I. Title
Use and Disclosure of PHI for Individual Care, Notification and Directory Information

II. Policy
In limited instances, UTMB may disclose certain Protected Health Information (PHI) without the patient’s written authorization to the patient’s family and friends for notification purposes.

UTMB is permitted to disclose PHI under this policy are for the following purposes:

1. Disclosures directly relevant to the person’s involvement with the patient’s care or payment related to the patient’s health care, and
2. Disclosures to notify or to assist in the notification of a family member, a personal representative of the patient, or another person responsible for the care of the patient of the patient’s location, general condition or death of the patient.

The following sections of this policy outline the requirements for disclosing PHI for the purposes listed above.

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.

III. Disclosures When the Patient is Present

Opportunity to Agree or Object
If an individual is present or otherwise available and has the capacity to make health care decisions, UTMB may disclose PHI to family and friends who are involved in the patient’s care or for notification purposes if prior to the use and disclosure the individual:

1. Agrees to the disclosure. If patient is incapacitated, agreement must be obtained prior to the patient becoming incapacitated;
2. Exercise of Professional Judgment. In lieu of agreement, UTMB may disclose PHI to family and friends who are involved in the patients’ care or for notification purposes if the healthcare provider reasonably infers from the circumstances that the patient does not object to the disclosure based on the exercise of professional judgment.
IV. **Disclosures when the Patient or Personal Representative is not Present (e.g. not actually present or is incapacitated)**

Exercise of Professional Judgment. If the patient is not present or the opportunity to agree or object to the use or disclosure cannot practically be provided because of the patient’s incapacity or an emergency circumstance, UTMB may exercise professional judgment, to determine whether the disclosure is in the best interest of the patient. If a UTMB healthcare provider determines the use or disclosure is in the best interest of the patient, the UTMB healthcare provider may disclose only the PHI that is directly relevant to the person’s involvement with the patient’s health care or may disclose only the PHI that is directly relevant for notification of the patient’s location, general condition or death of the patient. UTMB may use professional judgment and its experience with common practice to make reasonable inferences of the patient’s best interest in allowing a person to act on behalf of the patient; (e.g. picking up prescriptions, obtaining medical supplies, x-rays, or other similar forms of PHI).

V. **Disclosures to Individuals Involved in Care of Decedent**

PHI may be disclosed to family members or others involved in the care or payment for health care prior to patient’s death unless doing so would be inconsistent with any prior expressed preference of the individual known by UTMB. PHI disclosed in accordance with this policy must be relevant to the person’s involvement.

VI. **Disclosures for Directory Information**

PHI may be used by UTMB to provide directory information if the individual is informed that PHI will be used and disclosed and given the opportunity to agree or object to the disclosure. UTMB must inform an individual of the information that may be included in UTMB’s Patient Directory and the persons to whom UTMB may disclose such information.

Directory information includes:

1. The individual’s name;
2. The individual’s location in the hospital;
3. The individual’s condition described in general terms that do not communicate specific medical information about the individual; and
4. The individual’s religious affiliation.

**Agreement or Objection to Use and Disclosure**

A patient’s agreement or objection may be expressed orally and faculty, staff and students must document the agreement, objection or restriction in the patient’s medical record.

**Objection**

If the individual objects to being included in the patient directory, then the patient’s information must not be included in the Patient Directory. The individual will be classified as a “No-Information” patient (see section below on “No Information Patients”).

**Agreement**

When a patient agrees to the use and disclosure, UTMB may disclose the patient’s directory information, as listed above, in accordance with the following:

**Individuals to Which Disclosures Will be Made**
1. **Members of the clergy.** UTMB may disclose patient directory information, as listed above, to members of the clergy even if the clergy member does not inquire about an individual by name.

2. **Persons who ask for the patient by name.** Disclosure of directory information, except for the individual’s religious affiliation, may be provided to other persons who ask for the individual by name. However, UTMB has the right to withhold some portions of the hospital’s patient directory information if UTMB, based upon professional judgment, determines that withholding portions of the directory information is in the patient’s best interest.

---

**No Information Patients**

“No Information” is a designation that can be requested by medical/nursing personnel, University Police or the patient or patient’s representative. The patient will be designated “No Information” on the Health Care Information Systems (HIS) by Admitting personnel. If a patient, or his/her representative, requests a “no information” designation, a member of the Admitting staff will explain the “No Information” policies and regulations.

Since UTMB will not be able to confirm that a “no information” patient has been admitted, this may mean UTMB will not provide the patient’s location for deliveries. Admitting personnel are available Monday - Friday 8 am to 5 pm to fully explain the impact of deciding to be a "no information patient."

**TDCJ Patients**

All inquiries regarding Texas Department of Criminal Justice (TDCJ) patients will be referred to the TDCJ Warden to be disseminated through established TDCJ channels. After-hour requests should be routed to the duty officer through the hospital operator.

**Providing Room Location to Visitors**

In order to ensure that patient’s privacy rights are protected and to protect employees from wrongful allegations of breaches of patient privacy, all disclosures of patient room numbers should be provided by the UTMB Patient Information Desk, even though an employee may have access to the information as part of their job responsibility. In order to balance providing the information with the patient’s right to privacy you should follow one of the steps below when approached for a room location:

1. Contact the information desk for the room number to provide the visitor;
2. Phone the patient room number yourself and allow the patient to provide the room number to the visitor, or
3. Escort the requestor to the information desk.

**Incapacitated Patient or Emergency Circumstances**

If the opportunity to object to being listed in the patient directory cannot practically be provided because of the individual’s incapacity or emergency treatment circumstance, UTMB may use or disclose some or all of the PHI for UTMB’s patient directory, if the disclosure is:

1. Consistent with a prior expressed preference of the individual, if any, is known to UTMB; or
2. In the individual’s best interest as determined by UTMB, and in the exercise of professional judgment.

However, UTMB must inform the individual and provide an opportunity to agree or object to the uses or disclosures for the patient directory as expressed above when it becomes practical to do so.
VII. Relevant Federal and State Statutes

45 C.F.R. §164.510

VIII. Dates Approved or Amended

<table>
<thead>
<tr>
<th>Originated: 04/11/2003</th>
<th>Reviewed with Changes</th>
<th>Reviewed without Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/01/2013</td>
<td>03/03/2017</td>
<td></td>
</tr>
</tbody>
</table>

IX. Contact Information

Office of Institutional Compliance
(409) 747-8700