



**Institutional Handbook of Operating Procedures**  
**Policy 06.02.38**

Section: Compliance	Responsible Vice President: Senior Vice President & General Counsel
Subject: Privacy	Responsible Entity: Office of Institutional Compliance

**I. Title**

*Access to [Protected Health Information](#) by External Entities.*

**II. Policy**

Patient information must be private and confidential: however, protected health information (PHI) may be reviewed by persons from outside of UTMB if they have a legal right to access this information, or a treatment relationship with the patient. 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.

**III. Procedures**

To determine whether or not a requester has a right to access PHI, HIM or the [Sponsoring Department](#) will request one of the following:

1. Proof of a treatment relationship with the patient,
2. reference to the state or federal regulation giving the requester the right to access the PHI,
3. evidence of a contract with UTMB which allows access to the PHI,
4. Institutional Review Board (IRB) study agreement that allows access to the PHI, or
5. other documents approved by hospital leadership.

Once it is established that a person has a treatment relationship with the patient or 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 will identify the best method for providing access to the requested PHI.

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).

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

If the access to UTMB's [PHI](#) was not for treatment, payment or health 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](#).

### IV. 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.

### V. Relevant Federal and State Statutes

[45 C.F.R. § 164 Subpart E—Privacy of Individually Identifiable Health Information](#)

### VI. Related UTMB Policies and Procedures

[IHOP - 06.02.26 - Patient Rights to Protected Health Information](#)

[HIM Policy 6.7.29, Epic Access for External Reviewers](#)

### VII. Dates Approved or Amended

<i>Originated:</i> 12/21/2007	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
07/12/2012	08/18/2015
02/21/2020	

### VIII. Contact Information

Office of Institutional Compliance  
(409) 747-8700