



POLICY/GUIDELINE TITLE: Confidentiality of Protected Health Information	ADMINISTRATIVE POLICY AND PROCEDURE MANUAL
POLICY #: 800.42	CATEGORY: Compliance & Ethics
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Prepared by: Office of Corporate Compliance	Notations: N/A

GENERAL STATEMENT of PURPOSE

The purpose of this policy is to establish general requirements for protecting the confidentiality of Protected Health Information (“PHI”) while allowing its necessary use, access and disclosure for purposes of providing high quality care to Northwell Health patients. This policy also establishes standards for managing access to Northwell Health’s electronic PHI (“ePHI”).

POLICY

It is the duty of everyone covered by this policy to maintain the confidentiality of all PHI, whether in written, spoken, electronic or other format, produced by, or on behalf of, the organization. Northwell Health follows all laws, rules, regulations, and policies that apply to the limitations and permissions for access to, use and disclosure of PHI.

To protect our patients’ confidentiality, Northwell Health determines the need for access, and appropriate levels of security provided, to the data on our systems. Northwell Health’s personnel shall be identified and categorized by the degree of access to, and need for, patient health information.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility; and the faculty and students of the Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies.

DEFINITIONS

Authorization: An individual's signed permission that allows a covered entity to use or disclose the individual's PHI for the purpose(s), and to the recipient(s), as stated in the Authorization. See Appendix A of Northwell Health Policy #800.02.

Business Associate: An entity that performs, or assists in the performance of, a function or activity involving the access, use or disclosure of PHI, including, but not limited to, claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, or re-pricing.

Covered Entity: A facility that conducts Health Care Operations involving the creation and transmission of PHI. Each facility in the Health System which conducts Health Care Operations is its own Covered Entity. These Covered Entities are collectively considered an Organized Health Care Arrangement which allows each of the included Covered Entities to share PHI for Treatment, Payment and Health Care Operations.

Department Manager: The person with managerial responsibility for an identified Health System Department.

Disclosure: The release, transfer, access to, or divulging of information in any other manner outside the entity holding the information.

Electronic Protected Health Information or “ePHI”: Any electronic protected health information that is created, received, maintained, stored or transmitted by the Health System via electronic digital or computerized systems.

Health Care Operations: Activities of a Northwell Health facility as they relate to covered functions, including, but not limited to, quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, activities related to contracting for health insurance or health benefits, conducting or arranging for medical review, legal review, or auditing functions, business planning and development, and business management and administrative activities.

Minimum Necessary: The minimum necessary standard, a key protection of the HIPAA Privacy Rule, is derived from confidentiality codes and practices in common use today. It is based on sound current practice that protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. The Privacy Rule's requirements for minimum necessary are designed to be sufficiently flexible to accommodate the various circumstances of any covered entity.

Payment: The actions taken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care.

Protected Health Information (“PHI”): Any oral, written, or electronic individually identifiable

health information. PHI is information created or received by Northwell that (i) may relate to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the payment for the provision of health care to an individual; and (ii) identifies the individual who is the subject or based on which there is a reasonable basis to believe that the individual who is the subject can be identified. The Health Insurance Portability and Accountability Act (HIPAA) further clarifies that PHI includes information that identifies the individual by one or more (depending on context) of the following 18 identifiers:

1. Names;
2. Geographic subdivisions smaller than a state, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code in certain situations;
3. All elements of date (except year) for dates directly related to an individual, including birth date, discharge date, date of death; and all ages over 89 and all elements of dates indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers;
13. Medical Device Identifiers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code.

Treatment: The provision, coordination, or management of health care and 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, or the referral of a patient for health care from one health care provider to another.

PROCEDURE/GUIDELINES

Confidentiality Agreements

Employees, agents, and others within the scope of this policy are required to sign the “Confidentiality Statement and Attestation” (See “Confidentiality Agreement and Acknowledgement Regarding Use of Computers, E-Mail and the Internet) prior to starting their roles with Northwell Health.

Business Associates providing services on behalf of Northwell Health are required to sign a Business Associate Agreement prior to having access to PHI.

General Rules Regarding the Confidentiality of PHI

Treatment, Payment or Health Care Operations

As a general rule, Northwell Health employees and/or agents may access PHI or disclose PHI with each other or with non-Northwell Health individuals and entities only as necessary to perform the duties within their scope of employment. This means that no one covered by this policy may access PHI, or discuss or share PHI in public areas or with anyone who does not have a need to know the information, except for the purposes of Treatment, Payment, or Health Care Operations, or as otherwise required or permitted by law.

