PROCEDURE STATEMENT:
Health Quest Systems, Inc. and its’ affiliates (“HQ”) has in place a process for when protected health information (“PHI”) is requested to be disclosed. The process will follow applicable federal and state laws.

PROCEDURE:
Note: Without a valid authorization, PHI may only be used or disclosed for the purposes of treatment, payment, or health care operations, unless otherwise permitted or required by law as detailed below.

1. Disclosure Without Authorization
   Workforce members are not permitted to use or disclose PHI without a valid authorization by the individual unless use or disclosure is permitted under the following circumstances and in accordance with state and federal law and this policy:
   
   a. To carry out treatment, payment or health care operations within HQ and its affiliates. Providers, individuals or entities outside of HQ and its affiliates must have a valid authorization in order for PHI to be released to them.;
   
   b. When requested by the Department of Health and Human Services (“HHS”) to investigate or determine compliance with the privacy standard;
   
   c. When the disclosure is to the individual to whom the PHI pertains, or a legal personal representative, including requests for accounting or access to inspect or copy;
   
   d. Where an opportunity to agree or to object has been afforded to the individual and the individual does not object to the use and disclosure of PHI in the following circumstances:
      i. To include the individual in facility directories;
      ii. To family and friends involved with the individual’s care or payment related to the individual’s healthcare, or
      iii. To disaster relief agencies to coordinate the notification of family and
friends regarding the individual’s location, condition, or death;

e. Under the following circumstances in accordance with 45 CFR 164.512(a) through (k):
   i. For public health activities;
   ii. To governmental authorities about victims of abuse, neglect and domestic violence;
   iii. To health oversight agencies for oversight activities;
   iv. For judicial and administrative proceedings;
   v. To law enforcement officials for certain law enforcement purposes;
   vi. To coroners and medical examiners for the purpose of identifying a deceased person or cause of death, or other duties authorized by law; and to funeral directors to carry out their duties;
   vii. For cadaveric organ, eye or tissue donation;
   viii. For research purposes when the Institutional Review Board approved an alteration to or waiver of the individual authorization requirement;
   ix. To avert a serious threat to health or safety of a person or the public;
   x. For specialized government functions including military and veterans’ activities; protective services to the President; for national security activities; and to a correctional institution or law enforcement official about a lawfully detained individual under certain conditions; and
   xi. To the extent that the use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

2. Disclosure With Authorization

Note: All uses and disclosures made pursuant to a signed authorization must also be consistent with the terms and conditions of the authorization.

a. Review the purpose of the authorization with the patient.

b. Ask the patient to read, complete, sign, and date the authorization form on the designated areas.
c. Place the completed authorization form in the patient’s medical record.

d. Explain to the patient that the authorization form can be revoked at any time in writing.

e. HQ must retain the signed authorization form for a period of six (6) years.

3. Minimum Necessary Standard (45 CFR 164.502(b), 164.514(d))
   a. Minimum necessary standard limits the PHI used or disclosed to the least amount necessary to achieve the intended purpose. This includes limiting the type, amount, or scope of PHI, but also includes limiting the number of people who access or view the PHI.

   b. Minimum necessary standard applies to all permitted uses and disclosures of PHI, including uses and disclosures by HQ’s Business Associates. However, the Minimum Necessary Standard does not apply to the following:
      i. Treatment purposes, including disclosures to or requests by, a health care provider for treatment purposes;
      ii. Uses or disclosures to the individual who is the subject of the information;
      iii. Uses or disclosures made pursuant to an individual’s HIPAA authorization;
      iv. Disclosures to the Secretary of Health and Human Services (HHS);
      v. Uses or disclosures required by law; and
      vi. Uses and disclosures required for compliance with HIPAA.

   c. The minimum necessary standard applies to voice-mail messages left for patients. When leaving a voice-mail message, please only state your name, whom you are calling for, where you are calling from, and a telephone number where you may be reached.

4. Access to and Use of PHI by Workforce Members

   Workforce members may gain access to PHI only for permitted or required purposes. Use of PHI will be governed by principles of role-based access (i.e., only those persons whose job duties require them to use PHI will be permitted to access the information).

5. Process for Disclosures of PHI
   a. All requests for disclosure of PHI should be forwarded to the appropriate department for processing. For example, patients requesting copies of medical records should be referred to HIM.
b. Departments responsible for processing requests for disclosure of PHI must review each request and determine if the stated purpose of the request is for a prohibited disclosure. In the event that the disclosure is prohibited, the request must be denied.

c. If the stated purpose of the request is for a permitted or required disclosure, determine whether an exception to the minimum necessary standard exists. In the event that an exception to the minimum necessary standard applies, the request should be approved, and the disclosure made. In the event that no exception applies, each request must be reviewed on an individual basis to determine whether the PHI being requested is limited to the minimum amount necessary to achieve the stated purpose. If the PHI being requested is not limited to the minimum amount necessary to achieve the stated purpose, the request must be modified to meet the minimum necessary standard.

d. Departments responsible for processing requests for disclosure of PHI will provide guidelines and other policies and procedures, as needed, to assist workforce members in making these determinations.

6. Routine and Recurring Disclosures

For routine or recurring requests for disclosure, the above determination need only be made the first time the request is received. Departments responsible for processing requests for disclosure of PHI will maintain procedures related to processing routine or recurring requests as necessary and appropriate. If the request is modified or altered in any way, the determination will need to be made again.

7. Making Requests for PHI

When the minimum necessary standard applies to a request from HQ to either another part of HQ or to an external entity, the PHI must be limited to the amount which is reasonably necessary to achieve the intended purpose of the request.

8. No Requirement to Waive Rights

Under no circumstances will HQ require an individual, including any HQ workforce member, to waive his or her rights under 45 C.F.R. § 160.306, the HIPAA Privacy Rule, or the HIPAA Breach Notification Rule as a condition for receiving treatment, payment, enrollment in a health plan, or eligibility for benefits offered by HQ.
9. **Policy and Procedure Violations**

Knowledge of a violation or potential violation of this procedure must be reported immediately to a Supervisor, Department Director, the Compliance Department at 845-475-9755 or compliance@health-quest.org; or the Confidential Compliance Hotline at 1-844-YES-WeComply (1-844.937-9326)

**DEFINITIONS:**

See: HIPAA Glossary

**REFERENCES:**

45 CFR 164.506
45 CFR 164.508
45 CFR 164.512
NYS P.L. 104-191
5.2.02 Uses and Disclosures of PHI With and Without Authorization Policy

**POLICY HISTORY:**

Supersedes: 2/27/14
Original Implementation Date: 2/2010
Date Reviewed: 3/13/19, 3/26/20
Date Revised: 2/27/14, 3/13/19, 3/26/20

**APPROVAL:**

[Signature]
Policy Owner

[Signature]
Date