

**The University of Chicago Medicine  
Privacy Program  
Accounting of Disclosures Definition Table**

The HIPAA Privacy Rule provides an individual with the right to receive a listing, known as an Accounting of Disclosures, which provides information about when the University of Chicago Medicine (UCM) discloses the individual's Protected Health Information (PHI) outside of the UCM.

To facilitate the accounting of disclosures, UCM employees are required to log applicable disclosures in Epic using the feature titled "Quick Disclosure." Any disclosure meeting the criteria outlined in the Accounting of Disclosures Definition Table below must be entered into the system. The information captured in the system is linked to the patient's medical record number (MRN), and will allow us to respond completely and accurately to all required patient requests for an accounting of disclosures.

The following are disclosures that DO NOT need to be accounted for (HIPAA Privacy Policy 05-13 "Accounting of Disclosures of Protected Health Information"):

1. Disclosures made prior to April 14, 2003;
2. Disclosures made to the patient;
3. Disclosures made for purposes of treatment, payment, or health care operations (see Policy 05-12 "Permitted Uses and Disclosures to Carry out Treatment, Payment and Health Care Operations")
4. Disclosures incident to a use or disclosure otherwise permitted (see Policy 05-28 "Minimizing Incidental Uses and Disclosures of Protected Health Information". An example would be calling a patient name while in the waiting area.
5. Disclosures made after a patient's signed authorization is obtained (authorization shall be maintained in the patient's medical record);
6. Disclosures made for national security or intelligence purposes
7. Disclosures to correctional institutions or law enforcement officials (see Policy 05-25 "Uses and Disclosures Based on Public Policy Which Do Not Require the Patient's Authorization")
8. Disclosures that are part of a Limited Data Set (see Policy 05-22 "Disclosures of De-identified Health Information")

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The chart below illustrates the types of disclosures that need to be accounted for under the HIPAA Privacy Rule. This tool should be used as a reference for identifying disclosures (not all potential disclosures are listed under the “For Instance” column) that are made and the specific disclosure category under which the data entry should be recorded. If you have any questions regarding this tool or specific required disclosures that your department makes and must be tracked, please contact the Privacy Program at 773-834-9716 for assistance.

<b>Quick Disclosure Category</b>	<b>Description</b>	<b>For Instance:</b>	<b>UCMC Admin. Policy</b>
Abuse/Neglect	<p><b><u>Child Abuse Reporting:</u></b> To a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect</p> <p><b><u>Other Abuse, Neglect or Domestic Violence Reporting:</u></b> To a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence</p>	<p>Do you disclose patient information related to abuse to the:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Department of Aging (DOA)</li> <li><input checked="" type="checkbox"/> Department of Children and Family Services (DCFS)</li> <li><input checked="" type="checkbox"/> Department of Human Services(DHS)</li> <li><input checked="" type="checkbox"/> OIG’s Developmentally Disabled Adult Hotline</li> </ul>	05-25(2)&(3)
Communicable Disease	<p><b><u>Communicable Disease Exposure Notification:</u></b> To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if UCMC or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation</p>	<p>During the course of an investigation, The University of Chicago may be asked by public health authorities to disclose information (including PHI) to a person who may have been exposed to a communicable disease.</p> <p>This is complex and case by case specific. If you have questions, please contact Legal Affairs.</p>	05-25(2)(d)

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Coroner	<b><u>Coroner or Medical Examiner:</u></b> To a coroner or medical examiner for such official's authorized duties under the Illinois Counties Code or other applicable Illinois or federal law.	<input checked="" type="checkbox"/> Cause of death <input checked="" type="checkbox"/> Time of death <input checked="" type="checkbox"/> Information contained in the patient's "death pack"	05-25(7)
Court	<b><u>Judicial and Administrative Proceedings:</u></b> In the course of any judicial or administrative proceeding.	If you receive the following:  <input checked="" type="checkbox"/> Subpoena and/or Court Order (e.g. guardianship matters) <input checked="" type="checkbox"/> Search Warrant	05-25(5)
Employer	<b><u>Employment-related Disclosure:</u></b> To an employer, about a patient who is a member of the workforce of the employer, in connection with medical surveillance of the workplace or to evaluate a work-related illness or injury.	<input checked="" type="checkbox"/> Occupational Safety and Health Administration (OSHA ) requirements such as tracking needle sticks and other work related injuries <input checked="" type="checkbox"/> Agency Nurses – medical information to manager stating that nurse can't work (e.g. public safety issue (+ culture))	05-25(2)(e)
Erroneous	<b><u>Other:</u></b> A mistaken disclosure of Protected Health Information without the patient's authorization or pursuant to a defective authorization, if UCMC is aware of the mistake	<input checked="" type="checkbox"/> Fax sent to wrong number <input checked="" type="checkbox"/> Information mailed to wrong address <input checked="" type="checkbox"/> Message at wrong number <input checked="" type="checkbox"/> Inappropriate or detailed message left on answering machine <input checked="" type="checkbox"/> Verbal disclosure to unauthorized 3 <sup>rd</sup> party <input checked="" type="checkbox"/> Lost or stolen records <input checked="" type="checkbox"/> Knowledge of unauthorized disclosures (identity theft, stolen equipment containing PHI)	05-20

