

**The Providence Center
Policy & Procedure Manual**

Section: Information Services
**Policy Name: Documentation and Reporting of
Protected Health Information (PHI)
Disclosures**

Policy Number: 4.04
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Board Approved Policy: 10/4/2007

Reviewed/Revised: 7/30/2007

Chief Medical Officer's Signature (when applicable): _____

President/CEO Signature: _____

Effective Date: 6/17/2003

A. Policy:

It is the policy of The Providence Center to document disclosures of Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), in order to provide an appropriate and accurate accounting of such disclosures upon request.

B. Background: N/A

C. Definitions:

“TPO” is defined as Treatment, Payment and healthcare Operations.

“Treatment” is defined as the different TPC programs that share information to coordinate the things a client needs, such as prescriptions or lab work. It also includes other healthcare providers that a client may see outside of TPC to coordinate care.

“Payment” is defined as the information needed to obtain authorizations for service, submit bills for payment and to obtain payment from the client, the client’s insurance company, or the client’s third party payer.

“Healthcare Operations” is defined as the PHI used to support the business operation of the Providence Center, such as quality improvement, employee review and other business related activities.

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“**Electronic information**” is defined as any electronic file stored on any computer equipment or electronic media.

“**Protected Health Information (PHI)**” is defined as health information, oral or recorded in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearing house. This includes past, present or future physical or mental health condition of an individual, provision of health care to the individual, or the past, present or future payment for the provision of health care.

D. Procedure:

All staff have an affirmative responsibility to report disclosures that require documentation to Health Information Services. HIPAA requires that all covered entities, including TPC, be able to provide an accounting of uses and disclosures beginning April 14, 2003 and clients can request documentation of disclosures for a period of 6 years from the date of the request but not before April 14, 2003.

1. We are required to list ALL disclosures except the following:
 - a. Emergency medical situations
 - b. Use by TPC for treatment, payment or healthcare operations
 - c. Disclosures to another legal guardian of the patient (or if the patient is over 18)
 - d. Disclosures made prior to receipt of the request for Restriction
 - e. Court order or subpoena.

2. Methods of Documentation

Health Information Services (HIS) will log the disclosure on the PHI Disclosure Log

- a. Completed authorization form for Release of Information filed in the client’s chart
- b. Entry into the PHI Disclosure Log

3. Reporting Documented Disclosures

- a. Clients and their legal guardians can request a list of disclosures of PHI using the request form (see Forms and References).
- b. The Privacy Specialist (PS) will review and process the request, producing a copy of the disclosure log. The PS will also conduct a chart review to ensure that all disclosures

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are accounted for on the disclosure log.

E. Statutes, Regulations, and Standards:

RI General Laws 5-37.3, the Confidentiality of Health Care Information Act, and Federal drug and alcohol regulations (Confidentiality of Alcohol and Drug Abuse Patient Records), 42 CFR Part 2, CARF Standard 1.C.11, MHRH 17.0.

F. Distribution, Staff Development, and Training Requirements:

All staff having a Policy and Procedure Manual will receive a copy of this policy. All other staff will access the Policy and Procedure Manual on the TPC Intranet.

G. Monitoring Requirements:

Each program or department, who discloses PHI, shall periodically audit disclosures to ensure that the minimum necessary requirements were met where appropriate. The results will be sent to the Privacy Officer.

H. Forms and References: Forms can be found on EDocs on the TPC Intranet.

I. Originated By: The Privacy Officer