

PHI Uses and Disclosures Policy

Introduction

STRATEQ HEALTH, INC. has adopted this PHI Uses and Disclosures Policy in order to recognize the requirement to comply with the Health Insurance Portability and Accountability Act ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health ("HITECH") Act of 2009 (Title XIII of division A and Title IV of division B of the American Recovery and Reinvestment Act "ARRA") and the HIPAA Omnibus Final Rule (Effective Date: March 26, 2013).

STRATEQ HEALTH, INC. hereby acknowledges our duty and responsibility to protect the privacy and security of Individually Identifiable Health Information ("IIHI") generally, and Protected Health Information ("PHI") as defined in the HIPAA Regulations, under the regulations implementing HIPAA, other federal and state laws protecting the confidentiality of personal information, and under principles of general and professional ethics. We also acknowledge our duty and responsibility to support and facilitate the timely and unimpeded flow of health information for lawful and appropriate purposes.

Scope of Policy

This policy governs the permitted uses and disclosures of Protected Health Information for **STRATEQ HEALTH, INC.** All personnel of **STRATEQ HEALTH, INC.** must comply with this policy. Demonstrated competence in the requirements of this policy is an important part of the responsibilities of every member of the workforce.

Officers, agents, employees, Business Associates, contractors, affected vendors, temporary workers, and volunteers must read, understand, and comply with this policy in full and at all times.

Assumptions

- STRATEQ HEALTH, INC.** hereby recognizes its status as a Business Associate under the definitions contained in the HIPAA Regulations.
- STRATEQ HEALTH, INC.** must comply with HIPAA and the HIPAA implementing regulations concerning uses and disclosures of Protected Health Information, in accordance with the requirements at § 164.502 to § 164.514.
- STRATEQ HEALTH, INC.** must implement policies and procedures to ensure that all uses and disclosures of PHI are made or denied in accordance with HIPAA law and regulations.
- For especially sensitive information, such as AIDS/HIV, alcohol and drug abuse prevention and treatment, and the like, patient consent to disclosure must be *informed*.

That is, made with the patient's or consumer's knowledge of the risks and benefits of the disclosure.

- ❑ Any disclosure of confidential patient information carries with it the potential for an unauthorized redisclosure that breaches confidentiality.
- ❑ **STRATEQ HEALTH, INC.** incurs costs when releasing patient information (copying, postage, and so forth) and is permitted under HIPAA Regulations and under State law to charge a reasonable fee to offset those costs.

Policy Statement

- ❑ It is the Policy of **STRATEQ HEALTH, INC.** to conduct its operations in full compliance with HIPAA's Rules governing uses and disclosures of Protected Health Information.
- ❑ **STRATEQ HEALTH, INC.** will process requests for information from patient records in a timely, consistent manner as set forth in this policy.

Procedures

- ❑ The following priorities and time frames shall apply to requests for disclosures of PHI:
 - *Emergency requests involving immediate emergency care of patient:* immediate processing.
 - *Priority requests pertaining to current care of patient:* within one workday.
 - *Patient request for access to own record:* within three (3) workdays.
 - *Subpoenas and depositions:* as required.
 - *All other requests:* within five (5) workdays
- ❑ Courtesy Notifications to Practitioners – As a courtesy, records processing personnel shall notify the appropriate healthcare practitioner when any of the following occur:
 - Patient or his or her representative requests information from the medical record.
 - Patient or representative requests direct access to the complete medical record.
 - Patient or representative institutes legal action.
- ❑ Disclosure Monitoring and Logging -- Medical records personnel will maintain a log to track the step-by-step process towards completion of each request for the release of PHI. Health Information Management personnel and/or the designated Privacy Official, or other responsible party (if no Privacy Official has been designated), will review and update this log daily to give proper priority to requests and to provide early intervention in problem situations. The log shall contain the following information:
 - Date department received the request.
 - Name of patient.
 - Name and status (patient, parent, guardian) of person making request.
 - Information released.
 - Date released.
 - Fee charged.
- ❑ Fee Schedule – **STRATEQ HEALTH, INC.** will process requests for information from patient records in a timely, consistent manner as set forth in this policy.
- ❑ **STRATEQ HEALTH, INC.** will charge a reasonable fee to offset the costs associated with specific categories of requests. The designated HIPAA Privacy Official, or other responsible party (if no Privacy Official has been designated), shall develop and implement a Fee Schedule related to disclosures of PHI. Fees shall be based on an

assessment of such factors as the costs of equipment and supplies, employee costs, and administrative overhead and shall include postage (including express mail or courier costs) when incurred at the request of the authorizing party. For requests for records in electronic format, HIPAA permits fees to include only direct labor costs when responding to such requests. Individual states have also established maximum fees for copies of patient records.

