

Section 6	Compliance Policies	00/00/03	- Effective
Subject 6.2	Privacy and Disclosure		- Revised
Policy 6.2.19	Use & Disclosure of PHI to Health & Human Services (HHS)	Compliance Office	- Reviewed - Author

Use & Disclosure of PHI to Health & Human Services (HHS), Continued

Audience

The information in this document applies to all UTMB faculty, staff, students, volunteers, and any other contractors or agents granted access to Protected Health Information (PHI).

Definitions

Disclosure means the release, transfer, provision of access to, or divulgence in any other manner, of information to any organization external to UTMB.

Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within UTMB.

Policy

UTMB personnel may disclose PHI to Health and Human Services (HHS), when necessary, to determine whether UTMB is in compliance with the HIPAA Privacy Standards.

Complaints to HHS

Right to file a complaint

A person who believes any UTMB department or personnel are not complying with required HIPAA privacy standards may file a complaint with HHS.

Requirements for filing complaints

Complaints must:

- be in writing, either on paper or electronically.
- name UTMB as the subject of the complaint and describe the acts or omissions believed to be in violation, and
- filed within 180 days of when the complainant knew or should have known that the act or omission occurred.

Investigation

UTMB personnel should anticipate that HHS may investigate complaints filed under this policy. Such investigations may include a review of the pertinent policies, procedures, or practices of UTMB and of the circumstances regarding any alleged acts or omissions concerning compliance.

UTMB HANDBOOK OF OPERATING PROCEDURES

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Responsibilities of UTMB Personnel in Case of HHS Investigation

UTMB personnel must keep proper records and upon request of HHS submit compliance reports whereby HHS can ascertain whether UTMB has complied with the HIPAA privacy standards. Any requests from HHS must be forwarded to the UTMB Compliance Office.

During an investigation or compliance review, UTMB personnel must cooperate with HHS.

- UTMB must permit access by HHS during normal business hours to its facilities, books, records, accounts, and other sources of information, including PHI, that are pertinent to ascertaining compliance with the requirements. If HHS determines that serious circumstances exist, UTMB personnel must permit access by HHS at any time and without notice.
- If any information required of UTMB is in the exclusive possession of any other agency, institution, or person and the other agency, institution, or person fails or refuses to furnish the information, UTMB must so certify and set forth what efforts it has made to obtain the information.

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 or dismissal.

Reference

45 C.F.R. §164.502(a)(2)(ii)
45 C.F.R. §160 Subpart C
Texas Health & Safety Code §181.103