The Minimum Necessary Rule

In general, when permissibly accessing, using or disclosing PHI, individuals must limit such access, use or disclosure to the minimum necessary to accomplish the intended purpose. For instruction on determining the minimum necessary amount of information to accomplish an intended purpose in any particular case, please contact the facility Privacy Officer. In general, however, the following rules provide guidance.

1. **When the Minimum Necessary Rule Does Not Apply** - the minimum necessary rule does not apply in the following circumstances:
 - **The PHI is for use by, or a disclosure to, any healthcare provider, regardless of their affiliation with Northwell Health, for treatment purposes;**
 - The disclosure is to the patient or the patient's legally authorized representative (this is limited to the extent that such individual is authorized to receive such information);
 - The disclosure is pursuant to a valid authorization, in which case the disclosure will be limited to the PHI specified on the authorization;
 - The disclosure is to the Secretary of the United States Department of Health and Human Services; or
 - The disclosure is required by law (See #800.45 Northwell Health Notice of Privacy Practices).

2. **Statement of Purpose Requirement for All Disclosures to which Minimum Necessary Rule Applies**

For all disclosures to which the minimum necessary rule applies, when a request is made for access to, or the use or disclosure of, Northwell Health PHI, Northwell Health shall determine whether the request includes a statement of purpose. If the request does include a statement of purpose, Northwell Health must release only the minimum amount of information necessary to meet the stated purpose of the request. If the request does not include a statement of purpose,

Northwell Health shall contact the requester to obtain the purpose for the request, document the contact with the requester, and take the appropriate action in compliance with the rule.

3. Routine Disclosures (e.g., Workers' Compensation, Third Party Payors)

Northwell Health may disclose PHI on a routine, recurring basis to third parties, such as ambulance companies, revenue recovery agencies, or insurance payors (including but not limited to Medicaid, Medicare, private insurers, and workers' compensation insurers or administrative agencies) without authorization, for the purposes of obtaining payment for health care, and to the extent necessary to comply with applicable laws.

The first time that a Northwell Health facility or department receives a request for PHI from such an insurance payor or other third party, and each time that the request is modified thereafter, the facility or department must review the request to ensure that the type and amount of PHI that is disclosed is limited to what is minimally necessary to achieve the third party's purpose.

For further guidance on routine disclosures, please contact the facility Privacy Officer.

4. Non-Routine Disclosures

Non-routine disclosures and requests (e.g., to law enforcement or to a judicial body) will be limited to only the minimum amount of PHI necessary to accomplish the purpose of the disclosure or request. Non-routine disclosures and requests will be reviewed by the Facility on an individual basis and limited accordingly. Questions regarding the minimum necessary rule requirements should be directed to the facility Privacy Officer and to the Legal Department, where appropriate.

5. Requests from Northwell Health to Other Entities

Northwell Health also must limit its requests for PHI held by other entities to the minimum necessary to accomplish the intended purpose.

6. Social Security Numbers

Whenever possible, Northwell Health will not include any part or form of an individual's Social Security number on paper face or billing sheets. Any report or form that includes an individual's Social Security number should not be printed and/or distributed unless required by law.

Special Categories of PHI with Heightened Protection

The following categories of PHI are treated with heightened privacy protections:

- HIV/AIDS PHI (See Northwell Health Policy #800.52);
- Mental health-related PHI (See Northwell Health Policy #800.53);
- Substance abuse (Drug and Alcohol) PHI (See Northwell Health Policy #800.55);
- Minors (See Northwell Health Policy #800.54);

- Psychotherapy notes (See Northwell Health Policy #800.02);
- PHI of deceased patients in certain circumstances (See Northwell Health Policy #800.51); and
- PHI accessed, used, or disclosed for research purposes (See Northwell Health Policy #GR094).

Guidelines for the Access, Use or Disclosure of PHI

Access, Use or Disclosure of PHI where an Authorization or Opportunity to Agree or Object Is Not Required

Northwell Health is only permitted to access, use, or disclose an individual's PHI for **Treatment, Payment or Health Care Operations**, unless a validly executed "Authorization for Release of Protected Health Information" form has been provided, or one of the below specific regulatory exceptions applies. (See Northwell Health Policy #800.02 and the "Authorization for Release of Protected Health Information" Form in Appendix A of #800.02).

