


Emma Eccles Jones College of Education & Human Services

POLICY INFORMATION

Document # 106	Title: Patient Right to Request an Accounting of Disclosures of PHI	Print Date: 9/20/2016
Revision # 1.0	Prepared by: J. Black	Date Prepared: 1/15/2016
Safeguard: HIPAA Privacy	Approved by: Dean Beth E. Foley 	Date Approved: 10/6/2016

I. POLICY STATEMENT

Patients have the right to request an accounting of disclosures of PHI made by any CEHS Health Care Component (HCC) in the six years prior to the date on which an accounting is requested. The HCC will provide a requested accounting of disclosures in accordance with the HIPAA Privacy Rule, using the process described in this policy.

II. DEFINITIONS

See HIPAA Privacy Policy 100

III. AUTHORITY AND RESPONSIBILITIES

CEHS has component units that are listed as a hybrid entity in accordance with USU's HIPAA Hybrid Covered Entity Declaration. Only the health care component (i.e., covered functions) of CEHS must comply with this policy. All references in this policy to "CEHS" shall be construed to refer only to the health care component of CEHS.

IV. PROCEDURES TO IMPLEMENT

The Privacy Rule requires that covered entities shall document all disclosures of PHI.

Attachment A - Accounting of Disclosure Log should be used to track disclosures and kept in the patient chart. Upon request, a patient (or his/her authorized personal representative, as applicable), will be provided an accounting of disclosures of PHI made by the HCC in the six years prior to the date on which an accounting is requested. An individual may request a shorter time frame than the maximum six years or may restrict it to a certain time frame.

Disclosures Not Included in the Accounting - The following are not required to be included in an accounting of disclosures:

1. Disclosures to carry out treatment, payment, or health care operations;
2. Disclosures to individuals of PHI about them
3. Incidental uses and disclosures that occur as a byproduct of a permissible or required use or disclosure, as long as the HCC has applied reasonable safeguards and implemented the minimum necessary standard, where applicable, for the primary use or disclosure.
4. Disclosures made pursuant to a valid authorization

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5. Disclosures in the HCC directory (if applicable)
6. Disclosures to persons involved in the patient's care or for notification purposes, such as identifying or locating a family member or personal representative to inform them of the patient's location, general condition, or death
7. Disclosures for national security or intelligence purposes
8. Disclosures to correctional institutions
9. Disclosures that are part of a limited data set; or
10. Disclosures that occurred more than six years before the individual's request.

Requirements of the Accounting

If an accounting is required, the accounting must include disclosures of PHI that occurred during the six years prior to the date of the request, including disclosures to or by business associates of the HCC. The time frame may be shorter, depending on the request.

1. Content of the Accounting - The HCC will provide a written accounting to the individual that includes the following information, for each disclosure made within the applicable timeframe:
 - a) The date of the disclosure;
 - b) The name of entity or person who received the PHI and, if known, the address of such entity or person;
 - c) A brief description of the PHI disclosed; and
 - d) Either a brief statement that describes the purpose and basis for the disclosure or a copy of the written request for the disclosure
2. Temporary Suspension - Health Care Components must temporarily suspend an individual's right to receive an accounting of disclosures upon receiving notification from a health oversight agency or law enforcement official, for the time specified by such agency or official. If such agency or official provides a written statement that such an accounting to the individual would be reasonably likely to impede the agency's activities and specify the time for which such a suspension is required. If the agency or official statement is made orally, the HCC must:
 - a. Document the statement, including the identity of the agency or official making the statement.
 - b. Temporarily suspend the individual's right to an accounting of disclosures subject to the statement.
 - c. Limit the temporary suspension to no longer than 30 days from the date of the oral statement unless a written statement is submitted during that time.
3. Right to Deny - If the request for an accounting of disclosures is made by the patient's personal representative, and a licensed health care professional has determined, through the exercise of his/her professional judgment, that provision of an account of disclosures are reasonably likely to cause harm to the patient or another person, the HCC has the discretion to deny the request. This should be documented in the patient chart.

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4. Repeated Disclosures to the Same Person/Entity - If an HCC has made multiple disclosures to the same person or entity for a single purpose during the requested accounting period, the HCC may provide an accounting that is limited to the following information, in order to avoid repeating the information for each disclosure:
 - a) The full information required above for the initial disclosure made during the requested accounting period;
 - b) The frequency, periodicity, or number of the disclosures made during the requested accounting period; and
 - c) The date of the last disclosure during the requested accounting period.

