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SECTION: HIPAA

AREA: HIPAA PRIVACY/SECURITY POLICIES

SUBJECT: ACCOUNTING OF DISCLOSURES OF PHI

PURPOSE

To inform the UAMS workforce about documentation requirements and the procedure for obtaining an accounting of disclosures of Protected Health Information (PHI).

SCOPE

UAMS Workforce

DEFINITIONS

Accounting for Disclosures is a method of documenting and tracking certain types of disclosures of Protected Health Information (PHI) made by UAMS, verbally or in writing, to persons or entities who are not a part of UAMS.

Disclosure means the release, transfer, provision of access to, or divulging of information in any manner (verbally or in writing) by UAMS to persons outside of UAMS or outside the covered components of the UAMS hybrid entity.

Protected Health Information (PHI) means information that is part of an individual's health information that identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual, including demographic information, and that (i) relates to the past, present or future physical or mental health or condition of the individual; (ii) relates to the provision of health care services to the individual; or (iii) relates to the past, present, or future payment for the provision of health care services to an individual. This includes PHI which is recorded or transmitted in any form or medium (verbally, or in writing, or electronically). PHI excludes health information maintained in educational records covered by the federal Family Educational Rights Privacy Act, health information about UAMS employees maintained by UAMS in its role as an employer and health information regarding a person who has been deceased for more than 50 years

UAMS Workforce means for purposes of this Policy, physicians, employees, volunteers, resident/fellows, students, and other persons whose conduct, in the performance of work for UAMS, is under the direct control of UAMS, whether or not they are paid by UAMS.

To access any other terms or definitions referenced in this policy:

<http://hipaa.uams.edu/DEFINITIONS%20-%20HIPAA.pdf>

POLICY

UAMS will establish and maintain a system for Accounting of Disclosures as required by HIPAA.

A UAMS patient may request an Accounting of Disclosures of his or her own PHI for up to a period of six years prior to the patient's date of request.

Except for the following disclosures, UAMS will provide patients with an accounting of all disclosures made, as requested by the patient. Disclosures exempt from accounting are disclosures that were made:

- a. for treatment of the patient, for payment of or reimbursement for healthcare services provided to the patient, or for health care operations see *Administrative Guide Policy 2.1.13, Use and Disclosure of PHI and Medical Records Policy* for more information on the use and disclosure of PHI for treatment, payment and health care operations which do not require patient authorizations or accounting for disclosures;
- b. directly to the patient about their own information;
- c. disclosures permitted by a signed patient authorization;
- d. from a patient directory;
- e. to individuals involved in the patient's care;
- f. for national security or other intelligence purposes;
- g. incident to a permitted use or disclosure;
- h. for purposes of a Limited Data Set in which the patient's information that could identify the patient is excluded from the Data Set;
- i. to correctional institutions or law enforcement when the patient is an inmate or otherwise in their lawful custody;
- j. disclosures to and by Business Associates with whom UAMS has a Business Associate agreement, as long as the disclosures are for an exempt purpose, such as for payment or health care operations of UAMS; or
- k. any disclosures made prior to April 14, 2003.

PROCEDURE

1. Recording Data for Accounting:

A. UAMS will maintain the information necessary to provide an Accounting.

Examples of disclosures which must be included in an accounting include, but are not limited to, the following disclosures (if there is no signed authorization by the patient that meets the HIPAA authorization requirements set forth in the *Administrative Guide Policy 2.1.13, Use and Disclosure of PHI and Medical Records Policy*):

- a. Arkansas Department of Health for TB, HIV, STD, or other infectious disease reporting.
- b. Arkansas Department of Health for State Health Data Clearinghouse reporting;

- c. Arkansas Department of Health, Division of Vital Records, for reporting of births or deaths;
- d. Office of Long Term Care Division of the Arkansas Department of Health and Human Services for purposes of investigating complaints or carrying out other authorized functions of that Office;
- e. FDA reporting for death, adverse event, or devices subject to tracking;
- f. Organ, eye and tissue donation agencies;
- g. Registries outside of UAMS which require disclosures, such as Cancer Registry, Immunization Registry, and Trauma Registry;
- h. Spinal Cord injury reporting;
- i. Cases of abuse/neglect requiring reporting to authorities;
- j. County Coroner or County Sheriff for sudden infant death cases;
- k. County Sheriff and City Policy to report intentional infliction of knife or gunshot wounds;
- l. U.S. Department of Health and Human Services for purposes of investigating or determining UAMS' compliance with HIPAA regulations;
- m. Coroners and Medical Examiners to identify a deceased person or to determine cause of death or to perform other duties authorized by law;
- n. State Crime Lab, if (1) specimen is accompanied by a label with PHI on it; and (2) release is performed without authorization;
- o. Funeral Directors;
- p. Courts or administrative agencies in response to subpoena, warrant, or similar process authorized by law;
- q. Other law enforcement purposes, such as providing PHI to law enforcement about a suspected or actual crime victim, and to avert a serious threat to the health or safety of a person or to the public (unless law enforcement has requested that accounting not be provided for a specified period of time);
- r. Disclosures to and by Business Associates with whom UAMS has a Business Associate agreement, **only if** the disclosures are not for an exempt purpose, such as for payment or health care operations of UAMS.
- s. Disclosures for research purposes when an authorization is not obtained such as a waiver.

