

<p>Name of Policy: Release of health information</p> <p>Policy Number: 33640-01</p> <p>Approving Officer: President</p> <p>Responsible Agent: Privacy Officer and Director of Health Information Management</p> <p>Scope: Hybrid and affiliated covered entity of University of Toledo</p>	<p>Effective date: September 13, 2023</p> <p>Original effective date: January 1978</p>
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Keywords

New policy

Minor/technical revision of existing policy

(A) Policy statement

Health information that identifies an individual, or in respect of which there is a

(C) Procedure

the identity and authority of the person requesting PHI will be verified and documented prior to disclosure using any of the following methods:

- (i) The call back procedure.
 - (ii) Comparing signature on patient record with signature on request form.
 - (iii) Obtaining a copy of the requestor's government issued picture identification.
 - (iv) Any other reasonable and appropriate means of verification under the circumstances.
- (c) Pursuant to a valid written authorization or after the individual is given an opportunity to object or agree
- (i) A valid written authorization is required prior to the following uses and disclosures:
 - (a) Use and disclosure of psychotherapy notes.
 - (b) For marketing purposes with the exception of a face-to-face communication with the individual or where a promotional gift of nominal value is provided.
 - (c) Sale of PHI as defined in section 179D. (
 - (ii) When a valid written authorization is required prior to release of PHI, UToledo's form "authorization to release" should be used whenever possible. If the said form is not used, any other form containing the following minimum requirements may be used:
 - (a) A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;
 - (b) The name of the person authorized to make the request for use/disclosure;
 - (c) The name of the person to whom UToledo may make the requested use/disclosure;
 - (d)

(h)

(ii)

- (a) Name of patient.
 - (b) Location of the patient in the facility.
 - (c) Religious affiliation (released to clergy).
 - (d) General condition (must not include specific medical information)
- (ii) Part 2 patient information will be kept confidential and not disclosed without patient's authorization.
- (e) Disclosure for research purposes. Please refer to Utoledo policy 3370-05 for uses and disclosures for research purposes.
- (f) Disclosure to employers about an individual who is a member of the workforce of the employer. Relevant PHI may be disclosed to an employer who has requested UTMC to provide health care services to a members of its workforce in certain circumstances relating to workplace related illness, injury, or medical surveillance at the workplace. The individual must be given prior notice of the disclosure before permitting the disclosure.
- (g) Student Immunization records. PHI limited to proof of immunization of a student or prospective student may be released to a school if the school is required by law to have such proof as part of admission requirements. Documentation must be maintained of the request from the student, parent, or person acting in loco parentis as the case may be, as proof of agreement to disclosure.
- (h) Disclosures to social or protective services.
- (i) A patient who is suspected to be a victim of abuse or neglect must be given an opportunity to agree to a disclosure to social or protective services or other authorized government agency mandated to receive such reports.
 - (ii) Disclosures must be made to the extent required or authorized by law and must be relevant to the requirements of such law.
 - (iii) Where the individual is unavailable through incapacity to agree to the disclosure, the individual must be promptly notified of the disclosure once he/she regains capacity except where informing the individual poses a risk to the individual or where notification is to be given to a caregiver who is suspected to be the abuser.
- (i) Disclosures for judicial and administrative proceedings. The office of legal affairs, the privacy officer or the health information management department must be contacted prior to disclosures in response to a court order, discovery

requests or other requests for judicial or other administrative proceedings.

- (j) Disclosure to law enforcement officialsIn response to a law enforcement official's request for PHI, which includes UToledo police, and subject to the verification of the official's identify, health information may be disclosed for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that only the following information is released:
 - (i) In response to a law enforcement official's request for PHI, which includes UToledo police, and subject to the verification of the official's identity, health information may be disclosed for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that only the following information is released:
 - (a) Name and address
 - (b) Date and place of birth
 - (c) Social Securityumber
 - (d) ABO blood type and Rh factor
 - (e) Type of injury
 - (f) Date and time of treatment
 - (g) Date and time of death
 - (h) Description of distinguishing physical characteristics including height, weight, gender, race, hair, eye color, presence or absence of facial hair, scars and tattoos
 - (ii) The patient's DNA, dental records or typing, samples or analysis of body fluids or tissues may not be released, except as otherwise permitted by law.
 - (iii) Information regarding any tests to determine the presence of alcohol or a substance abuse may be released to a police officer involved in an official criminal investigation or proceeding upon the receipt of a written

disclosure is in the best interests of the individual in the professional judgment of the caregiver.

- (v) When emergency care is provided to a patient due to a crime other than abuse or neglect, PHI disclosure is permissible when it appears necessary to alert law enforcement to determine:
 - (a) The commission and nature of a crime
 - (b) Location of such crime or victims of such crime
 - (c) The identity, description, and location of the perpetrator of such crime.