- ❑ Unless the request specifies release of the complete medical record, **STRATEQ HEALTH, INC.** shall release only selected portions of the record. **STRATEQ HEALTH, INC.** shall prepare an appropriate cover letter detailing the items included.
- ❑ Prohibition of Redisclosure -- Unless a law or regulation requires a more specific prohibition on redisclosure (usually for AIDS/HIV, alcohol and drug abuse, and other particularly sensitive medical information), each disclosure outside the facility shall contain the following notice:
 - *The attached medical information pertaining to [Name of patient] is confidential and legally privileged. **STRATEQ HEALTH, INC.** has provided it to [Name of recipient] as authorized by the patient. The recipient may not further disclose the information without the express consent of the patient or as authorized by law.*
- ❑ Retention of Disclosure Requests -- The designated Privacy Officer, or other responsible party (if no Privacy Official has been designated), will retain the original request, the authorization for release of information, and a copy of the cover letter in the patient(s) medical record for the appropriate record retention period.
- ❑ Use of Copying Services -- To facilitate the timely processing of release of information requests, **STRATEQ HEALTH, INC.** may use the services of a commercial copying service on terms that protect the integrity and confidentiality of patient information.
- ❑ Disclosure Quality Control -- The designated Privacy Official, or other responsible party (if no Privacy Official has been designated), shall conduct a routine audit of the release of information at least quarterly, paying particular attention to the following:
 - Validity of authorizations.
 - Appropriateness of information abstracted in response to the request.
 - Retention of authorization, request, and transmitting cover letter.
 - Procedures for telephone, electronic, and in-person requests.
 - Compliance with designated priorities and time frames.
 - Proper processing of fees.
 - Maintenance of confidentiality.
- ❑ In-service Training on Disclosures -- The Privacy Official, or other responsible party (if no Privacy Official has been designated), shall give periodic in-service training to all employees involved in the release of information.
- ❑ Semi-Annual Policy Review - The Privacy Official, or other responsible party (if no Privacy Official has been designated), shall review this policy and associated procedures with risk management and legal counsel at least semiannually.
- ❑ Capacity to Authorize -- **STRATEQ HEALTH, INC.** requires a written, signed, current, valid authorization to release medical information as follows:

Patient Category

Required Signature

Adult Patient

The patient or a duly authorized representative, such as court-appointed guardian or attorney.

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| | Proof of authorized representation required (such as notarized power of attorney). |
| Deceased Patient | Next of kin as stated on admission face sheet (state relationship on authorization) or executor/administrator of estate. |
| Unemancipated Minor | Parent, next of kin, or legally appointed guardian or attorney (proof of relationship required). |
| Emancipated Minor | Same as adult patients above. |
| Psychiatric, drug, alcohol program patients/clients | Same as adult patients above, but check for special requirements. |
| AIDS/HIV or other sexually transmitted disease patients | Same as adult patients above, but check for special requirements. |
- ❑ Authorization Forms -- The designated Privacy Official, or other responsible party (if no Privacy Official has been designated), shall develop and use an approved authorization form. All personnel will use this form whenever possible. All personnel shall, however, honor letters and other forms, provided they include all the required information.
 - ❑ Revocation of Authorization -- A patient may revoke an authorization by providing a written statement to us. The revocation shall become effective when the facility receives it, but shall not apply to disclosures already made.
 - ❑ Refusal to Honor Authorization -- the designated Privacy Official, or others authorized to release information, will not honor a patient authorization when they have a reasonable doubt or question as to the following information:
 - Identity of the person presenting the authorization.
 - Status of the individual as the duly appointed representative of a minor, deceased, or incompetent person.
 - Legal age or status as an emancipated minor.
 - Patient capacity to understand the meaning of the authorization.
 - Authenticity of the patient(s) signature.
 - Current validity of the authorization.
 - In such situations, the employee shall refer the matter to the Director of Health Information Management and/or Privacy Officer for review and decision.
 - ❑ Electronic Records -- The above requirements apply equally to electronic records. No employee shall release electronic records without complying with this policy.

