

SUNY DOWNSTATE MEDICAL CENTER
UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE

Subject: <u>TELEPHONE REQUESTS FOR PATIENT INFORMATION</u>	No. HIPAA-26
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Reviewed by: <u>Renee Poncet</u>	Supersedes: <u>09/2013</u>
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	The HIPAA Privacy Rule
	Issued by: Regulatory Affairs

I. PURPOSE

To establish a policy and procedure for transmission of protected health and financial information via telephone to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

II. POLICY

It is the Policy of UHB to protect the confidentiality and integrity of protected health information (PHI) as required by State and Federal law, professional ethics and accreditation agencies. This policy applies to both internal and external telephone requests for information. The procedures outlined in the policies on Uses & Disclosures Requiring Patient Authorization, Minimum Necessary Guidelines and Verification of Identity should be followed, as appropriate.

III. DEFINITION(s)

None

IV. RESPONSIBILITY

The development of the procedure section is the responsibility of the respective department. It is dependent upon the unique needs of each department's operating structure and shall be advanced and customized accordingly.

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It is the responsibility of the Hospital Departmental Administration to ensure that release of PHI is only performed by personnel who are trained to perform release of information and that there is an ongoing quality monitoring of release of information activities.

V. PROCEDURE/GUIDELINES

A. Circumstances- The following circumstances outline when information may be released via telephone, following verification of the caller's identity, as stated in Section V.B. of this policy.

1. Situation where the original results or mailed copy will not meet the immediate needs of patient care.
2. PHI is urgently required by a third-party payer where a loss of reimbursement can result.
3. For internal requests, during system downtime, when information cannot be accessed via the computer systems.

B. Verification of Identity

1. Personnel shall ask the requestor to provide his/her calling location.
2. If the request originates from within Downstate, the requestor should be directed to retrieve the information from the nearest workstation in UHB.
3. If the request does not originate from within Downstate, the requestor should be informed that the request for PHI must be documented on official agency letterhead and faxed to the appropriate number. If the patient is requesting the information, the request must have the patient's signature. If the requestor's authority to receive the information is unknown, additional representation must be provided by the requestor. All fax policies and procedures should be adhered to.
4. Requestors deemed unauthorized to receive PHI will be directed to the Health Information Management Department for further review of the request.

C. Sensitive Information- Personnel may not disclose any sensitive information via telephone. Examples of sensitive information include, but are not limited to:

1. HIV information
2. Mental health information
3. Developmental disability information
4. Alcohol and drug abuse information
5. Sexually transmitted disease (STD) information
6. Pregnancy results

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7. Genetic screening

D. Accounting of Disclosures- When telephone requests for PHI fall outside the scope of treatment, payment or operations, requests should be referred to the Health Information Management (HIM) Department. When applicable, the information that was released must be documented by HIM as an Accounting of Disclosure (See policy on Accounting of Disclosures for exceptions). The following information should be documented:

1. Patient Name
2. Medical Record #
3. Date Disclosed
4. Name of Requestor
5. Address of Requestor (if known)
6. Dates of Admission/ Visit Disclosing
7. Description of Information Disclosing
8. Purpose of Disclosure

VI. ATTACHMENTS

None

VII. REFERENCES

The HIPAA Privacy Rule

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
12/07	(Yes)	No	Shoshana Milstein /AVP, Compliance & Audit
9/2013	(Yes)	No	Shoshana Milstein /AVP, Compliance & Audit
9/2016	(Yes)	No	Shoshana Milstein /AVP, Compliance & Audit
12/2016	Yes	(No)	Shoshana Milstein /AVP, Compliance & Audit