
POLICY: HEALTH INFORMATION USES AND DISCLOSURES	EFFECTIVE DATE: August 17, 2009	APPROVED BY:
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Purpose: To establish guidelines on how Southwest Diagnostic Center for Molecular Imaging (SWDCMI) may use and disclose Protected Health Information (PHI).

Policy: Health Information Uses and Disclosures.

PHI is the property of SWDCMI, and the confidentiality of this information is the right of the patient. Uses and disclosures of this confidential information will be made in accordance with this policy or as otherwise required by law.

1. Individually Identifiable Health Information (IIHI) is information that identifies the individual or provides a basis to indentify them by containing one or more of the identifiers specified by the Privacy Rule:
 - Names.
 - All address information smaller than a state, with the exception of the initial three digits of a zip code that contain more than 20,000 people.
 - Any references to dates (except the year) that are related to an individual including date of birth, date of death, date of services received, etc. All ages over 89 may be grouped into a single category of age 90 or older.
 - Telephone numbers.
 - Fax numbers.
 - Electronic mail (E-mail) addresses.
 - Social Security Numbers.
 - Medical Record Numbers.
 - Health plan beneficiary numbers.
 - Account numbers.
 - Certificate/license numbers.
 - Vehicle identifiers and serial numbers, including license plate numbers.
 - Device identifiers and serial numbers.
 - Web Universal Resource Locators (URLs).
 - Internet Protocol (IP) address numbers.
 - Full face photographs and any comparable images.
 - Any other unique identifying number, characteristic, or code.

2. A legally authorized representative is considered the same as the patient under the Privacy Rule and include:
 - A parent or legal guardian, if the patient is a minor.
 - a) Both parents, even if divorced, have the right of access to the minor's health care information, unless there is a court order presented to the contrary. If circumstances dictate, copies of the documents should be requested before releasing PHI.

- b) A parent who is a minor is the legally authorized representative of the child with respect to the child's PHI.
 - A court appointed legal guardian or representative.
 - An agent of the patient authorized under a Medical Power of Attorney. **Note:** A Medical Power of Attorney expires upon the patient's death.
 - A person authorized to consent for medical treatment under Chapter 313 of the Texas Consent to Medical Treatment Act.
 - A personal representative or heir of the patient as defined by Section 3, Texas Probate Code, if the patient is deceased.
 - a) "Personal representative" means a person with either Letters Testamentary or Letter of Administration establishing his/her status as executor or administrator; and
 - b) "Heirs" are those persons who are entitled under the Texas statutes of descent and distribution to the estate of the patient when the patient dies without a will. Heirs are determined in order of existence: 1) Spouse; 2) Children, if no spouse; 3) Parents, if no children; 4) Brothers/sisters, if no parents; and 5) Grandparents, if no brothers/sisters.
 - An attorney retained by the patient or patient's legally authorized representative. Documentation outlining authorities delegated to the attorney by the individual may serve as representation of this relationship.
 - A person exercising a power granted to the person in the person's capacity as an attorney-in-fact or agent of the patient by a Statutory Durable Power of Attorney that is signed by the patient. This expires at the time of a patient's death.
 - a) If assistance is needed to determine necessity of access to PHI under the Business Power of Attorney, contact will be made with legal counsel.
3. Permitted uses and disclosures of PHI for SWDCMI are as follows:
- To the individual.
 - For the purposes of treatment, payment, or healthcare operations:
 - a) SWDCMI may use or disclose PHI for its own treatment, payment, or healthcare operations, as well as the treatment activities of another health care provider. Examples include: to other healthcare providers rendering care to the individual, to insurance companies to facilitate reimbursement of services provided, to third party review organizations, and to prospective healthcare providers for the purposes of securing services as part of the patient's continuum of care.
 - b) Removal of patient information from the facility is prohibited.
 - c) PHI may be disclosed to a person identified as having authority to consent to medical treatment on behalf of an incapacitated patient in need of medical treatment (Texas Health and Safety Code, Chapter 313, Consent to Medical Treatment Act).
 - d) To another covered entity or health care provider for the payment of health care services. An example would be to a treating physician for their own billing purposes.

