

<b>Regions Behavioral Hospital</b>	<b>Section: Inpatient - Information Management</b>	<b>Policies and Procedures</b>  <b># 5005</b>
	<b>Original Date: August 2018</b> <b>Revised: 11/10/2020</b> <b>Reviewed: January 7, 2022</b>	<b>Approval: March 6, 2020</b> <b>Approval: January 29, 2021</b>
	<b>Subject: Uses and Disclosures of Protected Health Information – General Rules</b>	

**I. SCOPE:** This policy relates to all employees who are required to retrieve, disseminate or transmit health information.

**II. PURPOSE:**

- Basic Principle - A major purpose of the Privacy Rule is to define and limit the circumstances in which an individual’s protected health information may be used or disclosed by covered entities. A covered entity may not use or disclose PHI, except either: (1) as the Privacy Rule permits or requires; or (2) as the individual who is the subject of the information (or the individual’s personal representative) authorizes in writing.
  - An individual’s right of access generally applies to the information that exists within a covered entity’s designated record set(s), including:
  - A healthcare provider’s medical and billing records
  - A health plan’s enrollment, payment, claims adjudication, and case or medical management record systems
  - Any information used, in whole or in part, by or for the covered entity to make decisions about individuals
- Integrity, destruction, & removal of Patient Health Information
  - The integrity of health information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction
  - The intentional destruction of health information
  - When and by whom the removal of health information is permitted
    - Note: Removal refers to those actions that place health information outside the hospital’s control.

**III. DEFINITION:**

- Protected Health Information - Individually identifiable health information, held or maintained by a covered entity or its business associates acting for the covered entity that is transmitted or maintained in any form or medium. This includes

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identifiable demographic and other information relating to the past, present or future physical or mental health or condition of an individual, or the provision or payment of healthcare to an individual that is created or received by a healthcare provider, health plan, employer or healthcare clearinghouse.

- Protected health information excludes individually identifiable health information:
  - In education records covered by the Family Education Rights and Privacy Act, as amended
  - In records described at 20 USC 1232 g(a)(4)(B)(iv)
  - In employment records held by a covered entity in its role as an employer, *and*
  - Regarding a person who has been deceased for more than 50 years
- Unsecured Protected Health Information: Protected health information that is not rendered unusable, unreadable or indecipherable to unauthorized persons through the use of a technology or other methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of the Public Law 111-5.
- Secured PHI: PHI that has been rendered unstable, unreadable or indecipherable to unauthorized individuals by either encryption or destruction by a method approved by the National Institutes of Standards and technology.
- Record - Any item, collection or grouping of information that includes protected health information (PHI) and is maintained, collected, used, or disseminated by or for the covered entity. See 45 CFR §164.501 (definition of “designated record set”).
- The right of access applies regardless of the information’s format; therefore, the term “designated record set” cannot be limited to information contained in an electronic record, but also will include any non-duplicative, electronic or paper-based information that meets the term’s definition.

**IV. POLICY:**

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Regions Behavioral Hospital shall protect the privacy of individual PHI. Because of this, the amount of information accessible in response to a request for information is limited to the purpose or need for the information.

**V. PROCEDURE:**

- \* Determine if the request for individual PHI is permitted. Permitted reasons shall include:
  - \* In response to a request for information by the patient
  - \* To carry out treatment, payment or healthcare operations after receiving a consent from the patient
  - \* To carry out treatment, payment or healthcare operations without a consent, if a consent is not required, as seen in:
    - \* An indirect treatment relationship with the individual
    - \* The individual is an inmate of correctional facility
    - \* An emergency situation and attempts to obtain consent occur as soon as reasonably possible
    - \* Regions Behavioral Hospital is required by law to treat the individual, however, cannot gain consent until a later time
    - \* Attempts to obtain consent from an individual are unsuccessful because of communication barriers with the individual, and it is determined that the individual's consent to treatment is inferred from the situation
  - \* To provide care, treatment and services, to support training programs, to provide legal defense, or is the author of psychotherapy notes
  - \* To maintain a directory of individuals in Regions Behavioral Hospital

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- \* The information in this directory shall be limited to:
- \* The individual’s name
- \* The individual’s location in the facility
- \* The individual’s condition described in general terms that does not communicate specific medical information about the individual
- \* The individual’s religious affiliation; and can communicate this information:
- \* To members of the clergy
- \* Except for religious affiliation, to other persons who ask for the individual by name
- \* To support public health activities, as seen in:
- \* The purpose of preventing or controlling disease, injury or disability, including reporting a disease or injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority
- \* To receive reports about child abuse or neglect
- \* To comply with Food and Drug Administration activities, as seen with:
- \* Tracking adverse effects
- \* Product recalls
- \* To employers, if:
- \* The employee is a member of the Regions Behavioral Hospital’s workforce
- \* The purpose of the information is to provide and follow-up work-related occurrences

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or injuries

- \* To support:
- \* Marketing of future healthcare services
- \* Health plan premium or plan information
- \* The healthcare organization is required to provide PHI to the Secretary of Health and Human Services (HHS) to investigate or determine if the organization is in compliance with this standard.

The organization maintains the security and integrity of an individual’s clinical/case information against loss, damage, unauthorized alteration, unintentional change, and accidental destruction.

The intentional destruction of clinical/case information may be completed after a 10 year period and the record has been scanned to the hospital’s database to prevent accidental destruction.

When and by whom is the removal of clinical/case information permitted outside the organization’s control. Only the Medical Records department has the authority to release medical records and is not responsible for the record once it reaches the authorized person that requested them.

Reference:  
IM.02.01.03 EP 2

**Administrator Signature:** *Marc Crawford, CEO*

**Revision History:**

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	2/8/19
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