

UNIVERSITY PHYSICIANS OF BROOKLYN, INC.

POLICY AND PROCEDURE

No: _____

Subject: FACILITY DIRECTORY

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Prepared by: Shoshana Milstein

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Reviewed by: Renee Poncet

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HIPAA Policy & Procedure
Team

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Approved by: HIPAA Oversight
Committee

Distribution:

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- 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 UPB to give patients an opportunity to opt out from having their personal information in the facility directory disclosed to individuals external to UPB. To the extent patients do not opt out of having their information disclosed in this fashion, UPB 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. **Responsibilities:** It is the responsibility of all medical staff members and practice staff members to comply with this policy. Medical staff members include physicians as well as allied health professionals. Practice staff members include all employees, medical or other students, trainees, residents, interns, volunteers, consultants, contractors and subcontractors at the practice.
- IV. **Procedure:**
- A. **Facility Information-** Procedures 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 registration, a practice 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 practice;
 - 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 appropriate computer 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.
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 appropriate computer system;
 - c. The updated Facility Directory Form is filed in the patient's medical record.

C. Responding to Requests

1. All requests for facility directory information must be forwarded to the appropriate registration representative.
2. The registration representative 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 seen at 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 practice during this confirmation period.

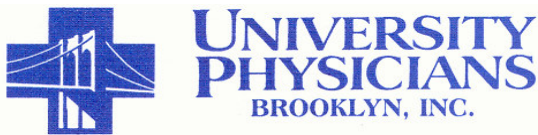
V. Violations

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

VI. Reasons for Revision: Institutional/regulatory changes

VII. Attachments: Facility Directory Form

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



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 filed in 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 visit
- ☐ All future 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 visit
- ☐ All future visits
- ☐ Other, Specify _____

NAME OF STAFF MEMBER

SIGNATURE OF STAFF MEMBER

DATE