An authorization is not required, but may be requested for record-keeping purposes, if the disclosure:

- **Involves the patient or patient's personal representative** (See Northwell Health Policy #100.25)
- **Is for public health activities:** to public health authorities for reasons such as, but not limited to: preventing or controlling disease; reporting suspected child abuse or neglect, domestic violence, reactions to medications, vital events such as births and deaths, and for safety purposes to employers concerning findings regarding work-related illness or injury; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

Northwell Health may disclose PHI about an individual who is reasonably believed to be a victim of abuse, neglect or domestic violence to a government authority, including a social services or protective services agency authorized by law to receive reports. Except in cases where the suspected victim is a child, Northwell Health must promptly notify the individual about the report, unless: (1) informing the individual would place him or her at risk of serious harm or (2) Northwell Health would be informing a personal representative and believes the personal representative is responsible for the abuse, neglect or other injury and that informing the personal representative would not be in the best interest of the individual.

- **Is for health oversight activities:** to governmental authorities responsible for the oversight of medical matters, including but not limited to licensing, auditing and accrediting agencies that administer public health programs;
- **Is for judicial and administrative proceedings:** to courts, attorneys and court

employees with a valid court order, subpoena, discovery request, warrant, summons or other lawful instructions from those courts or public bodies and in the course of certain other lawful, judicial or administrative proceedings or to defend Northwell Health against a lawsuit. Such requests for disclosure must be approved by the Office of Legal Affairs;

- **Is for law enforcement purposes:** about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death suspected to be the result of criminal conduct; about criminal conduct at Northwell Health or against a member of its workforce; and limited information to identify or locate a suspect, fugitive, material witness or missing person. All such matters should be brought to the attention of the Office of Legal Affairs via the on-call Northwell Health attorney at 516-321-6649 or legalaffairs@northwell.edu;
- **Involves a coroner, medical examiner or funeral director:** to identify a deceased person, determine the cause of death or for funeral directors to carry out their duties (See Northwell Health Policy #800.51);
- **Is for cadaveric organ, eye or tissue donation purposes:** to organizations that obtain or handle organ, eye or tissue transplantation or to an organ donation bank to facilities;
- **To avert a serious threat to health or safety:** to prevent or lessen a serious threat to a patient's health and safety, or the health and safety of the public or another person in order to stop or reduce the threat;
- **Is for specialized government functions:** including, but not limited to, military authorities regarding patients who are members of the armed forces, so that they may carry out their duties under the law; and, if it relates to (1) national security and intelligence activities, (2) providing protective services for important officials or (3) involves a correctional institution or other law enforcement custodian who is overseeing the health care of an incarcerated patient, for purposes of caring for the patient, in addition to the others in the institution;
- **Is for workers' compensation:** for workers' compensation or similar programs that provide benefits for work-related injuries or illness;
- **Is for research purposes:** if approved by a Northwell Health-authorized Institutional Review Board. Questions regarding access to, or the use or disclosure of, PHI for research purposes should be directed to the Office of Research Compliance. All applicable research policies must be followed; or
- **Is otherwise required by law.**

Disclosure of PHI Requiring an Opportunity for the Patient to Agree or Object

Northwell Health may disclose PHI in the following circumstances provided that the individual

is informed in advance of the access, use or disclosure and has the opportunity to agree or object. In these circumstances, an authorization is not required, but may be requested for record-keeping purposes.

Facility Directories: If the facility maintains a facility directory, it may use or disclose limited information about an individual after giving the individual an opportunity to agree or object. If the individual objects to some or all of the information being included in the directory, the facility must comply with the individual's objection. If the opportunity to agree or object cannot be provided because of the individual's incapacity or emergency treatment circumstance, Northwell Health may use or disclose limited PHI for the facility's directory, if such disclosure is consistent with the prior expressed preference of the individual, if any, that is known to Northwell Health and is in the best interest of the individual in the exercise of professional judgment. Northwell Health must thereafter inform the individual and provide the opportunity to agree or object when it becomes possible to do so. Information about individuals in behavioral health facilities or departments will not be included in a facility directory. (See Northwell Health Policy #800.58)

To Persons Involved in the Individual's Health Care or Payment or for Notification