Research: UAMS must provide an accounting of disclosures of PHI in connection with research projects when there is no patient authorization for the disclosures, unless the disclosures are limited to PHI furnished in Limited Data Sets to recipients under a Data Use Agreement or a De-identified Record Set as defined in the *Administrative Guide Policy 2.1.16, De-Identification of Protected Health Information and Limited Data Set Information*. Refer to *Administrative Guide Policy 2.1.12, HIPAA Research Policy*, for more information regarding the accounting of disclosure requirements for Research.

For Victims of Neglect, Domestic, or Child Abuse: UAMS must provide an accounting of disclosures made for these purposes unless specifically exempted. In cases of domestic or child abuse, if UAMS has reason to believe that release of the accounting to the patient's personal representative could endanger the patient, UAMS has the discretion to decline the request.

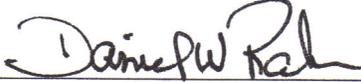
- B. Accounting system must record all required information for **each** disclosure that is subject to accounting.
- C. **Temporary Suspension of Request for Accounting:** UAMS may temporarily suspend granting a patient's request for an accounting if a health oversight agency or law enforcement official has provided UAMS with a written statement that the accounting to the patient may likely impede their activities. The written statement must also specify the time for the suspension. If the statement from the agency or official is made orally, then the suspension is limited to no longer than 30 days. UAMS must document the statement and the identity of the agency or official making the statement.
- D. **Time Period for Complying with Request for Accounting:** UAMS must provide the patient with the accounting within **sixty (60) days** of the request. If unable to do so, UAMS must provide the patient with a written explanation for the delay and the date by which the accounting will be provided, not to exceed 90 days from the date of the request. This extension is permitted only once on a request for accounting.
- E. **Fees/Charges:** The first accounting requested by the patient in any 12-month period is free. For each subsequent request by the patient *in the same* 12-month period, UAMS may charge a reasonable, cost-based fee, including reasonable retrieval and report preparation costs, as well as any mailing costs, only if the patient knows of such fees in advance and has the opportunity to withdraw or modify the request to avoid or reduce the fee.
- F. All data must be recorded:
- a. as a Quick Disclosure in EPIC **or**
 - b. in the "UAMS Release and Disclosure System" by direct electronic entry **or**
 - c. by an entry on a copy of the [Disclosure Reporting Form](#) (attached) **or**
 - d. by manual entry on an Accounting Log Form or other Accounting form kept in the patient's medical record or other official file **or**
 - e. in another official manner approved by the UAMS HIM Department such as the UAMS Cancer Registry Database.
- G. The information recorded must include:
- a. The date of disclosure;
 - b. The name/address of entity or person receiving the PHI;
 - c. A brief description of the PHI disclosed; and
 - d. Either a brief statement of the purpose of the disclosure that reasonably informs the patient of the basis of the disclosure; a copy of the patient's written authorization for the disclosure, or a copy of the written request for the disclosure, if any.
- H. For multiple disclosures the accounting may provide the information in Item F above for the first disclosure, the frequency or number of disclosures made during such period and date of the last disclosure during the period.

2. Obtaining an Accounting of Disclosure:

- a. Patients or authorized individuals will be directed to the Medical Records Department to request the Accounting. Requests for Accountings must be made in writing by using the attached [Request for an Accounting of Disclosures](#) form.
- b. The Health Information Management Department will process the request and give or mail the Accounting to the patient or authorized individual, with assistance from the UAMS HIPAA Office. Health Information Management personnel must record the date of the request and the date and name of the individual receiving the accounting.

SANCTIONS

Violation of this Policy will result in disciplinary action, in accordance with *Administrative Guide Policy 4.4.02, Employee Discipline*.

Signature: 

Date: June 4, 2014

Patient Label if Available **OR**

Print Patient Name

Patient Account #



Request for an Accounting of Disclosures

Date of Request: _____

Patient Name: _____

Date of Birth : _____ Medical Record Number: _____

Patient Address : _____

Address to send accounting of disclosure (if different than above): _____

Dates Requested:

I would like an accounting of disclosures for the following time frame:
 (Please note: an accounting can only go back six years from today's date.)

From: ___/___/___ To: ___/___/___
 (no earlier than April 14, 2003)

Fees:

The first request in a 12-month period is free.
 There may be a charge for subsequent requests in that same 12-month period
 The fee for this request will be: _____

I understand that there may be a fee for this accounting, and I wish to proceed with my request. I also understand that the accounting will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

 Signature of Patient or Legal Representative _____
 Date

If Legal Representative, authority of Legal Representative _____
 (such as parent of a minor, court-appointed guardian, administrator of estate of deceased, attorney-in-fact appointed with power of attorney, or healthcare proxy)

For Healthcare Organization Use Only:

Date Received: _____ Date Accounting Sent: _____

Extension Requested: No ___ Yes ___ Reason: _____

Patient notified in writing on this date: _____

Staff Member Processing Request: _____

Place Patient Label Here **or**

Print Patient Name

Account Number



Disclosure Reporting Form

Instructions: This form is used to document patient disclosures that are subject to a patient's request for an "Accounting of Disclosures." Refer to Accounting of Disclosures Policy. Fill out the information below and send the form to Health Information Management, Slot 524 or fax to: 501-686-8361

Name of the person making the disclosure: _____

Location: _____ Phone #: _____

* * * * *

Patient Name: _____

Last Name / First Name / MI

Date of birth: _____ Medical Record #: _____

Brief description of the information disclosed.

Date of the disclosure: _____ (MM/DD/YYYY)

Brief statement of the purpose of the disclosure.

Name of person or entity who received the information and address (if known).

Name of person filling out this form, if different than above:

EPF barcode....HIPAA