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FDA Report	<b><u>FDA Reporting:</u></b> To a person subject to the jurisdiction of the Food and Drug Administration.	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Safety or Effectiveness of a FDA regulated product or activity</li> <li><input checked="" type="checkbox"/> Adverse events, product defects or biological product deviations</li> <li><input checked="" type="checkbox"/> Track products</li> <li><input checked="" type="checkbox"/> Enable product recalls repairs or replacements</li> <li><input checked="" type="checkbox"/> Conduct post marketing surveillance</li> <li><input checked="" type="checkbox"/> Manufacturers of defective products</li> <li><input checked="" type="checkbox"/> Review of oxygen tanks</li> <li><input checked="" type="checkbox"/> Flouride contamination in dialysis equipment</li> </ul>	05-25(2)(c)
Funeral Director	<b><u>Funeral Director:</u></b> To a funeral director, as necessary for the funeral director to carry out its duties with respect to a decedent (regardless of whether the disclosure to the funeral director is made prior to or after the individual's death).	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Cause of death</li> <li><input checked="" type="checkbox"/> Time of death</li> <li><input checked="" type="checkbox"/> Coordinate funeral logistics on behalf of family (e.g. advocacy)</li> </ul>	05-25(7)
Government Protective Services	<b><u>Protective Services:</u></b> To authorized federal government officials for the provision of protective services to the President of the United States, foreign heads of state, and certain other government officials and to conduct investigations related to such protective services.	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Homeland Security</li> </ul>	05-25(10)(c)

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Health Oversight	<p><b><u>Health Oversight Activities:</u></b> To a health oversight agency for oversight activities authorized by law, including audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:</p> <ul style="list-style-type: none"> <li>i. the health care system;</li> <li>ii. government benefit programs for which health information is relevant to beneficiary eligibility;</li> <li>iii. entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or</li> <li>iv. entities subject to civil rights laws for which health information is necessary for determining compliance.</li> </ul>	<p>Do you disclose PHI related to the following for reasons other than treatment, payment or other healthcare operations:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> National Practitioner Databank</li> <li><input checked="" type="checkbox"/> Practitioner licensure agencies and boards</li>   <li><input checked="" type="checkbox"/> Surveys</li>   <li><input checked="" type="checkbox"/> Complaint investigations</li> <li><input checked="" type="checkbox"/> Ombudsman</li> <li><input checked="" type="checkbox"/> Corporate compliance</li> <li><input checked="" type="checkbox"/> Centers for Disease Control(CDC)</li> <li><input checked="" type="checkbox"/> Drug Enforcement Administration (DEA)</li> <li><input checked="" type="checkbox"/> Occupational Safety and Health Administration (OSHA)</li> <li><input checked="" type="checkbox"/> Federal Emergency Management Agency (FEMA)</li> <li><input checked="" type="checkbox"/> Department of Justice (DOJ)</li> <li><input checked="" type="checkbox"/> Environmental Protection Agency (EPA)</li> <li><input checked="" type="checkbox"/> Social Security</li> <li><input checked="" type="checkbox"/> Disability (e.g. Supplemental Security Income (SSI))</li> <li><input checked="" type="checkbox"/> Federal Employee Health Benefits Program (FEHB)</li> <li><input checked="" type="checkbox"/> Illinois Department of Professional Regulation (IDPR)</li> <li><input checked="" type="checkbox"/> Illinois Department of Public Health (IDPH)</li> </ul>	05-25(4)