- e) To another covered entity for the operations if both entities have or have had a relationship with the individual who is the subject of the PHI, the PHI pertains to that relationship, and the disclosure is for defined activities of health care operations under the Privacy Rule; or for the purpose of health care fraud and abuse detection or compliance.
- f) Individuals will be informed of these uses and disclosures of their PHI for treatment, payment, and healthcare operations in the Notice of Privacy Practices provided to them at the time of registration or service.
- In accordance with an individual's signed authorization:
 - a) PHI will not be used or disclosed for purposes other than treatment, payment, or healthcare operations without a valid authorization, except as permitted in this policy or by law.
 - b) SWDCMI will not condition provision of treatment on obtaining an authorization, unless it is research-related treatment or the purpose of the treatment is to create PHI for disclosure to a third party, such as an employer.
 - c) An Authorization for the Use and Disclosure of PHI may not be combined with any other document to create a compound authorization.
 - d) An individual may revoke an authorization in writing at any time, except to the extent that SWDCMI has taken action on it. It is valid only if in writing, dated later than the original authorization date, and is signed by the individual. The request for revocation will be attached to the original authorization, which will be annotated as "REVOKED", dated, and initialed.
 - e) See policy: "Authorization Guidelines" for required contents of valid authorizations.
- An authorization is required for any use or disclosure of PHI for marketing.
- The following may be made with the patient's verbal agreement:
 - a) Information concerning the patient that may be disclosed as part of a facility directory includes the patient's name, location, and general status. Do not communicate specific medical information about the patient.
 - b) PHI may be disclosed to a family member, other relative, close personal friend, or any other person identified by the individual as participating in their care or payment activities without an authorization. The PHI disclosure must be relevant to the person's involvement in payment activities or patient care, such as discharge instructions.
 - c) If the person involved in the treatment of the patient or payment also falls within the definition of legally authorized representative, that person has the same right to access the information as the patient.
 - d) SWDCMI employees should use professional judgment in determining whether the Disclosure is in the best interest of the patient and that it can be reasonably inferred from the circumstances that the patient does not object to the disclosure.
 - e) PHI may be used or disclosed in order to notify, or assist in the notification, of a family member, legally authorized representative, or another person responsible for the care of the patient.

- f) In any of these cases, if the patient is present, they must give agreement for the disclosures, or be provided with the opportunity to object, or it must be reasonable to infer that the patient does not object to the disclosure.
- g) Uses and disclosures of PHI to an organization authorized by law or functioning under its charter to assist disaster relief efforts may be made in order to coordinate the notification process as defined in this section.

4. The following are situations that do not require an authorization for the release of PHI:

- Disclosures for Public Health Agencies as authorized by law:
 - a) Bureau of Radiation Control.
 - b) Centers for Disease Control (CDC).
 - c) County Public Health Departments.
 - d) Environmental Protection Agency (EPA).
 - e) Federal Emergency Management Agency (FEMA).
 - f) Food and Drug Administration (FDA).
 - g) Medical Examiner.
 - h) National Transportation and Safety Board (NSTB).
 - i) Occupational Health and Safety Administration (OSHA).
 - j) Poison Control.
 - k) Texas Department of Health (including Bureau of Vital Statistics and Texas Cancer Registry).
 - l) Texas Department of Mental Health and Mental Retardation.
 - m) Texas Health Care Information Council.
- Disclosures to Reporting Agencies as authorized by law:
 - a) Child Protective Services.
 - b) Adult Protective Services.
 - c) Texas Department of Health.
 - d) Law Enforcement Agencies.
- Disclosures to Health Oversight Agencies:
 - a) American College of Radiology.
 - b) Birth Defects Registry.
 - c) Centers for Medicare and Medicaid (CMS).
 - d) Department of Health and Human Services (HHS).
 - e) Department of Justice (DOJ).
 - f) Department of Public Safety (DPS).
 - g) Drug Enforcement Agency (DEA).
 - h) Federal Bureau of Investigations (FBI), in certain situations.
 - i) In compliance with Clinical Laboratory Improvements Act (CLIA).
 - j) Joint Commission for Accreditation of Hospital Organizations (JCAHO).
 - k) Office of the Inspector General (OIG).
 - l) Office of the Attorney General.
 - m) Licensing boards, including but not limited to, Texas Board of Medical Examiners, Texas Board of Nurse Examiners, and Texas Department of State for Medical Radiological Technologists.