



	<u>Effective Date</u>		
	July 2007		
	<u>Number</u> HP 006	<u>Replaces Policy</u> NEW	
<u>Title</u> Uses and Disclosures of Protected Health Information to Family Members or Friends for Patient Care Purposes	<u>Date Revised</u> July 2007	<u>Date Reviewed</u>	<u>Next Scheduled Review Date</u> July 2007
<u>Signature</u> _____	<u>Scope of Responsibility</u> HIPAA/Compliance		
Chief Privacy Officer			

Purpose: To facilitate compliance with the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164, Administrative Requirements. To establish guidelines for the use and disclosure of Protected Health Information (PHI), excluding information available in the facility directory, to members of a patient’s family, significant others, and friends. These guidelines will safeguard patient privacy and help minimize exposure and/or liability for IMH. Each individual is responsible for adhering to this policy by verifying the requesting individuals have the patient’s password prior to disclosing the patient’s PHI.

Policy: Individuals with access to PHI may disclose to a patient’s immediate family member, other relative, or close personal friend of the patient, or any other person to whom the patient has given his or her password, the PHI directly relevant to such person’s involvement with the patient’s care or payment related to the patient’s health care. This policy does not apply to information available in the facility directory.

If the patient is present for or otherwise available prior to the use or disclosure and has the capacity to make health care decisions, individuals with access to PHI may use or disclose the PHI if the one of the following has occurred:

- (i) The patient has agreed;
- (ii) The patient was provided with the opportunity to object to the disclosure and did not; or
- (iii) It was inferred from the circumstances, based on the exercise of professional judgment that the patient did not object.

Procedure:

1. The registration staff will obtain a patients’ consent for the use and disclosure of the patient’s PHI to family members or personal friends. This information will be documented on the Conditions of Admission and Authorization for Medical Treatment form.
2. The Conditions of Admission and Authorization for Medical Treatment form will read:

“I acknowledge my healthcare information may be disclosed for purposes of communicating results, findings, and care decisions to my family members and others responsible for my care or designated by me. I will provide those individuals with a password or other verification means specified by IMH.”

3. Prior to the disclosure of PHI, the individual requesting a patient’s PHI must give the patient’s password to the individual with the PHI.
4. To ensure the patient’s true wishes are expressed, this permission should be discussed privately between the patient and the individual with access to disclose PHI, whenever possible.
5. If the patient is not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the patient’s incapacity or an emergency circumstance, professional judgment should be used to determine whether the disclosure is in the best interests of the patient and, if so, disclose only the PHI that is directly relevant to the person’s involvement with the patient’s health care.
6. An individual with access to PHI may use professional judgment and experience to make reasonable inferences of the patient’s best interest in allowing a person to act on behalf of the patient to receive information on patient status as relevant to that person’s involvement in the patient care. This release of PHI does not need to be documented or tracked.
7. Revocation
 - a. If a patient feels his or her password has been breached and he or she wants to assign a new password, the patient should complete the attached change form.
 - b. The patient will need to pick a different password and give the change form to the appropriate person.
 - c. Paper record needs to be updated and appropriate staff notified.
8. Defer to existing IMH policies and procedures for release of directory information, designated health care surrogates, emancipated minors, minors and incapacitated patients. This policy overrides the Opt Out of the Directory as it relates to giving out information about a specific patient. If a family member or friend has the password, information can be shared.

PATIENT INFORMATION PASSCODE

IMH is committed to providing quality care that is sensitive, compassionate, promptly delivered, and cost effective. The privacy of patient information is second only in importance to patient care itself. To better protect your privacy, you will choose a password for you to give to family members and friends whom you would like us to share your personal health information.

The family member or friend seeking information will need to provide this password to the nurse or other hospital employee they are speaking with, in order to receive any information other than general condition. This password will serve as your authorization to disclose your personal health information for purposes such as communicating results, findings, and care decisions to family members and friends.

IMH is not responsible for the distribution of this password and will assume you are taking reasonable measures to protect the password.

YOUR PATIENT PASSWORD IS:

If you have any questions regarding your privacy as a patient, please contact the Chief Privacy Officer at 6517.

Policy: USES AND DISCLOSURES FOR CARE PURPOSES
Policy Number: PATIENT PASSWORD CHANGE FORM

This form should be used only to change the currently active patient password used to disclose PHI to a patient's immediate family member, other relative, or a close personal friend of the patient, or any other person to whom the patient has given his or her password. It is the patient's responsibility to update family and friends of any change. This policy does not apply to information available in the facility directory.

Note: Releases that have already been made with the prior code are not applicable under this form.

Allow appropriate time for all personnel to be informed.

Patient name:

Account number:

Date Requested:

Previous password:

New password:

I understand that my personal health information will be given to all persons who call and provide the above password.

Patient Signature:

Date:

Policy:
Policy Number:

Routing Instructions:

Please deliver completed form to the Chief Privacy Officer. The requester will receive confirmation of the change request from the CPO by the next business day.