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Quick Disclosure Category	Description	For Instance:	UCMCAdmin. Policy
Legal Process	<b>Response to Legal Process:</b> Pursuant to a court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer; a grand jury subpoena; or an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law	If you receive the following:  <input checked="" type="checkbox"/> Subpoena and/or Court Order <input checked="" type="checkbox"/> Search Warrant	05-25(5)&(6)
Military	<b>Armed Forces Personnel:</b> To appropriate U.S. or foreign military command authorities regarding an individual who is a member of U.S. or foreign armed forces.	If you disclose information related to Military and Veterans activities such as: <input checked="" type="checkbox"/> Benefits determination (e.g,CHAMPUS, Tricare)	05-25(10)
Organ Procurement	<b>Organ Procurement:</b> To an organ procurement organization for organ, eye, or tissue donation purposes.	If you disclose information to transplant donor networks such as: <input checked="" type="checkbox"/> Gift of Hope Organ and Tissue Donor Network	05-25(8)
Other Disease	<b>Required by Law:</b> As required by law (e.g., mandated disease reporting), but not disclosures to law enforcement under Administrative Policy 05-25(11)	Types of disease may include: <input checked="" type="checkbox"/> Small Pox <input checked="" type="checkbox"/> West Nile <input checked="" type="checkbox"/> Rabies (human or animal) <input checked="" type="checkbox"/> Botulism <input checked="" type="checkbox"/> Anthrax  See Infection Control Policy Section 02-04 on reporting requirements	05-25(2)(a)
Quick Disclosure Category	Description	For Instance:	UCMC Admin. Policy
Police	<b>Law Enforcement:</b> To a law enforcement official either based on the official's request for Protected Health Information or on UCMC's own initiative, but not disclosures to law enforcement under	Do you report suspicious injuries such as: <input checked="" type="checkbox"/> Gunshot wounds <input checked="" type="checkbox"/> Burns <input checked="" type="checkbox"/> Domestic Violence related injuries	05-25(6)

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	Administrative Policy 05-25(11)	<input checked="" type="checkbox"/> Suspicious deaths <input checked="" type="checkbox"/> Fractures <input checked="" type="checkbox"/> Assaults Do you report information related to: <input checked="" type="checkbox"/> Locating a suspect of a crime, fugitive, material witness, or missing person <input checked="" type="checkbox"/> Victims of Crime <input checked="" type="checkbox"/> Crimes on premises <input checked="" type="checkbox"/> Avert a serious threat to health or safety <input checked="" type="checkbox"/> Crime Lab	
Public Health	<b><u>Public Health Authority:</u></b> To a public health authority that is authorized by law to collect information for the purpose of preventing or controlling disease, injury, or disability.	Do you disclose reports on: <input checked="" type="checkbox"/> Vital statistics <input checked="" type="checkbox"/> Maternal deaths <input checked="" type="checkbox"/> Fetal deaths ( APORS(Adverse Pregnancy Outcome Reporting System) <input checked="" type="checkbox"/> Birth Certificates <input checked="" type="checkbox"/> Death Certificates <input checked="" type="checkbox"/> Teen suicide <input checked="" type="checkbox"/> Traumatic brain or spinal injuries <input checked="" type="checkbox"/> Immunizations/Immunization Registry <input checked="" type="checkbox"/> Trauma Registry <input checked="" type="checkbox"/> Animal Control (victims of dog bites) <input checked="" type="checkbox"/> Newborn hearing test (IDPH) <input checked="" type="checkbox"/> Positive STD Results on Children (IDPH)	05-25(2)(a)

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Public Safety	<b><u>Threat to Health or Safety:</u></b> To a third party to prevent serious threat to health or safety.	Disclosed information related to: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Blood borne pathogens (e.g. hepatitis virus)</li> <li><input checked="" type="checkbox"/> Psychiatric patient information to potential victims in accordance with state law and imminent threat.</li> <li><input checked="" type="checkbox"/> Consumer Product Safety Commission</li> <li><input checked="" type="checkbox"/> Patient elopement</li> <li><input checked="" type="checkbox"/> “Duty to Warn” events</li> </ul>	05-25(9)
Research	<b><u>Research:</u></b> Pursuant to a waiver of the authorization requirement for the use and disclosure of Protected Health Information for research purposes or preparatory to research.	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Information disclosed to external sponsors prior to obtaining a patient’s consent</li> <li><input checked="" type="checkbox"/> Screening logs disclosed to a sponsor to determine the number of subjects screened</li> <li><input checked="" type="checkbox"/> IRB grants a waiver of authorization (e.g., retrospective chart review, study involving existing samples)</li> <li><input checked="" type="checkbox"/> Information disclosed to an outside principal investigator (PI) or sponsor</li> </ul>	05-35
Workers Compensation	<b><u>Workers’ Compensation:</u></b> As authorized by and to comply with workers’ compensations laws (i.e., laws that provide compensation for work-related injuries and illnesses regardless of fault).	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Subpoena from Illinois Workers Compensation Commission with Qualified Protective Order</li> </ul>	05-36)
Wound-Injury	<b><u>Wound or Injury Reporting:</u></b> As required by law including laws that require the reporting of certain types of wounds or other physical injuries.	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Gunshot wounds (State Medical Examiner)</li> <li><input checked="" type="checkbox"/> Burns</li> </ul>	05-25(6)(a)