

Tulane University

DEPARTMENT: General Counsel's Office – HIPAA	POLICY DESCRIPTION: Patient Privacy – Accounting of Disclosures
PAGE: 1 of 5	
APPROVED: April 1, 2003	REVISED:
EFFECTIVE DATE: April 14, 2003	POLICY NUMBER: GC-013

Tulane University Patient Privacy Accounting of Disclosures

SCOPE OF POLICY

This policy applies to Tulane University Medical Group, its participating physicians and clinicians, and all University employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of Tulane University Medical Group and have been designated as part of the Tulane University HIPAA Health Care Component.

STATEMENT OF POLICY

Tulane University Medical Group patients have a right to an “accounting of disclosures,” which includes information about many disclosures of the patient’s protected health information that the practice has made to third parties. It is the group practice policy to treat all patient requests in a respectful manner. If a patient asks questions about obtaining an accounting of disclosures for services provided by a Tulane University Medical Group private office site, the patient should be directed to make his or her request to the Director, Faculty Practice Plan Northshore Operations for any Northshore Clinic. For requests pertaining to FPP billing information the patient should be directed to make his or her request to the manager of the FPP Billing Office. For all other requests for accounting of disclosures, the patient should be directed to the Privacy Official. Tulane University Medical Group physicians and clinicians must comply with the accounting policies of a hospital that is a member of an organized healthcare arrangement in which Tulane University Medical Group participates for hospital based services.

IMPLEMENTATION OF POLICY

Because a patient may request an accounting at any time, the manager of the specific area must record, on an ongoing basis, all information that could possibly be needed to respond to a patient’s future request. Any manager of the specific area who discloses a patient’s protected health information MUST complete a Disclosure Form, unless an exception applies below. Completed Disclosure Forms should be added to the patient’s medical record, billing records, or Privacy Official record as applicable.

Each and every Tulane University Health Care Component staff member will be expected to comply with this policy of recording disclosures. Seemingly minor violations (such as skipping information required on forms) may be subject to disciplinary action because such violations may make it impossible for the group practice to supply accurate information to patients requesting an accounting of disclosures.

1. Types of Disclosures Which Need Not Be Recorded

The Tulane University Health Care Component is required to keep records of certain disclosures of a patient’s protected health information and to provide an accounting of those disclosures to patients who request such an accounting. Disclosure means a release, transfer, or provision of access to or divulging in any other way of information outside the Tulane University Health Care Component. This means that disclosures to Tulane University employees who are not part of the Tulane University Health Care Component must be accounted for unless an exception applies. The staff should note that the following activities are not considered “disclosures” and therefore need not be recorded:

Tulane University

DEPARTMENT: General Counsel's Office – HIPAA	POLICY DESCRIPTION: Patient Privacy – Accounting of Disclosures
PAGE: 2 of 5	
APPROVED: April 1, 2003	REVISED:
EFFECTIVE DATE: April 14, 2003	POLICY NUMBER: GC-013

- Sharing protected health information for treatment purposes;
- Sharing patient information with any other covered entity that is part of an organized health care arrangement for treatment, payment and health care operations pertaining to the activities of the applicable organized Health Care Arrangement;
- Certain disclosures to other covered entities for payment and operations of that covered entity with respect to patients of the covered entity and Tulane University Medical Group;
- Disclosures made pursuant to the patient's specific written authorization;
- Disclosures to the patient or the patient's personal representative;
- Disclosures made to the patient's friends and family (in accordance with the Tulane University Medical Group Notice of Privacy Practice Policy or a Joint Notice provided on behalf of an organized health care arrangement);
- Disclosures that are incidental to an otherwise permitted use or disclosure (and thus unavoidable despite taking all reasonable precautions to avoid the disclosure);

EXAMPLE: During the course of a treatment session, other patients in the treatment area may see, or overhear discussion of, a patient's health information despite the Tulane University Medical Group staff's efforts to take all precautions to speak softly.

- Disclosures made for national security and intelligence purposes;
- Disclosures made about inmates to correctional institutions or law enforcement officials; and
- Disclosures made before April 14, 2003.

2. Information Required For Each Disclosure

The following information must be included for each disclosure on the Disclosure Form:

- The date of the disclosure;
- The name of the person or organization that received the information;
- The address of the person or organization that received the information (if known);
- A brief description of the protected health information disclosed (with dates of treatment when possible); and
- At least one of the following items:
 - A brief statement explaining the purpose of the disclosure and the basis on which the disclosure was permitted under our policies, *or*

Tulane University

DEPARTMENT: General Counsel's Office – HIPAA	POLICY DESCRIPTION: Patient Privacy – Accounting of Disclosures
PAGE: 3 of 5	
APPROVED: April 1, 2003	REVISED:
EFFECTIVE DATE: April 14, 2003	POLICY NUMBER: GC-013

- A copy of a written request made by a person or organization to whom disclosure was made where the information was disclosed for one of the public policy reasons permitted.