5. Large Disclosure for Research - If a HCC has disclosed PHI for a particular research purpose involving fifty or more individuals, the accounting may be limited to the following information:
 - a) The name of the protocol or other research activity;
 - b) A description (in plain language) of the research protocol or other research activity, including the purpose of the research and the criteria for selecting particular records;
 - c) A brief description of the type of PHI that was disclosed;
 - d) The date or period of time during which the disclosures occurred or may have occurred, including the date of the last disclosure made during the requested accounting period
 - e) The name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the information was disclosed; and
 - f) A statement that the PHI of the individual may or may not have been disclosed for a particular protocol or other research activity.

Deadline to Provide the Accounting

The deadline for providing an accounting of disclosures is sixty days following receipt of the request. If the HCC is not able to provide the accounting within sixty days, the deadline may be extended once by thirty days if, within the original 60-day deadline, the HCC provides the patient with a written statement of the reasons for the delay and the date by which the HCC will provide the accounting.

Fees for Accounting

The HCC must provide the first accounting of disclosures that a patient request in any twelve-month period without charge. If the same patient requests more than one accounting within a twelve-month period, the HCC may impose a reasonable, cost-based fee for each subsequent accounting, as long as the HCC:

1. Informs the individual in advance of the fee; and
2. Provides the individual with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

Processing a Request for Accounting of Disclosures

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1. A request for an accounting of disclosure of PHI must be in writing and must specify the period of time the accounting should cover, but it cannot cover more and six years prior to the date on which the accounting is requested (see **Attachment B - Request for Accounting of Disclosures.**)
2. The request should be submitted to and reviewed by the HCC Privacy Officer.
3. **Attachment A - Accounting for Disclosure Log** should be completed and copied to the patient when a request for accounting of disclosures is received.
4. **Attachment C - Accounting for Disclosures Response** form should be completed. The original should go into the patient chart and a copy given to the patient/personal representative.

V. ATTACHMENTS

Attachment A - Accounting of Disclosure Log

Attachment B - Request for Accounting of Disclosures

Attachment C - Accounting for Disclosures Response

VI. REFERENCES

45 CFR §164.502

45 CFR §164.506

45 CFR §164.512

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Attachment A

Accounting of Disclosure Log

Patient Name: _____

Date of Birth: _____ MRN: _____ Phone# _____

Address: _____

Use this log to record any disclosure of the patient's Protected Health Information that is not for the treatment, payment, or health care operations, or pursuant to the patient's Authorization or otherwise excepted from the patient's right to receive an accounting.

Date of Disclosure	Name and Address to whom Disclosed	Description of information Disclosed	Purpose of Disclosure

Attachment B

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REQUEST FOR AN ACCOUNTING OF DISCLOSURES

CLINIC NAME HERE

PATIENT INFORMATION

Date of Request: _____ Medical Record No.: _____

Name: _____ Date of Birth: _____

Address: _____

Address to send disclosure accounting (if different from above):

DATES REQUESTED

I would like an accounting of all disclosures for the following time frame. *Please note: the maximum time frame that can be requested is six years prior to the date of your request.*

From: _____ To: _____

FEES

There is no charge for the first accounting request in a 12-month period. For subsequent requests in the same 12-month period, the charge is \$_____. I understand that there is (check one):

_____ No fee for this request

_____ A fee for this request in the amount specified above and I wish to proceed.

RESPONSE TIME

I understand the accounting I have requested will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

Signature of Patient or Legal Representative

Date

FOR HEALTH CARE ORGANIZATION USE ONLY

Date request received: _____ Date accounting sent: _____

Extension requested: ___ Yes ___ No

If yes, give reason:

Patient notified in writing on this date: _____

HCC Privacy Officer Name: _____

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Attachment C

Accounting for Disclosures Response

Clinic Name _____

Name of Patient _____

Date of Patient Request _____

Disclosure Date Range **From:** _____ **To:** _____

<input type="checkbox"/> There were no applicable disclosures made of your health information for the period you specified. <input type="checkbox"/> An extension is required to process your request Reason: _____ <input type="checkbox"/> Disclosures of your health information were made by this office to: _____
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Date of Disclosure	Name & Address to Whom Disclosure Made	Description of Information Disclosed	Purpose of Disclosure

If you have questions concerning this accounting for disclosures, please contact:
{Clinic Privacy Officer Name HERE}
{Clinic Privacy Officer Address HERE}
{Clinic Privacy Officer Phone HERE}

Printed Name of Privacy Officer _____

Signed: _____ Date: _____

For Office Use:

Type of Request	Processed Date	Fee Collected	Initials
Initial		N/A	
2 nd in 12 Months			
3 rd in 12 Months			