ul style="list-style-type: none"> A. Have patient fill out the <i>Request for Amendment of Health Information</i> Form completely. B. Call HIM at 686-6083 and fax the form to 686-5426. C. Send the original request for scanning into EPF 	Administrative Guide 3.1.32 <i>Request for Amendment of Health Information</i>
3. A patient requests an accounting of their disclosures (a report of entities who have received their PHI)	<ul style="list-style-type: none"> A. Have patient fill out the <i>Request for an Accounting of Disclosures</i> Form completely. B. Call HIM at 686-6083 and fax the form to 686-5426. C. File the original request for scanning into EPF 	Administrative Guide 3.1.26 <i>Accounting for Disclosures</i>
4. A patient requests to be omitted from the patient directory (no info patients)	<ul style="list-style-type: none"> A. If the patient is present, have them fill out the <i>Request to be Excluded from the Directory</i> form. B. If the patient is not present, fill out the form yourself and check the “verbal request” box. C. Explain to the patient that the form is only for this visit, and if they wish to be excluded for other appointments, another request must be made. Also explain that making this request means that we will not release their location to family/friends trying to locate them. D. Select N (no info) in the “info Release Indicator” field in OSCAR. This will prevent the patient from displaying on the Patient Information Screen on that day’s visit. E. Send the form to EPF for scanning. 	Administrative Guide 3.1.20 <i>Release of Patient Directory Information</i> <i>Patient Directory Workflow – See clinic HIPAA Manual or go to http://www.uams.edu/rist</i>
5. A patient requests to have communications at an alternate address or by alternate means	<ul style="list-style-type: none"> A. Refer this request to the person in your clinic designated to manage them. B. Have the patient fill out the <i>Request for Alternative Method of Communication</i> Form. C. This form is only to be used if the patient wants all communication to go to the alternative address/and or phone number. D. Obtain approval from your manager or designee. E. Enter information in OSCAR temporary address fields according to protocol. 	Administrative Guide 3.1.18 <i>Request for Alternative Method of Communications</i> UAMS Medical Center <i>Request for Alternative Method of Communications PS. 2.10</i> <i>Request for Alternative Method of Communications Workflow. See clinic HIPAA Manual or go to http://www.uams.edu/rist</i>
6. A patient requests other restrictions on the use or disclosure of their information	<ul style="list-style-type: none"> A. Have the patient fill out the <i>Patient Request to Restrict Use/Disclosure</i> Form. B. Seek assistance from your manager. 	Administrative Guide 3.1.34 <i>Patient Information Restriction Requests</i>

B. Information requests		
1. The Media requests information	Refer the Media to Office of Communications and Marketing at 686-8990.	Administrative Guide 14.1.01 Media Relations
2. The general public requests a patient location	<ol style="list-style-type: none"> The person must ask for the patient by name. Verify that the patient has not asked to be omitted from the directory by checking the Patient Information Screen in OSCAR. If the patient's location displays, you may provide it to the requestor. 	Administrative Guide 3.1.20 <i>Release of Patient Directory Information</i> <i>Patient Directory Workflow</i> – See clinic HIPAA Manual or go to http://www.uams.edu/rist
3. Family/ friends involved in the patient's care ask for additional information	Follow the workflow your clinic has established to comply with Section 8 – “Disclosures to spouse/family/friends involved in Patient's Care” of the Use and Disclosures policy.	Administrative Guide 3.1.28 Use and Disclosure of PHI and Medical Records Policy
4. A UAMS employee or student requests information about the patient	<ol style="list-style-type: none"> Determine the purpose of the request. It must be for treatment, payment or healthcare operations. Verify the identify of the patient Verify the requestor's identity if they are not known to you. <ul style="list-style-type: none"> View their badge Or if over the phone: <ol style="list-style-type: none"> If it is a provider, obtain their name and HBO billing number For others, obtain their name, department and phone number. Provide the minimum necessary information to accomplish the purpose provided UAMS has not agreed to any related restrictions. Generally you may rely on UAMS nurses, physicians and other professionals who represent that they are requesting the minimum necessary information for the stated purpose. 	Administrative Guide 3.1.28 Use and Disclosure of PHI and Medical Records Policy Administrative Guide 3.1.25 Minimum Necessary Policy Administrative Guide 3.1.37 Verification of Identity Policy
5. A Non-UAMS Health Care Provider or Covered Entity requests information about the patient.	<ol style="list-style-type: none"> Determine the purpose of the request. If it is for treatment or payment activities related to the patient, you should: Verify the identify of the patient by obtaining any 3 of the following patient items: <ul style="list-style-type: none"> Full name Date of Birth Last 4 digits of SS number One additional piece of information such as address, phone, acct number Verify the identity of the requestor by asking for <ul style="list-style-type: none"> Caller's name Company name Phone number When in doubt, call back the phone number or have them fax a written request on company letterhead. Provide the minimum necessary information to accomplish the purpose provided UAMS has not agreed to any related restrictions. Generally you may rely on the provider or covered entity to request the minimum necessary information for the stated purpose. Consult your supervisor if the request is for healthcare operations. <p>Note: Our HIM Department (Medical Records) handles routine requests from providers and insurance companies for patient records.</p>	Administrative Guide 3.1.28 Use and Disclosure of PHI and Medical Records Policy Administrative Guide 3.1.25 Minimum Necessary Policy Administrative Guide 3.1.37 Verification of Identity Policy

<p>C. I need to make a disclosure that is required or permitted by law, but is not a part of Treatment, Payment or Operations, and does not require patient authorization? For example, to ARORA, law enforcement, the Coroner or for Suspected Abuse & Neglect</p>	<ol style="list-style-type: none"> 1. Verify the identity of the patient. 2. Disclose only to the legal authorities authorized to receive the information. Verify the identity and authority of the person you are making the disclosure to. 3. Limit the PHI disclosed to the relevant requirements of the law and the minimum necessary required for the intended use or purpose of the information. Generally, you may rely on requests by public health and law enforcement agencies in determining the minimum necessary information. 4. This type of disclosure must be included in a patient's request for an Accounting of Disclosures. Fill out a Disclosure Reporting Form and send it to Adriane Holloway at Slot 524. Call HIM at 686-6083 if you have any questions. 	<p>Administrative Guide 3.1.28 Use and Disclosure of PHI and Medical Records Policy – Sections 4 and 5.</p> <p>Administrative Guide 3.1.25 Minimum Necessary Policy</p> <p>Administrative Guide 3.1.26 Accounting for Disclosures</p>
<p>D. I need to fax something</p>	<ol style="list-style-type: none"> 1. Use the official fax coversheet 2. Confirm the recipient's fax number 3. Confirm delivery of the fax 	<p>Administrative Guide 3.1.19 Faxing Policy for Protected Health Information or Other Confidential Information</p>
<p>E. I am arriving a patient who has something other than NP (Notice Provided) or NM (Notice Mailed) in the Privacy Notice Field?</p>	<ol style="list-style-type: none"> 1. If IT (Indirect Treatment), MR (Mail Requested), PB (Business Office Only), or US (Urgent Situation) are present, the patient has not received the Notice. 2. Provide the Notice and obtain written acknowledgment. 3. Change the flag to NP (notice provided) 	<p>Notice of Privacy Practices Workflow – see clinic HIPAA manual or go to http://www.uams.edu/rist</p>