(k) Disclosure of PHI of minors

- (i) For individuals who are minors, a parent, guardian or other authorized person generally has the authority to act on behalf of the minor for the purpose of release of information. There are exceptions to when a parent, guardian, or other person does not have authority which are:
 - (a) When the minor has the authority under law to consent to health care treatment, the minor holds the authority to provide, and the minor has not requested that such person be treated as the personal representative;
 - (b) When the minor may lawfully obtain health care services without the consent of a parent, guardian or other authorized person and the minor, a court or other person authorized by law consents to such treatment;
 - (c) When the parent, guardian or other authorized person agrees that the minor and healthcare provider may have a confidential relationship; and
 - (d) When the provider reasonably believes in his or her professional judgment that the minor has been or may be subjected to abuse or neglect, or that treating the parent, guardian or other authorized person as the minor's personal representative could endanger the minor. In these circumstances the provider is permitted not to treat the parent, guardian or other authorized person as the minor's personal representative with respect to health information.
- (ii) In the case of a minor of divorced parents, generally the custodial parent may authorize use or disclosure of PHI, but legal documents may authorize either parent to authorize the use or disclosure of PHI. If UT Toledo personnel are allied to a potential ~~plem~~ in this regard, these cases should be referred to the Office of Legal Affairs; or in the state of

Ohio, if a minor has been treated for sexually transmitted conditions without the consent of the parent, the minor has the right to authorize use/disclosure of PHI without the signature of parent. The parent is not financially responsible if the parent does not consent.

- (l) Disclosure of PHI to students. Health records kept by UToledo for students enrolled at UToledo, and where such persons are not employee of UToledo, are not subject to the rules with respect to HIPAA, but instead the Family Education Rights and Privacy Act (FERPA).

- (m) Disclosure of PHI to business associates of UToledo and its healthcare components is governed by the relevant business associate agreement.

- (c) In releasing information on HIV/AIDS records, a redisclosure statement must accompany the released information. This will state

"This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of this information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for the purpose of the release of HIV test results or diagnoses".

- (d) See also the HIV/AIDS disclosure protocol found within health information management

- (2) "Covered component(s)" or "designated health care component" includes the hybrid and ACE which is maintained by the privacy officer and approved by the privacy and security committee
- (3) "Health information" is defined by HIPAA to include any information, whether oral or recorded in any form or medium, that is created or received by a health care provider and related to the past, present or future physical or mental health or condition of an individual, the provision of health care services to an individual, or the payment of the provision of health care services.
- (4) "Protected health information" (PHI) is health information that identifies or can be used to identify an individual. Any of the following information pertaining to a patient or relative employees or household members of the patient, can be used to identify a patient name, street address, city, county, precinct, zip code, geocode, birth date, admission date, discharge date, date of death, age, telephone number, fax number, mail, social security number, medical records number, health plan number, account number, certificate/license number, vehicle ID number and license plate, device identifier, web location, internet address, biometric identifier, photographs or any unique ID.

(a) PHI does not include:

- (i) Individually identifiable health information in education records covered by FERPA. Records on a student of UToledo which are made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in that person's professional or paraprofessional capacity, or assisting in that capacity, and which are made, maintained, or used only in connection with the provision of treatment to the student, and are not available to anyone other than persons providing such treatment, except that such records can be personally reviewed by a physician or other appropriate professional of the student's choice of UToledo which are made (U)7 (T)2 (o)2 (l) cov

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credentialing activities, including reviewing the competence or qualifications of health care professionals, evaluating performance and health plan performance; underwriting or premium rating; conducting or arranging for medical, legal or auditing review; business management and general administrative activities of UToledo, including customer service, complaint resolution and merger or consolidation with another entity; any other general business use consistent with identification or limited data set or permitted fundraising uses.

- (5) "Workforce member" means employees, volunteers, trainees, and other persons

<p>Approved by:</p> <p><i>/s/</i></p> <hr/> <p>Gregory Postel, MD President</p> <p>Date: September 13, 2023</p> <p>Review/revision completed by: <i>Privacy and Security Committee Senior Leadership Team</i></p>	<p>Policies superseded by this policy <i>None</i></p> <p>Original effective date: <i>January 1978</i></p> <p>Review/revision date: <i>May 1979, May 1980, June 1981, November 1981, March 1983, July 1984, November 1985, October 1986, October 1987, December 1988, December 18, 1989, March 11, 1992, March 5, 1993, February 9, 1994, September 11, 1996, March 10, 1999, July 10, 2002, April 14, 2003, August 9, 2006, October 12, 2010, September 1, 2013, September 1, 2016, October 16, 2017, March 30, 2020, June 12, 2020, September 13, 2023</i></p> <p>Next review date: <i>September 13, 2026</i></p>
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