

# SUNY DOWNSTATE MEDICAL CENTER

## UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

No. HIPAA-31

**Subject:** USES AND DISCLOSURES OF  
DECEDENT INFORMATION

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### I. PURPOSE

To ensure that all uses and disclosures of protected health information (PHI) of decedents comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

### II. POLICY

**A. HIPAA Privacy Standards-** All HIPAA Privacy policies and procedures apply to the PHI of deceased patients.

**B. Personal Representatives-** A “qualified person” may be treated as the patient’s personal representative in regard to his/her PHI. See the policy on Personal Representatives for guidelines.

**C. Law Enforcement-** PHI about a patient who has died may be disclosed to a law enforcement official for the purpose of alerting law enforcement of the patient’s death if there is suspicion that the death may have resulted from criminal conduct.

#### **D. Coroners, Medical Examiners and Funeral Directors**

1. PHI may be disclosed to a coroner or medical examiner, without authorization, for the purpose of identifying a deceased person, determining a cause of death or for other duties authorized by law.
2. PHI may be disclosed to funeral directors without authorization, as necessary, to carry out their duties with respect to the decedent. PHI may also be disclosed prior to, and in reasonable anticipation of, the patient's death, when necessary.

**E. Organ Transplantation-** PHI may be disclosed to an organ procurement organization or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

**F. Research-** PHI may be used or disclosed, without authorization, for research purposes if the researcher presents:

1. Representation that the use or disclosure sought is solely for research on the PHI of decedents;
2. Documentation of the death of such patients; and
3. Representation that the PHI for which the use or disclosure is sought is necessary for research purposes.

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

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

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.

#### **VI. ATTACHMENTS**

None

#### **VII. REFERENCES**

Standards for Privacy of Individually Identifiable Health Information, 45 CFR §164.502(f)(g), §164.512(f)(g)(i)

	<b>Revision</b>	<b>Required</b>	<b>Responsible Staff Name and Title</b>
	<b>Yes</b>	<b>No</b>	<b>Adeola O. Dabiri, Director of Regulatory Affairs</b>