

UNIVERSITY PHYSICIANS OF BROOKLYN, INC.

POLICY AND PROCEDURE

No: _____

Subject: TELEPHONE REQUESTS FOR PATIENT INFORMATION Page 1 of 2

Prepared by: Shoshana Milstein

Reviewed by: HIPAA Policy & Procedure Team

Approved by: HIPAA Oversight Committee

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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 UPB 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.

A. **Circumstances-** The following circumstances outline when information may be released via telephone, following verification of the caller's identity, as stated in section (B,ii) 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.

B. Verification of Identity

1. Personnel shall ask the requestor to provide his/her calling location.
2. If the request originates from within UPB, the requestor should be directed to retrieve the information from the nearest workstation in UPB.
3. If the request does not originate from within UPB, 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 should be directed to the appropriate manager for further review of the request.

C. Sensitive Information- Personnel may not disclose any sensitive information via telephone. When extenuating circumstances exist, personnel should refer the matter to the appropriate manager. 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
7. Genetic screening

D. Accounting of Disclosures- The information that was released must be documented on the Accounting of Disclosures form (See policy on Accounting of Disclosures for exceptions). The following information should be documented:

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

III. Responsibilities: It is the responsibility of the Practice 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.

IV. Procedure:

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

XII. Reasons for Revision: Institutional/Regulatory Changes

XIII. Attachments: none

XIV. References: The Privacy Rule, Federal Register