I. **Title**  
*Use and Disclosure of Inpatient Protected Health Information (PHI)*

II. **Policy**  
Inpatient PHI may only be used or disclosed in a manner that ensures and protects inpatient privacy and confidentiality.

PHI may be used on the patient care units by authorized UTMB personnel for treatment, payment and health care operation purposes.

UTMB respects the diverse cultural needs, preferences, and expectations of the patients and families it serves to the extent reasonably possible while appropriately managing available resources and without compromising the quality of health care delivered.

III. **PHI located in Patient Care Units**  
Nurse Managers are responsible for the security and management of hardcopy medical records located in their assigned patient care unit.

Current and old hardcopy medical records should remain in the patient care unit in the immediate work area of the nurses’ station in order to ensure access by UTMB personnel involved in the direct care of the patient during their admission. Upon discharge, all current and old hardcopy records must be returned to the Department of Health Information Management (HIM).

Non-UTMB personnel (such as health insurance and worker’s compensation representatives) who require access to inpatient PHI for utilization review or continued stay review must work with both Patient Placement Center (PPC) Utilization Review personnel and HIM to access hardcopy and electronic medical records (EMR).

All other non-UTMB personnel, including non-UTMB health care providers and patients’ family and friends, are not allowed to access inpatient PHI without proper authorization from the patient or their designated representative (a process managed by HIM). Accordingly, all non-UTMB personnel requesting the disclosure of PHI on patient care units should be directed to HIM or the PPC.
IV. Procedures

Disclosure of PHI from an Inpatient’s Medical Record for Treatment, Payment, or as Required by Law

PHI may be disclosed for treatment purposes (such as discharge planning and continuity of care), payment purposes (such as continued stay reviews and worker’s compensation reviews), and as required by law (such as to the Medical Examiner and to the courts for involuntary commitment hearings) by authorized employees as detailed below.

When disclosing PHI, the following guidelines must always be followed:

1. Limit disclosure to the minimum necessary;
2. Verify that documentation pertains only to a specified patient;
3. Ensure the patient’s name is documented on each page;
4. Ensure copies are legible; and
5. Reassemble the paper medical record correctly.

If the PHI to be disclosed is in hardcopy paper format, authorized employees may copy the information themselves or contact and deliver the hardcopy medical record to HIM, specifying the information to copied, and then pick up the copies when ready.

If the PHI to be disclosed is in the EMR, authorized employees may print the PHI themselves as follows:

1. Discharge Planning/Continuity of Care
   Authorized employees from the Departments of Care Management and Nursing and contracted eligibility vendors may copy/print and disclose PHI for discharge planning/continuity of care purposes.

   A notation should be made in the progress notes (by UTMB employees) or Invision (by contracted eligibility vendors) documenting that a disclosure occurred, the specific information that was disclosed, to whom it was disclosed, and the purpose of the disclosure.

2. Payment
   Authorized employees from the Admitting Department may copy/print and disclose PHI for payment purposes.

   A notation should be made on a copy of the Social Security Administration form documenting that a disclosure occurred, the specific information that was disclosed, to whom it was disclosed, and the purpose of the disclosure.

3. Involuntary Court Commitment
   Authorized employees from the Department of Psychiatry may copy/print and disclose PHI to the court when UTMB is requesting involuntary court commitment.

   Copies of commitment documents must be placed in the patient’s medical record documenting that a disclosure occurred, the specific information that was disclosed, to whom it was disclosed, and the purpose of the disclosure.
Disclosure of Inpatient PHI for Other Purposes
Disclosure of an inpatient’s PHI for reasons other than treatment, payment or as required by law to a medical examiner or the courts for an involuntary commitment proceeding is under the authority of HIM.

1. As a general rule, incomplete inpatient PHI is not disclosed until the patient is discharged and the record is completed. An exception to this general rule may be made upon approval from the patient’s physician.

2. Only information deemed necessary by HIM and the physician to meet the purpose of a request will be disclosed.

V. Definitions

Use: With respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information that identifies, or reasonably can be used to identify, a patient within UTMB.

Disclosure: The release or transfer of providing access, or divulging in any other manner protected information (PHI) outside of UTMB.

Authorization: Allows for the use and disclosure of PHI for purposes other than Treatment, Payment, and Healthcare Operations (TPO).

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.

Treatment: The provision, coordination, or management of health care related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; and referral of a patient for health care from one health care provider to another.

Payment: Any activities undertaken by a health plan or health care provider to obtain a premium or fulfill its responsibility for coverage and the provision of benefits, or to obtain or provide reimbursement for the provision of health care. These activities include, but are not limited to:

1. Determining eligibility and adjudication or subrogation of health benefit claims;

2. Risk adjusting amounts due based on enrollee health status and demographic characteristics;
3. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care processing;

4. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;

5. Utilization review activities, including pre-certification and preauthorization services and concurrent and/or retrospective review of services; and

6. Disclosure to consumer reporting agencies of certain PHI relating to collection of premiums or reimbursement.

**Health care operations:**—Any one of the following activities to the extent the activities are related to providing health care:

1. Conducting quality assessment and improvement activities including outcomes, evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; patient safety activities (as defined in 42 CFR 3.20); population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives, and related functions that do not involve treatment

2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities

3. Underwriting, enrollment, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing or placing a contract for reinsurance of risk relating to claims for health care. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs, business planning and development, such as conducting cost management and planning related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or covered policies

4. Business management and general administrative activities:
   a. Management activities related to HIPAA compliance
   b. Customer Service
   c. Resolution of internal grievances
   d. Sale, transfer, merger, or consolidation of covered entities, creating de-identified health information or limited data set, and fundraising for the benefit of UTMB

**VI. Related UTMB Policies and Procedures**

IHOP - 06.02.00 - Maintaining Patient Confidentiality through the Appropriate Use and Disclosure of PHI
VII. Dates Approved or Amended

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VIII. Contact Information

Health Information Management
(409) 772-1918