

**SECTION – MEDICAL/NURSING SERVICES  
ADMINISTRATIVE DIRECTIVE NO. 583  
(Replaces A.D. No. 583 dated 11/9/06)**

Effective Date: May 10, 2007

**SUBJECT: HIPAA PROTECTED HEALTH INFORMATION – USE AND DISCLOSURE  
RULES**

**I. PURPOSE**

To identify the processes used at Coalinga State Hospital (CSH) to meet the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regarding the use and disclosure of Protected Health Information (PHI).

**II. AUTHORITY**

The information contained in this Administrative Directive is general in nature and provides an outline of the HIPAA Use and Disclosure rules. 45 CFR 164.502 – 512. Detailed requirements are specified within Part 160, General Administrative Requirements, and HIPAA Privacy Rule.

**III. POLICY**

A. CSH, as a Covered Entity (CE) under HIPAA, may disclose PHI in accordance with:

1. A valid authorization.
2. A notice of information practices and corresponding acknowledgment.
3. If de-identified.
4. If permitted or required by HIPAA.
5. As required by law.

B. All PHI used and disclosed is subject to the "Minimum Necessary Standard". Under HIPAA, the minimum necessary standard requires that the CE make all reasonable efforts to limit the PHI to the minimum necessary to accomplish the purpose of the use or disclosure. This standard applies to all uses and disclosures except those for treatment.

#### IV. METHOD

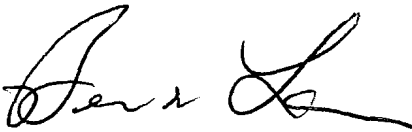
- A. Uses and disclosures to carry out treatment, payment, or health care operations, Section 164.506.
1. Treatment: The CE may use and disclose an Individual's PHI as necessary for its own treatment purposes. HIPAA regulations define "treatment" as:
    - a. The provision, coordination, or management of health care and related services;
    - b. The coordination and management of health care by a provider with a third party (e.g., a lab or pharmacy);
    - c. Consultations among providers; and
    - d. Referrals of Individuals from one provider to another.
  2. Payment: The CE may use or disclose an Individual's PHI in order to process payment for health care services provided for the Individual.
  3. Health Care Operations: The CE may use or disclose an Individual's PHI for activities that support processes related to treatment and payment. "Health Care Operations" includes the following activities:
    - a. Conducting quality assessment and improvement activities;
    - b. Reviewing the competence or qualifications of health care professionals;
    - c. Performing Insurance-Related Activities (e.g., underwriting, premium rating);
    - d. Conducting and arranging for medical review, legal services, or auditing (including fraud and abuse detection and compliance programs);
    - e. Conducting business management and general administrative activities.
- B. A CE may not use or disclose PHI without a valid authorization; such use or disclosure must be consistent with such authorization. A valid authorization must contain specific core elements and required statements as defined by HIPAA. A valid authorization must be in plain language and contain the following elements as provided in Section 164.508:
1. A specific and meaningful description of the information to be used or disclosed;

2. The name or other specific identification of the person(s) or class of persons authorized to make the disclosure.
  3. The name or other specific identification of the person(s) or class of persons to whom the covered entity may make the disclosures.
  4. An expiration date or event that relates to the Individual or the purpose of the use or disclosure.
  5. A statement of the Individual's right to revoke the authorization in writing.
  6. A statement about the exceptions to the right to revoke.
  7. A description of how the Individual may revoke the authorization.
  8. A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by the rule.
  9. Signature of the Individual.
  10. The date.
  11. If the authorization is signed by a personal representative of the Individual, a description of such representative's authority to act for the Individual.
- C. Uses and disclosures requiring an opportunity for the Individual to agree or to object Section 164.510.
1. Use and Disclosure for Facility Directory: If the Individual agrees/authorizes, the CE may use or disclose the Individual's name and location within the facility. CSH will not disclose or confirm the Individual names or locations without written authorization from the Individual. Requests for such information are not to be granted and the requestor is to be given the hospital's post office box if they wish to establish communication with the Individual.
  2. Use and Disclosure for involvement in the Individual's care and notification purposes: If the Individual agrees/authorizes, the CE may disclose to a family member, other relative, or a close personal friend of the Individual, or any other person identified by the Individual, the PHI directly relevant to such person involvement.