Purposes: Northwell Health may disclose to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual who is involved with the individual's health care or payment related to the health care, only the PHI directly relevant to such person's involvement with the individual's health care or related payment responsibilities. Northwell Health may also use or disclose PHI to notify, or assist in the notification of (including identifying or locating a family member), a personal representative, or other person responsible for the care of the individual of the individual's location, general condition or death. All disclosures to persons involved in the patient's care or payment or for notification purposes must be made subject to the following requirements:

- **When the individual is present or otherwise available prior to the contemplated disclosure and has the capacity to make health care decisions, the disclosure may be made if the workforce member:**
 - (i) Obtains the individual's agreement. It is best practice to affirmatively request permission from the patient or ask that those present leave the room prior to disclosing information;
 - (ii) Provides the individual with the opportunity to object to the disclosure, and the individual does not express an objection; or
 - (iii) Reasonably infers from the circumstances, based on the exercise of professional judgment, that the individual does not object to the disclosure.

- **When the individual is not present, lacks capacity or in an emergency circumstance, if:**
 - (i) In the exercise of professional judgment, it is believed that the disclosure is in the best interests of the individual; and

- (ii) Only PHI directly relevant to the person's involvement with the individual's care or payment related to the individual's health care or needed for notification purposes will be disclosed.

Disaster Relief: Northwell Health may disclose PHI to an entity authorized to assist in disaster relief efforts for the purpose of coordinating disclosures to the individual's family member, a personal representative, or other person responsible for the care of the individual of the individual's location, general condition or death. The same requirements as are applicable to individuals involved in a patient's care (see above) and/or to deceased individuals (see below) apply, to the extent it is determined, in the exercise of professional judgment, that the requirements do not interfere with the ability to respond to the emergency circumstances.

Deceased Individuals: Northwell Health may disclose to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual, who was involved with the deceased individual's health care or payment related to the health care, the PHI directly relevant to such person's involvement with the individual's health care or related payment unless the disclosure would be inconsistent with any prior expressed preference of the individual that is known to the facility. (See Northwell Health Policy #800.51)

Fundraising: Northwell Health may use or disclose limited PHI to a Business Associate or to an institutionally related foundation for the purpose of raising funds for its own benefit, as long as each fundraising communication provides the individual with a clear and conspicuous opportunity to opt-out of any further fundraising communications without causing an undue burden on or more than a nominal cost to the individual. Northwell Health may not make fundraising communications to an individual where the individual has opted out of receiving such communications. Northwell Health may not condition treatment or payment on an individual's choice with respect to the receipt of fundraising communications. All fundraising activities must be approved by the Northwell Health Foundation. (See Northwell Health Policy #100.80)

Access, Use and Disclosures of PHI for which an Authorization Is Required

Except as specifically described in this policy, Northwell Health may not access, use or disclose PHI without a valid authorization. (See Northwell Health Policy #800.02 and the "Authorization for Release of Protected Health Information" Form in Appendix A of #800.02).

Verification

Prior to any access, use or disclosure of PHI, Northwell Health must exercise professional judgment to verify the identity of the individual requesting the PHI and the authority of any such individual to have access to the PHI, which may include obtaining documentation, statements or representations, whether oral or written. Northwell Health should only access, use or disclose PHI if acting on a good faith belief that the requesting individual's identity and authority has been verified.

Requests for Restrictions and an Accounting of Disclosures

Individuals have the right to request restrictions on the access, use or disclosure of their PHI. They may also request an accounting of disclosures of their PHI (See Northwell Health Policy #800.46).

Managing Access to Northwell Health PHI

Obligation of Department Managers

It is the responsibility of each Department Manager to evaluate the PHI generated and received within his or her departments. It is then the responsibility of each Department Manager to develop and implement reasonable policies and procedures to safeguard all PHI and determine the categories of individuals within the Department who must have access to PHI to accomplish their employment duties.

It is the responsibility of the Department Chair, Department Director, or Conference Leader to ensure that only those necessary individuals attend medical education conferences in which PHI is discussed. At all such medical education conferences, any reference to the identity of patients shall be redacted from the case presentation. The case will be given a fictitious name or de-identified number that will be used throughout the discussion, but will not be associated with the patient's PHI in any way.

Exceptions may be made, upon the approval of the Department Chair, if such de-identification is impracticable or unreasonable and interferes with the ability to teach the intended educational concept or complete necessary business functions. In granting this exception, the Department Chair will, in consultation with the Office of Corporate Compliance, consider the relationship of the attendees to Northwell Health, the purpose of the presentation, evidence that attendees not associated with Northwell Health have agreed to maintain the confidentiality of such data, and the availability of any alternative methods for communicating the relevant information in the instructional materials.

