

SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE

Subject: USES AND DISCLOSURES TO
INDIVIDUALS INVOLVED IN CARE
AND FOR NOTIFICATION PURPOSES

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Standards: Standards for Privacy of Individually
Identifiable Health Information-
45 CFR Parts 160 and 164; 164.510(b)

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I. PURPOSE

To establish a policy and procedure to ensure that PHI is only disclosed to individuals involved in the patient's care and for notification purposes in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

II. POLICY

It is the policy of SUNY Downstate to provide the patient with the opportunity to agree or to object to disclosures of PHI to family members or friends involved in the patient's care or for notification purposes when reasonably practical, as required under the Privacy Rule or other state or federal laws.

III. DEFINITION(s)

None

IV. RESPONSIBILITY

It is the responsibility of all medical staff members and hospital staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Hospital staff members include all employees, medical or other students,

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trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the hospital.

V. PROCEDURE/GUIDELINES

A. Routine Procedure

1. At the first point of entry, a registration representative asks the patient for the name and telephone number of a next of kin/ emergency contact for disclosure of PHI:
 - a. That is directly relevant to such person's involvement with the patient's care or payment related to the patient's healthcare; or
 - b. To notify or assist in the notification of, including identifying or locating, the patient's location, general condition or death.
2. This information should be entered in Eagle in the Next of Kin screens and a "Y" should be entered in the "DISC CARE" field. The face sheet with the identified next of kin/ emergency contact information should be printed and filed in the medical record.
3. Patients who object to the disclosure of their PHI to individuals involved in the payment for their care must make alternate arrangements for payment.
4. Patients may request that the information disclosed to the individuals involved in their care be restricted (See policy on Patient Requests for Additional Privacy Protections).

B. Ordinary Circumstances/ Patient is Present

1. If the patient is present, PHI may be orally disclosed in the presence of others only after the patient is given an opportunity to object and his/her specific agreement to permit the oral disclosure is documented in the medical record.
 - a. If an individual requests an oral disclosure of the patient's PHI, staff must refer to the face sheet to determine if the individual is the identified next of kin/ emergency contact. The individual may be asked to produce identification.
 - b. If the individual is not the identified next of kin/ emergency contact, the patient's verbal agreement must be obtained and documented in the medical record.

C. Emergency Circumstances/ Patient is Not Present

1. If the patient is not present or the opportunity to agree or object cannot practicably be provided because of the patient's incapacity or an emergency circumstance, information may only be disclosed to the identified next of kin/ emergency contact. Disclosures to all other individuals must be limited to the patient's location in the facility and general condition.
2. In limited circumstances, an appropriate healthcare professional may in the exercise of professional judgment:
 - a. Determine whether the disclosure is in the best interests of the patient, taking the following factors into consideration:

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- i. Whether the disclosure is necessary for the appropriate and continued care of the patient (Ex: To determine prior history on an unconscious patient);
 - ii. Whether the family member or friend demonstrates specific knowledge that proves his involvement in the patient's care (Ex: Stating drug name when picking up filled prescriptions);
 - iii. Whether the patient has previously expressed an objection to sharing PHI with family and friends.
 - b. Disclose only limited PHI that is directly relevant to the person's involvement with the patient's healthcare.
3. After the patient's incapacity or emergency treatment is over, the patient should be given an opportunity to agree or object by following the procedures outlined in Section V.B.

D. Disaster Relief Purposes

- 1. SUNY Downstate may use or disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of notifying or assisting in the notification of a patient's location, general condition or death.
- 2. In the event that SUNY Downstate, in its exercise of professional judgment, determines that requesting a patient's agreement or objection does not interfere with the ability to respond to the emergency circumstance, procedures outlined in Section V.B. should be followed.

E. Decedents

In certain circumstances, PHI may be disclosed to a decedent's family member or others who were involved in the care or payment for the care of the decedent prior to death, unless doing so would be inconsistent with any prior expressed preference of the deceased individual that is known to SUNY Downstate. See policy for Uses & Disclosures of Decedent Information for additional guidance.

VI. ATTACHMENTS

None

VII. REFERENCES

Standards for Privacy of Individually Identifiable Health Information- 45 CFR Parts 160 and 164; 164.510(b)

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
	Yes	No	
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
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