PROVISION OF AN ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI) TO PATIENT, PARENT, GUARDIAN OR LEGAL REPRESENTATIVE POLICY

POLICY
Provision of an Accounting of Disclosures of Protected Health Information (PHI) to Patient, Parent, Guardian, or Legal Representative

PURPOSE
It is the policy of Saint Louis County Department of Health (DOH) and its health centers to abide by the HIPAA, Public Law 101.191 and standards for privacy of individual health information. A patient has the right to receive a written accounting of disclosures of their Protected Health Information (PHI) made by any of Saint Louis County DOH facilities (45CFR 164.528). A patient may request an accounting of a period of time less than six (6) years beginning on April 14, 2003. The patient is only entitled to request an accounting of disclosures from April 14, 2003 to the current date. After April 14, 2009 a patient is entitled to request a full six (6) years worth of disclosures.

APPLICATION
Saint Louis County DOH, its facilities and workforce.

DEFINITIONS
1. **Patient**
   Any individual who has received or is receiving services from the Saint Louis County DOH and its facilities.
2. **Disclosure**
   The release, transfer, provision for access to, or divulging in any other manner of information outside the entity, which holds the information. This includes disclosures to the business associates of the covered entity.
3. **Individually Identifiable Health Information (IIHI)**
   Any information including demographic information, collected from an individual that:
   A. Is created or received by a health care provider, health care plan, employer or health care clearinghouse and
   B. Related to the past, present or future physical or mental condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of health care to an individual, and
C. Identifies the individual or, with respect to which there is a reasonable basis to believe that the information can be used to identify the individual.

4. **Protected Health Information (PHI)**
   - A. Transmitted by electronic media,
   - B. Maintained in any medium described in the definition of electronic media,
   - C. Transmitted or maintained in any other form or medium.

**PROCEDURES**

- All disclosures of PHI need to be accounted for upon the request of the individual. This is not limited to the hard copy information but any manner of communication that discloses information, including **verbal release**. However, the following list of exceptions to this requirement **does not** require or need to be accounted for upon the request of the individual:
  1.Disclosures made for treatment, payment and healthcare operation purposes as set in 45 CFR 164.502,
  2. Disclosures made to the patient (45 CFR 164.502),
  3. Disclosures made for facility directory purposes, if utilized (45 CFR 164.510),
  4. Disclosures made for nation security or intelligence purposes (45 CFR 164.512(k)),
  5. Disclosures made to correctional institutions or law enforcement officials (45 CFR 164.512(k)),
  6. Disclosures made prior to April 14, 2003,
  7. There are **further exceptions** for disclosures to health care oversight agencies (see 45 CFR 164.528.(a) (2)(i). Please contact the Privacy Officer or designee should this situation arise.

- The Privacy Officer or designee at each facility shall assure that a mechanism is in place which tracks disclosure of both written and verbal PHI. One format shall be utilized at all facilities.

- Each facility will include the following required content in the accounting of disclosures:
  1. The name and identification number of the individual who’s PHI was disclosed,
  2. Date of disclosure,
  3. Name and address, if known, of the entity or person who received the PHI,
  4. Brief description of the PHI disclosed and
  5. Brief statement of the purpose for disclosure with a copy of the authorization or provide the patient with a copy of the written request for disclosure.

- If multiple disclosures are made to the same entity or person for the same reason, it is not necessary to document items for each of the above items for each disclosure. The facility may document instead the first disclosure, the frequency or number of disclosures made during the accounting period and the date of the last disclosure in the accounting period.
The patient, parent, guardian or legal representative must make a written request for an accounting of disclosures to the Privacy Officer or designee. The 6.3.1 Request for Accounting of Use and Disclosure of Patient Protected Health Information (PHI) Form will be provided to the individual requesting an accounting of PHI.

Saint Louis County DOH facilities have sixty (60) days after receipt of the request for such accounting to act on the request for an accounting of disclosure. If the facility has disclosed information to a business associate regarding the patient’s requesting the accounting, then the facility through its Privacy Officer of designee must request an accounting of disclosure of that patient’s information from that business associate, who has twenty (20) calendar days to provide the accounting. The facility may request one (1) thirty (30) day extension, which is allowed but the patient must be informed in writing:
1. The delay,
2. The reason for the delay,
3. The date the accounting will be provided, and
4. Such notification to the patient or person requesting the accounting of disclosures of any delay must take place within the sixty (60) day timeframe.

The first accounting of disclosure is free of charge in any twelve (12) month period. Any subsequent request can be charged based on Missouri Statute (RSM0 Section 191.227.) The patient must be informed of the fee by the facility before charging a fee, to allow them the opportunity to withdraw or modify their request. No handling fee is allowed.

The facilities must retain a copy of the written accounting that is provided to the patient in the patient’s medical record any documented medium.

SANCTIONS

*Failure of staff to comply or assure compliance of this policy will result in disciplinary action up to and including dismissal.*