3. Provision of the accounting:

1. The facility must act on the individual's request for an accounting, no later than 60 days after receipt of such a request, as follows:
 - a. The facility must provide the individual with the accounting requested; or
 - b. If the facility is unable to provide the accounting within the time required then the facility may extend the time to provide the accounting by no more than 30 days, provided that:
 - i. The facility, within the time limit set provides the individual with a written statement of the reasons for the delay and the date by which the facility will provide the accounting; and
 - ii. The facility may have only one such extension of time for action on a request for an accounting.
2. The facility must provide the first accounting in any 12-month period to an individual. The facility may impose a reasonable, cost-based fee for each subsequent request for an accounting by the same individual within the 12 month period, provided that the facility informs the individual in advance of the fee and provides the individual with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

4. Documentation

A facility must document the following and retain the documentation for six years:

1. The information required to be included in an accounting;
2. The written accounting that is provided to the individual which should be stored with the permanent record; and
3. The titles of the persons or offices responsible for receiving and processing requests for an accounting by individuals.

5. EXCEPTION:

Series of Disclosures: If a series of disclosures were made to the same person or organization on the basis of a single written authorization form, staff need only include the information above for the *first* disclosure made during the accounting period. Staff may then provide the following information to cover the rest of the series:

- Frequency, periodicity, or number of disclosures made in the series, and
 - EXAMPLE: Disclosures were made every 2 months.
 - EXAMPLE: A total of 15 disclosures were made during the accounting period.
- The date of the last disclosure in the series that was made during the accounting period.

Disclosure for Certain Research Activities -Waiver of Authorization

If the Tulane University Health Care Component has made disclosures of PHI for a particular research purpose in accordance with HIPAA Privacy Standards § 164.512 (i) for 50 or more individuals, the accounting may provide:

Tulane University

DEPARTMENT: General Counsel's Office – HIPAA	POLICY DESCRIPTION: Patient Privacy – Accounting of Disclosures
PAGE: 4 of 5	
APPROVED: April 1, 2003	REVISED:
EFFECTIVE DATE: April 14, 2003	POLICY NUMBER: GC-013

1. The name of the protocol or other research activity;
2. A description, in plain language, of the research protocol or other research activity, including the purpose of the research and the criteria for selecting particular records;
3. A brief description of the type of PHI that was disclosed;
4. The date or period of time during which such disclosure occurred, or may have occurred, including the date of the last such disclosure during the accounting period;
5. The name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the information was disclosed; and
6. A statement that the PHI of the individual may or may not have been disclosed for a particular research protocol or other research activity.

If the Tulane University Health Care Component provides an accounting for research disclosures in accordance with the Research section noted above and at the request of the individual, the covered entity must assist in contacting the entity that sponsored the research and the researcher if it is reasonably likely that the PHI of the individual was disclosed for research protocol or activity.

Attachments:

- Attachment A is a sample Patient Request for Accounting form.
- Attachment B is a sample cover letter to include when providing the patient with the Accounting of Disclosures.

VIOLATIONS OF THIS POLICY

The University Medical Group Practice Privacy Official has general responsibility for implementation of this policy. Members of the staff who violate this policy will be subject to disciplinary action up to and including termination of employment with Tulane University. Anyone who knows or has reason to believe that another person has violated this policy should report the matter promptly to his or her supervisor or to the Privacy Official. All reported matters will be investigated, and, where appropriate, steps will be taken to remedy the situation. Where possible, Tulane University Medical Group will make every effort to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this policy will itself be considered a violation of this policy that may result in disciplinary action up to and including termination of employment or contract with Tulane University.

**TULANE UNIVERSITY MEDICAL GROUP
REQUEST FOR AN ACCOUNTING OF DISCLOSURES**

1. PATIENT INFORMATION

Date of Request:	Med Record or I Number:
Name:	Date of Birth:
Social Security Number:	Telephone Number:
Address:	
Address to send Accounting of Disclosure (if different than above):	

2. DATES REQUESTED

I would like an accounting of all disclosures for the following time frame. *Please note:* the maximum time frame that can be requested is six years prior to the date of your request, and we are not required to account for disclosures that occurred before April 14, 2003.

From: _____ To: _____

3. FEES

There is no charge for the first request for an accounting in a 12-month period. For subsequent requests in the same 12-month period, the charge is \$25.00. I understand that there is (check one):

- No fee for this request.
- A fee for this request in the amount of \$25.00, and I wish to proceed.

4. RESPONSE TIME

I understand that the accounting I have requested will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

Signature of patient or
Legal representative _____ Date _____

5. THIS SECTION FOR HEALTH CARE ORGANIZATION USE ONLY

Date request received: _____ Date accounting sent: _____

Requestor verified by which method? _____

Extension requested: no yes

If yes, give reason: _____

Patient notified in writing on this date: _____

Staff member processing request: _____

This completed form will be permanently maintained with the permanent medical or billing or Privacy Official record

** You have a right to receive a copy of this form after you have signed it**

ATTACHMENT B

<Patient Name>

<Patient Address>

RE: Requested Accounting of Disclosure

Dear (patient name):

The Tulane University Medical Group is committed to providing quality patient care that is sensitive, compassionate, promptly delivered, and cost effective. The privacy of patient information is second only in importance to patient care itself. We are committed to complying with the Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 1654 (HIPAA Standards of Privacy).

At any of the Tulane University Medical Group sites, each patient is provided the right to an Accounting of Disclosures of his/her protected health information. Please find attached your Accounting of Disclosure. Please note the maximum time frame that can be requested is six years prior to the date of your request, and we are not required to account for disclosures that occurred before April 14, 2003.

There is no charge for the first request for an accounting in a 12-month period. For subsequent requests in the same 12-month period, the charge is \$25.

Please contact me at (phone number) with questions or concerns.

Sincerely,