- D. Uses and disclosures for which an authorization or opportunity to agree or object is not required as provided in Section 164.512. A CE may use or disclose PHI without the written authorization of the Individual as described in Section 164.508, or the opportunity for the Individual to agree or object as described in Section 164.510, in situations covered by this section.
1. Uses and disclosures required by law.
  2. Uses and disclosures for public health activities.
  3. Disclosures about victims of abuse, neglect or domestic violence.
  4. Uses and disclosures for health oversight activities.
  5. Disclosures for judicial and administrative proceedings.
  6. Disclosures for law enforcement purposes.
  7. Uses and disclosures about decedents.
  8. Uses and disclosures for cadaver organ, eye or tissue donation purposes.
  9. Uses and disclosures for research purposes.
  10. Uses and disclosures to avert a serious threat to health or safety.
  11. Uses and disclosures for specialized government functions.
  12. Disclosures for workers' compensation.
- E. Other requirements relating to uses and disclosures of PHI as provided in Section 164.514.
1. De-identified PHI – Health information that does not identify the Individual is not considered individually identifiable health information.
  2. Specific requirements for de-identification of PHI as specified by HIPAA. The process of de-identification is handled in the HIM Department following standard guidelines. De-identification of electronic PHI is handled by the Information Technology department.
  3. Re-identification: A CE may assign a code or other means of record identification to allow information de-identified to be re-identified by the CE, provided that specific requirements are met as specified by HIPAA.
  4. Minimum necessary uses of PHI: A CE must identify members of the workforce who need access to PHI to carry out their duties, and the categories of the PHI to which access is needed and any conditions appropriate to such access.

5. Minimum necessary disclosures of PHI: Reasonable efforts must be made to limit the PHI disclosed to the amount reasonably necessary to achieve the purpose of the disclosure.
  6. Minimum necessary requests for PHI: A CE must limit any request for PHI to that which is reasonably necessary to accomplish the purpose for which the request is made, when requesting such information from other CEs.
  7. Implementation specification – Other content requirement: A CE may not use, disclose or request an entire medical record, except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure, or request.
  8. A limited data set is PHI that excludes specific direct identifiers as identified by HIPAA. The limited data set may be used or disclosed if requirements, as specified by HIPAA, are met.
- F. Accounting of Disclosures of PHI Section 164.528. (Note: An Accounting of Disclosures does not have to be provided for disclosures that occurred before April 14, 2003.)
1. Under this HIPAA standard, Individuals have the right to request an Accounting of Disclosures of PHI made by the CE in the six years prior to the date for which the accounting is requested except for disclosures:
    - a. To carry out treatment, payment and health care operations as provided in Section 164.506.
    - b. To Individuals when they access their PHI as provided in Section 164.502.
    - c. Disclosures that occur in situations of incidental disclosures.
    - d. Pursuant to an authorization as provided in Section 164.508.
    - e. Any disclosures in facility directories or to persons involved in the Individual's care or other notification purposes as provided for in Section 164.510.
    - f. For national security or intelligence purposes as provided in Section 164.512(k)(2).
    - g. To correctional institutions or law enforcement officials as provided in Section 164.512(k)(5).
    - h. As part of a limited data set in accordance with Section 164.514(e).

2. The Accounting of Disclosures must include disclosures of PHI that occurred during the six years (or shorter time period at the request of the Individual) prior to the date of the request for an account, including disclosures to or by business associates of the CE. The accounting must include, for each disclosure:
  - a. The date of the disclosure;
  - b. The name of the entity or person who received the PHI and, if known, the access of such entity or person;
  - c. A brief description of the PHI disclosed; and
  - d. A brief statement of the purpose of the disclosure that reasonably informs the patient of the basis for the disclosure.
3. If, during the period covered by the accounting, the CE made multiple disclosures of PHI to the same person or entity for a single purpose, the accounting may provide the information covered in Section F, #2; the frequency, periodicity, or number of disclosures made during the accounting period, and the date of the last disclosure during the accounting period.
4. The CE must act on the Individual's request for an accounting no later than 60 days after receipt. The CE must provide the first accounting to the Individual in any 12-month period without charge.
5. The CE must document the information required to be included in the accounting. CSH staffs are to use form MH 5775, "Patient Record Review Log," for this purpose. The Health Information Management Department is responsible for receiving and processing requests for an accounting by individuals.



---

BEN MCLAIN  
Executive Director (Acting)

Cross Reference(s):

A.D. No. 584 HIPPA Health Information Privacy and Security Program

A.D. No. 585 HIPPA Protected Health Information – Amendment or Correction Process