

**RELEASING PROTECTED HEALTH INFORMATION (PHI)
 AT THE REQUEST OF PATIENTS OR PATIENT REPRESENTATIVES**

The HIPAA Privacy Rule requires a patient's written authorization to use or disclose protected health information (PHI), with some exceptions including treatment, payment, and health care operations. (See Administrative Policies 05-14, 05-19, 05-21 for more detail.) In addition, certain state laws require the patient's written consent prior to disclosure of certain types of highly confidential information (HCI), including mental health, HIV/AIDS, and genetic testing information.

In some cases patients/family members request copies of their health information be provided to a 3rd party (i.e. non-UCMC physician or clinic) or they may wish to receive copies directly. Similar to above, there are situations when a **"Request and Authorization to Copy Health Information" Form** should be obtained from the patient. In order to minimize confusion surrounding this issue, use the following guidance when a patient requests the disclosure of his or her health information to the patient, another physician, or another third party.

For information related to the release of information of minors, see the guidance entitled "When a Minor is Not a Minor" on the HIPAA Program Office website. For information related to the release of information to payers, see guidance entitled "Releasing Protected Health Information (Phi) To Payers, Including Insurance Companies."

Note: If UCMC is transferring the care of the patient to another provider, such as a transfer to a skilled care facility, to a home health agency, or to another hospital, provide the receiving provider with all relevant medical information **without** the patient's authorization, except for HCI that a patient consent is needed for the disclosure.

In all of these scenarios, if our failure to disclose the information is a patient safety concern, contact the HIPAA Program Office.

| # | Scenario | Guidance |
|----|---|---|
| 1. | <p>A UCMC patient decides to transfer his/her care to a non-UCMC provider. The patient requests that all his/her medical records (inpatient admissions and outpatient visits) be sent to the new provider.</p> <p>Note – If there is a patient safety issue, contact the HIPAA Program Office at 4-9716 for assistance.</p> | <p>The patient <u>must</u> complete a written request and submit to HIM (Medical Records Department) or DCAM 1A for processing.</p> <p>The name of the request form is "Request and Authorization to Copy Health Information," and contains a special request for highly confidential information.</p> <p>If the request for PHI is urgent and the request is for a very small amount of information (i.e. lab results for a next day appointment), then the UCMC physician or clinic can document the request in the patient's medical record and send the patient's outpatient visit information right away.</p> |
| 2. | <p>A UCMC patient is at a DCAM clinic and requests a copy of a note and/or lab results related to a previous clinic visit.</p> | <p>The UCMC physician or clinic can document the request in the patient's medical record and release the information to the patient without a written authorization or request for information form.</p> |

GUIDANCE

September 1, 2009

**RELEASING PROTECTED HEALTH INFORMATION (PHI)
 AT THE REQUEST OF PATIENTS OR PATIENT REPRESENTATIVES**

| # | Scenario | Guidance |
|----|---|---|
| 3. | A UCMC patient is at a DCAM clinic and requests a copy of all of his/her outpatient or inpatient medical records. | The patient <u>must</u> complete a Request and Authorization to Copy Health Information Form and submit to DCAM 1A or to HIM for processing. |
| 4. | A patient calls the clinic and requests to pick up all his/her outpatient medical records from the clinic, but the patient's family member comes to the clinic instead of the patient. | The patient <u>must</u> complete a Request and Authorization to Copy Health Information Form . The patient <u>must</u> call the clinic and provide the name of the person picking up the information. Clinic staff <u>must</u> document the conversation in the medical record and request photo identification from the family member before releasing the information. |
| 5. | A UCMC physician asks his/her nurse or secretary to print a patient's information for his/her review before sending to a referring physician (non-UCMC physician) for the patient's future appointment (treatment/continuity of care). | No written authorization is required from the patient. However, the clinic manager should identify an individual who should review the information for appropriateness before giving it to the physician to send to the referring physician. |
| 6. | A deceased patient's family member contacts a UCMC clinic and asks for the patient's clinic information. | The clinic should refer the family member to UCMC HIM at 4-0444 for assistance. HIM will obtain the necessary documents and respond accordingly. |
| 7. | An adult patient's family member contacts the patient's physician and/or clinic verbally and requests copies of the patient's PHI <u>or</u> sends a letter requesting the physician send a written response discussing the patient's health information. The adult patient doesn't have a disability and is able to make his/her own health care decisions. | The physician and/or clinic personnel should not provide any information to the patient's family member without first speaking with the patient and obtaining his/her written authorization to do so. Upon receiving the letter, the physician should contact the patient to inform him/her of the written inquiry and obtain a written authorization from the patient allowing the physician to respond to the family member in writing or obtain proof that the family member possesses guardianship to act regarding the patient's affairs. Even if the family member has been accompanying the patient to his/her clinic visits, the physician must obtain the patient's written authorization/proof of guardianship before making the disclosure. |

**RELEASING PROTECTED HEALTH INFORMATION (PHI)
 AT THE REQUEST OF PATIENTS OR PATIENT REPRESENTATIVES**

| # | Scenario | Guidance |
|----|---|--|
| 8. | <p>An adult patient's family member or friend contacts the clinic and requests copies of the patient's PHI.</p> <p>The adult patient has a disability which causes him/her not to be able to make his/her own health care decisions.</p> | <p>If the family member or friend has an executed healthcare power of attorney naming him or her the healthcare surrogate, or has a guardianship order appointing him or her the patient's guardian, then you may release information to the representative as if he or she were the patient, to the extent permitted by the healthcare power of attorney or guardianship order.</p> <p>Otherwise, clinic personnel should not provide any information to the patient's family member.</p> <p>The clinic should refer the family member to UCMC HIM at 4-0444 for assistance. HIM will obtain the necessary documents and respond accordingly.</p> |
| 9. | <p>A patient asks us to send PHI to his or her school, employer, or other third party not listed above.</p> | <p>A patient written authorization is required. See the inventory of forms at . . .</p> <p>http://hipaa.bsd.uchicago.edu/faculty_staff.html.</p> |