



UTHealth

The University of Texas
Health Science Center at Tyler

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Owner:	<i>Donna Martin: Director Compliance</i>
Policy Area:	<i>Institutional Compliance</i>
References:	

Uses and Disclosures of PHI

Scope

All University faculty, staff, students, volunteers, and any other contractors or agents granted access to Protected Health Information (PHI).

Purpose

To define appropriate use and disclosure of PHI.

Definitions

Use with respect to individually identifiable health information -- the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Disclosure -- the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

Treatment -- the provision, coordination, or management of health care related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; or for the referral of a patient for health care from one health care provider to another.

Payment -- any activities undertaken either by a health plan or by a health care provider to obtain premiums and/or determine or fulfill its responsibility for coverage and the provision of benefits or to obtain or provide reimbursement for the provision of health care. These activities include, but are not limited to:

1. Determining eligibility, and adjudication or subrogation of health benefit claims,
2. Risk adjusting amounts due based on enrollee health status and demographic characteristics,
3. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care processing,
4. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges,
5. Disclosure to consumer reporting agencies of certain PHI relating to collection of premiums or reimbursement.

Health Care Operations -- any of the following activities to the extent the activities are related to providing health care:

1. Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting patients with information about treatment alternatives, and related functions that do not involve treatment,
2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities,
3. Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing or placing a contract for reinsurance of risk relating to claims for health care,
4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs,
5. Business planning and development, such as conducting cost management and planning related analyses related to managing and operating the University, including formulary development and administration, development or improvement of methods of payment or covered policies, and
6. Business management and general administrative activities, including, without limitation, activities related to HIPAA compliance, customer services, resolution of internal grievances, and activities designed to de-identify health information and fundraising activities for the benefit of the University.

Minimum Necessary -- when using or disclosing PHI or when requesting PHI from another health care provider or health organization, the University must limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. Minimum Necessary does not apply in the following circumstances:

1. Disclosures by a health care provider for treatment (students and trainees are included as health care providers for this purpose),
2. Uses and Disclosures based upon a valid consent to use and disclose PHI for treatment, payment and health care operations or a valid authorization to use and disclose PHI,
3. Disclosures made to the Secretary of the Department Health and Human Services (DHHS),
4. Uses and disclosures required by law, and
5. Uses and disclosures required by other sections of the HIPAA privacy regulations.

For a more detailed explanation of Minimum Necessary, see IHOP Minimum Necessary Standards.

Indirect Treatment Relationship -- a relationship between an individual and a health care provider in which:

1. The health care provider delivers health care to the individual based on the orders of another health care provider; and
2. The health care provider typically provides services or products, or reports the diagnosis or results associated with the health care, directly to another health care provider, who provides the services, products or reports to the individual.

Personal Legal Representative, Minors, and Deceased Individuals -- for information regarding proper uses and disclosures for Personal Legal Representative, Minors, and Deceased Individuals, see IHOP Personal Legal Representative, Minors, and Deceased Individuals. Psychotherapy notes are not to be included as PHI

that may be disclosed, unless consent is obtained for such use or disclosure. For information regarding proper uses and disclosures for Psychotherapy notes, see IHOP Psychotherapy Notes.

The University reserves the right to change its privacy practices described in the Notice of Privacy Practices. If the University changes the terms of its Notice of Privacy Practices, the University will describe how the patient or patient's personal legal representative may obtain a revised Notice of Privacy Practices.

POLICY

The University may use and disclose PHI for Treatment, Payment and Healthcare Operations (TPO), and disclose only the "Minimum Necessary" amount of information required to complete the desired task.

Enforcement

All supervisors are responsible for enforcing this policy. Individuals who violate this policy will be subject to the appropriate and applicable disciplinary process, up to and including termination.

Notwithstanding anything to the contrary herein, this policy shall at all times be interpreted to comply with HIPAA, HITECH and applicable Texas laws, rules and regulations.

References

- IHOP Minimum Necessary Standards
- IHOP Personal Legal Representative, Minors, and Deceased Individuals
- IHOP Psychotherapy Notes
- IHOP Disciplinary ction Against Employees for Privacy-Related Violation

Attachments:

No Attachments

Approval Signatures

Step Description	Approver	Date
	Kirk Calhoun: President/Prof of Medicine	03/2017
Executive Cabinet	Carol Davis: Executive Assistant, Senior	02/2017
Office of Legal Affairs	Terry Witter: VP, Legal Affairs/ChiefLegalOf	02/2017
Faculty Senate	Julie Philley: Assoc Prof Of Medicine	02/2017
	Donna Martin: Exe Dir Compliance	02/2017

Applicability

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