

**SUNY DOWNSTATE MEDICAL CENTER**  
**UNIVERSITY HOSPITAL OF BROOKLYN**  
**POLICY AND PROCEDURE**

		<b>No. HIPAA-8</b>	
<b>Subject:</b>	<b><u>FACILITY DIRECTORY</u></b>	<b>Page 1 of 4</b>	
<b>Prepared by:</b>	<u>Shoshana Milstein</u>	<b>Original Issue Date</b>	<u>10/02</u>
<b>Reviewed by:</b>	<u>HIPAA Policy &amp; Procedure Team</u> <u>HIPAA Oversight Committee</u>	<b>Supersedes:</b>	<u>10/02</u>
<b>Approved by:</b>	<u>Anny Yeung, RN, MPA</u> <u>Margaret Jackson, MA, RN</u> <u>David Conley, MBA</u> <u>Stanley Fisher, M.D.</u> <u>Michael Lucchesi, M.D.</u> <u>Debra D. Carey, MS</u> <u>Ivan M. Lisnitzer</u>	<b>Effective Date:</b>	<u>12/07</u>
		<b>The JC Standards:</b>	
		<b>Issued by:</b>	<b>Regulatory Affairs</b>

**I. PURPOSE**

To establish a policy and procedure for appropriate disclosure of patient information located in the facility directory 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 give patients an opportunity to opt out from having their personal information in the facility directory disclosed to individuals external to UHB. TO the extent patients do not opt out of having their information disclosed in this fashion, UHB will disclose only certain, limited information about patients from the facility directory. This policy complies with State and Federal law, professional ethics and accreditation agencies.

**III. DEFINITION**

None

#### **IV. RESPONSIBILITIES**

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

#### **V. PROCEDURE/GUIDELINES**

**A. Facility Information-** Practices regarding facility directory are also included in the Notice of Privacy.

1. The following information is contained in the facility directory:
  - a. Patient Name
  - b. Location in Facility (ie. Room #, Telephone #)
  - c. General Condition (ie. Good, Fair, Serious, Critical)
  - d. Religious Affiliation
2. The following information can be disclosed to any person asking for the patient by name, except for those patients admitted under aliases:
  - a. Location in Facility
  - b. General Condition
3. The following information can be disclosed to any member of the clergy, even if he/she does not ask for the patient by name:
  - a. Patient Name
  - b. Location in Facility
  - c. General Condition
  - d. Religious Affiliation

#### **B. Ordinary Circumstances**

1. At the first point of entry, a registration representative informs the patient of the following:
  - a. The information located in the facility directory and the standard procedure for disclosing the information to persons and/or organizations external to the hospital;
  - b. The right to restrict disclosure of the information kept in the directory and/or who will have access to the information;
  - c. The right to revoke a restriction at any time.
2. If the patient has an objection or restriction, it must be documented on a Facility Directory Form:
  - a. Registration staff shall enter the restriction into the Eagle system, thereby notifying all personnel with access to the directory of the patient's restriction;
  - b. The Facility Directory Form must be filed in the patient's medical record.
  - c. Registration staff must notify the Nursing Department so that the patient's name is not listed on the outside of the room on the floor.
3. If the patient revokes an earlier objection or restriction:
  - a. The revocation is documented on a Facility Directory Form;
  - b. Registration staff updates the Eagle system;
  - c. The updated Facility Directory Form is filed in the patient's medical record.

- d. Registration staff notifies the Nursing Department so that appropriate action can be taken.

**C. Emergency Circumstances-** Emergency circumstances would apply when the patient is incapacitated or in need of emergency treatment when first entering the facility.

1. Facility directory information should only be disclosed if a medical or nursing staff member responsible for the patient's care determines that the disclosure is in the patient's best interest and consistent with any prior information about the patient's preferences. The following factors should be considered:
  - a. Whether disclosing that the patient is in the facility could cause harm or danger to the patient (ex: disclosing information to a potential attacker);
  - b. Whether disclosing a patient's location within the facility would give information about the patient's condition (ex: room number revealing psychiatric or maternity ward);
  - c. Whether it is necessary or appropriate to give information about the patient's status to the family or friends (ex: necessary to find out prior history on unconscious patient);
  - d. Whether the patient has previously expressed a preference about how information should be used in the facility directory.
2. After the patient's incapacity or emergency treatment is over, the procedure for Ordinary Circumstances (See IV.B.), including giving the patient a copy of the Notice of Privacy, must be followed.

**D. Responding to Requests**

1. All requests for facility directory information must be forwarded to the Admitting Department.
2. The Admitting staff member examines whether there are any restrictions for facility directory information.
3. If any restrictions are documented, the staff member must abide by them and be careful not to disclose that information. The following script should be said:

*"Due to the new federal privacy regulations, we have additional responsibilities in protecting patients' privacy. We, therefore, are unable to inform you whether or not a patient was admitted to our facility. We apologize for the inconvenience."*
4. If there is concern that a patient did not intend the restriction to apply to a specific visitor, the staff member may ask the visitor to wait while the patient's wishes are confirmed. Care should be taken not to reveal a patient's presence in the hospital during this confirmation period.

**Violations**

Medical and hospital staff who violate this policy will be subject to disciplinary action up to and including termination of employment.

**VI. ATTACHMENTS**

Facility Directory Form

## VII. REFERENCES

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

	Revision	Required	Responsible Staff Name and Title
	Yes	No	Adeola O. Dabiri
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

## **FACILITY DIRECTORY FORM**

*This form must be completed when a patient has expressed an objection to the way we would ordinarily use or disclose his or her information in our facility directory. It must be completed as soon as possible after the patient has mentioned the objection. Completed form should be sent to Admitting who will update the facility directory and file this form into the patient's medical record.*

**Patient Name:** \_\_\_\_\_

**MR#:** \_\_\_\_\_

### **OBJECTION/ RESTRICTION**

*The following section should be completed if recording a new objection or restriction.*

What information may not be disclosed?

- ☐ Patient Name
- ☐ Location in Facility: Room #, Telephone #
- ☐ General Condition: Good, Fair, Serious, Critical
- ☐ Religious Affiliation

To whom may the information not be disclosed?

- ☐ Family Members, Specify \_\_\_\_\_
- ☐ Clergy, Specify \_\_\_\_\_
- ☐ General External Requestors, Specify \_\_\_\_\_
- ☐ Other, Specify \_\_\_\_\_

For what period of time may the information not be disclosed?

- ☐ Current admission/visit
- ☐ All future admissions/visits
- ☐ Other, Specify \_\_\_\_\_

### **REVOCATION/ CLARIFICATION**

*The following section should be completed if revoking or clarifying objections or restrictions already in place.*

What information may be disclosed (if changed)?

- ☐ Patient Name
- ☐ Location in Facility: Room #, Telephone #
- ☐ General Condition: Good, Fair, Serious, Critical
- ☐ Religious Affiliation

To whom may the information be disclosed (if changed)?

- ☐ Family Members, Specify \_\_\_\_\_
- ☐ Clergy, Specify \_\_\_\_\_
- ☐ General External Requestors, Specify \_\_\_\_\_
- ☐ Other, Specify \_\_\_\_\_

For what period of time may the information be disclosed (if changed)?

- ☐ Current admission/visit
- ☐ All future admissions/visits
- ☐ Other, Specify \_\_\_\_\_

\_\_\_\_\_  
NAME OF STAFF MEMBER

\_\_\_\_\_  
SIGNATURE OF STAFF MEMBER

\_\_\_\_\_  
DATE