Section	6	Compliance Policies	12/21/07 -Originated
Subject	6.2	Privacy Related	07/12/12 -Reviewed w/ changes -Reviewed w/o changes
Policy	**6.2.38**	**Access to Protected Health Information by External Entities**	08/06/12 -Effective Compliance -Author

Access to Protected Health Information by External Entities

Definitions

Protected Health Information (PHI): Individually identifiable health information transmitted or maintained in any form or medium, including oral, written, and electronic. Individually identifiable health information relates to 1) the past, present, or future physical or mental health, or condition of an individual; 2) provision of health care to an individual; or 3) past, present, or future payment for the provision of health care to an individual. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual. Demographic information on patients is also considered PHI.

Sponsoring Department: UTMB department that is working with an external non-UTMB entity who is requesting access to PHI. Examples of sponsoring departments are: research coordinators working with Pharmaceutical companies on an Institutional Review Board (IRB) approved study, Institutional Compliance working with the Office of Inspector General, and Quality Management working with Joint Commission.

Policy

Patient information must be private and confidential: however, PHI) may be reviewed by persons from outside of UTMB if they have a legal right to access this information. This access is managed by the Health Information Management Department (HIM).

Violation of this policy may result in disciplinary action up to and including termination for employees; a termination of employment relationship in the case of contractors or consultants; or suspension or expulsion in the case of a student. Additionally, individuals may be subject to loss of access privileges and civil and/or criminal prosecution**.**

Procedures

To determine whether or not a requester has a legal right to access PHI, HIM or the Sponsoring Department will request one of the following:

- reference to the state or federal regulation giving the requester the right to access the PHI,
- evidence of a contract with UTMB which allows access to the PHI,
- Institutional Review Board (IRB) study agreement that allows access to the PHI, or
- other documents approved by hospital leadership

Procedures, continued

Once it is established that a person has a legal right to access PHI, HIM or the sponsoring department will work with the requester to identify the PHI that can be disclosed.

HIM is contacted to arrange for the retrieval of the requested PHI, whether it is in hardcopy or in electronic form. Electronic PHI will be made available in accordance with HIM policy 6.7.29, Epic Access for External Reviewers. If a sponsoring department has been working with the requester, the sponsoring department will provide HIM a copy of the evidence showing access is permissible (e.g. contract, IRB approval).

Depending on the terms of the contract, agreement, study, etc., the PHI is either made available for review at UTMB or mailed to the requester.

If the access to UTMB's PHI was not for treatment, payment or heath care operations (TPO) each disclosure will be recorded in the Accounting of Disclosure database in accordance with IHOP policy 6.2.26 Patient Rights to Protected Health Information.

References

IHOP Policy 6.2.26, Patient Rights to Protected Health Information

HIM Policy 6.7.29, Epic Access for External Reviewers