Person and Identity Verification Table

Person to Identify	In-Person Encounter	Telephone Encounter	Request in Writing (Fax, mail, hand-delivered)
Attorney	<ul style="list-style-type: none"> ▪ Presents with business card and photo identification (i.e. drivers license or organization ID badge) and: 	<ul style="list-style-type: none"> ▪ It would be difficult to verify identity and authority by phone. Verification in person or in writing may be required 	<ul style="list-style-type: none"> ▪ Supplies business card, photo identification (i.e. driver's license or org ID badge), letterhead. Confirmation call is required.
Facility Directory:	<ul style="list-style-type: none"> ▪ Verify identity 	<ul style="list-style-type: none"> ▪ Verify identity 	<ul style="list-style-type: none"> ▪ Verify identity
Patient	<ul style="list-style-type: none"> ▪ Patient provides name, address, and date of birth and/or social security number; or ▪ Acquainted with patient 	<ul style="list-style-type: none"> ▪ Patient provides name, address, and date of birth and/or social security number; or ▪ Acquainted with patient 	<ul style="list-style-type: none"> ▪ Patient provides name, address, and date of birth and/or social security number. Verify patient's signature with that on file or on driver's license.
Personal Representative (Legal Guardian) for the Patient	<ul style="list-style-type: none"> ▪ Personal Rep provides patient's name, address, and date of birth and/or social security number, and verifies (via legal docs) relationship to patient; or, ▪ Acquainted with personal Rep as such. 	<ul style="list-style-type: none"> ▪ Personal Rep provides patient's name, address, and date of birth and/or social security number, and verifies (via legal docs) relationship to patient; or, ▪ Acquainted with Personal Rep as such. 	<ul style="list-style-type: none"> ▪ Personal Rep provides patient's name, address, and date of birth and/or social security number. Verify the Personal Rep's signature with signature on file or on driver's license.
Persons Involved in the Patient's Immediate Care (<i>PHI relevant only to the patient's current care (164.510(b)).</i>) <ul style="list-style-type: none"> ▪ Blood Relative ▪ Spouse ▪ Domestic Partner ▪ Roommate ▪ Boy/Girl Friend ▪ Neighbor ▪ Colleague 	<ul style="list-style-type: none"> ▪ Patient actively involves this person in his/her care; or ▪ In your best professional judgment, the disclosure is in the patient's best interest. 	<ul style="list-style-type: none"> ▪ Patient actively involves this person in his/her care; or ▪ In your best professional judgment, the disclosure is in the patient's best interest. ▪ Use call-back. 	<ul style="list-style-type: none"> ▪ N/A
Power of Attorney For the Patient	<ul style="list-style-type: none"> ▪ Presents with a photo ID and a 	<ul style="list-style-type: none"> ▪ Previously obtained a copy of the POA 	<ul style="list-style-type: none"> ▪ Obtain a copy of the POA and verify

Person to Identify	In-Person Encounter	Telephone Encounter	Request in Writing (Fax, mail, hand-delivered)
	copy of the POA. Verify patient's signature with one on file. <ul style="list-style-type: none"> ▪ Acquainted with power of attorney as being such 	and verified the patient's signature with one on file. <ul style="list-style-type: none"> ▪ Acquainted with power of attorney as being such 	the patient's signature with one on file
Provider From Another Facility	<ul style="list-style-type: none"> ▪ Acquainted with provider as a treatment provider; ▪ Provider is wearing a photo badge from his/her facility; or, ▪ Patient/personal representative introduces provider to you. 	<ul style="list-style-type: none"> ▪ Acquainted with provider as a treatment provider; or; ▪ Call requestor back through main switchboard number (not via a direct number). 	<ul style="list-style-type: none"> ▪ Recognize name of facility and address on letterhead as a treatment facility; or ▪ Call requestor back through main switchboard number (not via a direct number).
Public Official <ul style="list-style-type: none"> ▪ CIA ▪ Court Order ▪ FBI ▪ Law Enforcement Officer ▪ OCR ▪ OIG ▪ Public Health Agency Official ▪ Other 	<ul style="list-style-type: none"> ▪ Presents an agency I.D. badge; ▪ Presents with a written statement of legal authority; ▪ Presents with a written statement of appointment on approp. govt. letterhead; ▪ Presents with warrant, court order, or legal process issued by a grand jury, or a judicial or admin. tribunal; ▪ Presents with a contract for services or purchase order; or, ▪ Official states release is necessary to prevent or lessen the threat to the health/safety of a person/public. 	<ul style="list-style-type: none"> ▪ Official states release is necessary to prevent or lessen the threat to the health/safety of a person/public. 	<ul style="list-style-type: none"> ▪ Written statement of legal authority; ▪ Written statement of appointment on appropriate government; ▪ Warrant, court order, or other legal process issued by a grand jury or a judicial or administrative tribunal; or ▪ Contract for services or purchase order