Access Control and Termination Procedures

It is the policy of Northwell Health to have departmental procedures (e.g. Human Resources, Corporate Security, and Information Services) to grant, modify and revoke access, permissions and rights to Northwell Health networks, systems, applications, facilities and physical locations to staff based on their roles and responsibilities.

It is the responsibility of Department Managers to make access requests for staff under their supervision. This includes updating or revoking access as staff responsibilities change such that a minimum necessary standard is followed.

Additional security controls shall be used for remote access to the Northwell Health network, which includes justification for access, Department Manager approval, and the use of dual authentication methods via security tokens.

It is the responsibility of Department Managers to ensure that proper certifications are met which impacts access for the staff under their supervision.

Access Control

Only properly authorized individuals within the scope of this policy shall have access to ePHI Systems. Such individuals may not attempt to gain access to any ePHI that they are not properly authorized to access. Northwell Health trains these individuals on proper and appropriate use of access rights.

- Northwell Health takes reasonable and appropriate steps to ensure that the individual granting access is authorized to grant access to his/her/the patient's PHI/ePHI.
- Northwell Health takes reasonable and appropriate steps to ensure the identity of the individual is validated prior to granting access.
- Northwell Health takes reasonable and appropriate steps to ensure that these individuals who work with, or have the ability to access, ePHI are properly authorized and/or supervised, as set forth in the Authorization and/or Supervision Procedures section of this policy.
- Northwell Health has a documented process for terminating access to ePHI when employment or contracted services of users ends or when access is no longer appropriate.

Authorization and/or Supervision Procedures

Northwell Health has established reasonable and appropriate measures to ensure that individuals who have the ability to access ePHI or work in areas where ePHI might be accessed are properly authorized and/or supervised.

- Only authorized individuals who have a need for specific information in order to fulfill their respective job responsibilities are authorized to access ePHI, ePHI Systems or areas where ePHI might be accessed.
- Northwell Health uses a minimum necessary standard, as reiterated throughout this policy and other policies, as the basis for the type and extent of authorized access to ePHI.
- Northwell Health has established a documented process for granting authorization and supervising access to ePHI, including:

- Department Managers are authorized to request system access (including remote access) for users.
 - Northwell Health grants different levels of access to ePHI and to areas where ePHI might be accessed based on workforce members' roles and responsibilities.
 - Logging and tracking authorization of workforce members' access to ePHI and to areas where ePHI might be accessed.
 - Logging and tracking authorization of third parties' access to ePHI and areas where ePHI might be accessed.
 - Workforce members are not allowed access to ePHI or to areas where ePHI might be accessed until proper authorization is granted.
- Northwell Health has established a documented process for modifying access to ePHI, including:
 - Department Managers are required to periodically review users' rights to access ePHI to ensure rights are appropriate based on workforce members' roles and responsibilities through an established process with Office of the Chief Information Officer (OCIO) or appropriate application groups. Discrepancies must be reported to the Information Services (IS) Service Desk immediately for remediation.
 - Department Managers are responsible for notifying Human Resources when an individual is terminated or transfers within Northwell Health. This includes contractors and vendors, in addition to other workforce members, as defined in the Scope.
 - Human Resources are responsible for providing daily and monthly terminated employee lists in a standard format to OCIO Security, the IS Service Desk, and appropriate application administrators.
 - Medical Staff Services (Credentialing) is responsible for notifying OCIO Security, the IS Service Desk, and appropriate application administrators, when a doctor is disassociated or transfers within Northwell Health. Credentialing must also provide a monthly disassociated Doctor List to OCIO Security, the IS Service Desk, and appropriate application administrators.
 - All outsourced services providers (e.g., AllScripts/ITS) are responsible for notifying OCIO Security, the IS Service Desk, and appropriate application administrators, when an employee of their company is terminated or transfers to another area within Northwell Health. Outsourced Service Providers must also provide a monthly terminated employee list to OCIO Security, the IS Service Desk, and appropriate application administrators.
 - Northwell Health, as appropriate, reviews and revises the authorization of access to ePHI or to areas where ePHI might be accessed.

Termination Procedures

Northwell Health implemented a documented process for terminating access to ePHI when the employment or contracted services of individuals within the scope of this policy ends or access is no longer appropriate.

- When such an individual provides notice of his or her intention to end employment at Northwell Health or the individual is terminated by Northwell Health, the individual's Department Manager gives prompt notice to the IS Department or such other person designated as responsible for terminating access to ePHI for the departing individual so that access can be terminated when she/he leaves.
- Northwell Health logs, tracks, and maintains receipts and responses to such termination of access notices.
- Employees and contractors who are terminated, or whose association otherwise ends, are prohibited from retaining, giving away, or removing from Northwell Health premises any ePHI. At the time of his or her departure, the individual shall provide all ePHI in his or her possession to their Department Manager.
- After approved business activity is completed and at the time of termination, employees are responsible for returning all Northwell Health property to the appropriate department manager/designee, including but not limited to:
 - All originals and copies of any records, notes, memoranda, charts, reports, files, data, tools, telephones, personal digital assistants, laptop computers and any other computer hardware and computer software.
 - Any copies thereof, electronic paging and similar communications devices, equipment, machinery, identification cards, badges, parking and building passes, keys, Confidential Information and Confidential Medical Information.
 - Other Northwell documents, devices and materials that may have been in the employee's personal possession, custody or control that are the property, or relate to the business, of the organization.
- The Department Manager/designee or Site HR (as appropriate) must inform the employee at time of termination of their obligation to return all Northwell Health property, including all originals and copies of any records containing confidential or protected information.
- The manager is responsible for collecting from the terminating employee, on or before their last day of work, all Northwell Health property, including all originals and copies of any records containing confidential or protected information.

Training and Security Reminders

The Office of Corporate Compliance will provide training on HIPAA on, at least, an annual basis.

The Office of Corporate Compliance also periodically issues privacy information and awareness reminders to the Northwell Health workforce and may also distribute posters, in-service education, and newsletter items and post information to the Northwell Health website.

Sanctions

In compliance with the HIPAA Privacy and Security Rules, violations of this policy will be subject to disciplinary action as outlined in the Human Resources Policy and Procedure Manual and in the Bylaws, Rules and Regulations of the Medical Staff.

Document Retention

Any documentation generated in compliance with this policy will be retained for a minimum of 6 years from the date of its creation.

Questions related to access to, or the use or disclosure of PHI should be directed to the facility Privacy Officer.

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

- Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164
- Health Information Technology for Economic and Clinical Health (HITECH) Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA), Pub. L. No. 111-5 (Feb. 17, 2009)
- Northwell Health Human Resources Policy and Procedure Manual, Part 5
- Northwell Health Bylaws, Rules and Regulations of the Medical Staff
- Northwell Health Policy #100.25 - Health Care Proxy, Health Care Agent, Patient Representative, Support Person and Caregiver Designation Policy
- Northwell Health Policy #100.80 – Patient Solicitation Policy
- Northwell Health Policy #800.02 – Release of Protected Health Information for Living Patients
- Northwell Health Policy #800.45 – Notice of Privacy Practices
- Northwell Health Policy #800.46 – Patient’s Rights to Request Confidential Communications and Disclosure Restrictions of Protected Health Information
- Northwell Health Policy #800.51 – Release of Protected Health Information (e.g. Medical Records) for Deceased Patients
- Northwell Health Policy#800.52 – Release of Protected Health Information (e.g. Medical Records) for Living AIDS HIV Patients
- Northwell Health Policy#800.53 - Release of Protected Health Information for Living

Mental Health Patients

- Northwell Health Policy#800.54 - Release of Protected Health Information for Minors
- Northwell Health Policy#800.55 – Release of Drug and Alcohol Abuse PHI (e.g. Medical Record) for Living Patients
- Northwell Health Policy #800.58 – Facility Directory Opportunity to Agree or Object (Opt-Out)
- Northwell Health Policy #900.00 – Acceptable Computer Use Policy
- Northwell Health Policy #900.12 – Data Classification and Handling Policy
- Northwell Health Policy #GR094 Access Use and Disclosure of Protected Health Information for Research
- Northwell Health Policy #GR053 – Research at Northwell Health
- Northwell Health Policy #GR056 – Research with Human Subjects

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

ATTACHMENTS

N/A

FORMS

N/A

<u>APPROVAL:</u>	
System Administrative P&P Committee	10/26/17
System PICG/Clinical Operations Committee	11/17/17

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