Person to Identify	In-Person Encounter	Telephone Encounter	Request in Writing (Fax, mail, hand-delivered)
<p>Vendor Who Helps Assists w Treatment, Payment, or Health Care Operations</p> <p>Examples Include, But Are Not Limited to the Following:</p> <ul style="list-style-type: none"> ▪ Accreditation Org. ▪ DME Company ▪ Insurance Co. ▪ Pharmacy Vendor We Have Rebate Agreemnt. with ▪ Software Vendor ▪ Statement Vendor 	<ul style="list-style-type: none"> ▪ Recognize requestor/ organization; or ▪ Photo identification with organization 	<ul style="list-style-type: none"> ▪ Recognize requestor or organization 	<ul style="list-style-type: none"> ▪ Recognize requestor/ organization; or ▪ Call requestor back through main switchboard number (not via a direct number).
<p>1. Workforce Member of Our Organization</p>	<ul style="list-style-type: none"> ▪ Acquainted with individual as a workforce member; or, ▪ Workforce member is wearing an I.D. badge. 	<ul style="list-style-type: none"> ▪ Acquainted with individual as a workforce member; or, ▪ Workforce member is calling from an in-house extension. 	<ul style="list-style-type: none"> ▪ Request is sent from/through our own computer system; or ▪ Request is on our own letterhead.

PHI Disclosures Table

Requestor	Authorization Required?	Copy Fee Charged?	Track on Disclosure Accounting?
Accrediting Agencies (JCAHO, CARF)	No	No	No
Attorney for Resident	Yes	Yes	No
Attorney for Facility/Corporation	No	No	No
Contractors/ Business Associates	No, unless their purpose falls outside of TPO.	No	No
<p>For Deceased Persons</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coroner or Medical Examiner, Funeral Directors <input type="checkbox"/> Organ Procurement 	No	No	Yes
<p>Employer</p> <ul style="list-style-type: none"> <input type="checkbox"/> PHI specific to work related illness or injury, and 	No, for the purpose listed.	No	No

Requestor	Authorization Required?	Copy Fee Charged?	Track on Disclosure Accounting?
<input type="checkbox"/> Required for employer's compliance with occupational safety and health laws	Yes for all others.		
Family Members	No for oral disclosures to family members involved in care; Yes for others.	Yes	No
Entity Subject to the Food and Drug Administration <input type="checkbox"/> Adverse events, product defects or biological product deviations <input type="checkbox"/> Track products <input type="checkbox"/> Enable product recalls, repairs, or replacements <input type="checkbox"/> Conduct post marketing surveillance	No	No	Yes
Health Oversight <input type="checkbox"/> Government benefits program <input type="checkbox"/> Fraud and abuse compliance <input type="checkbox"/> Civil rights laws <input type="checkbox"/> Trauma/tumor registries <input type="checkbox"/> Vital statistics <input type="checkbox"/> Reporting of abuse or neglect	No	No	Yes
Health Care Practitioners and Providers for Continuity of Treatment and Payment	No	No	No
Health Care Practitioners and Providers if <u>not</u> Involved in Care or Treatment (i.e., consultants)	No	No	No
Insurance Companies/Third Party Payors <input type="checkbox"/> Related to Claims Processing	No	No	No
Judicial and Administrative Proceedings <input type="checkbox"/> Court order, or warrant <input type="checkbox"/> Subpoena	No No - See Subpoena Policy	No Yes	Yes Yes

Requestor	Authorization Required?	Copy Fee Charged?	Track on Disclosure Accounting?
Law Enforcement <ul style="list-style-type: none"> <input type="checkbox"/> Administrative request <input type="checkbox"/> Locating a suspect, fugitive, material witness or missing person <input type="checkbox"/> Victims of crime <input type="checkbox"/> Crimes on premises <input type="checkbox"/> Suspicious deaths <input type="checkbox"/> Avert a serious threat to health or safety 	No	No	Yes, except for disclosures to correctional institutions.
Public Health Authorities <ul style="list-style-type: none"> <input type="checkbox"/> Surveillance <input type="checkbox"/> Investigations <input type="checkbox"/> Interventions <input type="checkbox"/> Foreign governments collaborating with US public health authorities <input type="checkbox"/> Recording births/deaths <input type="checkbox"/> Child/elder abuse <input type="checkbox"/> Prevent serious harm <input type="checkbox"/> Communicable disease 	No	No	Yes
Research (w/o Authorization)	No, if IRB or Privacy Board approves research study and waives authorization.	No	Yes
Resident/Resident's Personal Representative	No	Yes	No
Specialized Government Functions <ul style="list-style-type: none"> <input type="checkbox"/> Military and Veterans' activities <input type="checkbox"/> Protective services for the President <input type="checkbox"/> Foreign military personnel <input type="checkbox"/> National security and intelligence activities 	No	No	Yes, except for disclosures for national security and intelligence activities.
Workers' Compensation <ul style="list-style-type: none"> <input type="checkbox"/> Comply w/existing laws (see state law) 	No	See applicable State Law	Yes

Compliance and Enforcement

All managers and supervisors are responsible for enforcing this policy. Employees who violate this policy are subject to discipline up to and including termination in accordance with **STRATEQ HEALTH, INC.'s** Sanction Policy.