



POLICY/GUIDELINE TITLE: Release of Protected Health Information (e.g., Medical Record) for Living Mental Health Patients	ADMINISTRATIVE POLICY AND PROCEDURE MANUAL
POLICY #: 800.53	CATEGORY: Compliance and Ethics
System Approval Date: 11/17/17	Effective Date: 8/15/13
Site Implementation Date: 1/9/18	Last Reviewed/Approved: 5/24/16
Prepared by: Office of Corporate Compliance	Notations: N/A

GENERAL STATEMENT of PURPOSE

To establish general requirements for authorizing access to, or the use or disclosure of, Protected Health Information (“PHI”) for purposes of providing high quality care to the patients of Northwell Health. The provisions contained in this policy and in all Northwell Health policies regarding PHI apply equally to the PHI of Northwell Health employees who also are, or have been, patients of Northwell Health.

POLICY

When an authorization is required, Northwell Health patients or the patient’s personal representative must authorize access to, or the use or disclosure of, their PHI by fully executing and submitting the Northwell Health “Authorization for Release of Protected Health Information Pursuant to HIPAA” form (“Authorization Form”). This policy is subject to limited exceptions, as outlined herein.

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

Protected Health Information or “PHI”: Any oral, written or electronic individually identifiable health information collected or stored by a facility. Individually identifiable health information includes demographic information and any information that relates to the past, present or future physical or mental condition of an individual. The Health Insurance Portability and Accountability Act (“HIPAA”) details eighteen items that render PHI identifiable:

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.

PROCEDURE/GUIDELINES

Special Provisions Related to Mental Health-Related PHI

Mental health-related PHI, which does not include “psychotherapy notes” or notes made by a mental health provider that are kept separate from other PHI, may be disclosed for purposes of obtaining payment (See Northwell Health Policy #800.42 – Confidentiality of Protected Health Information).

If disclosure of mental health-related PHI is requested for purposes other than payment, the mental health-related PHI will only be released upon approval of the Chair of Psychiatry, or his or her designee. For purposes of this policy, except where otherwise indicated, discharge-planning services and post-hospital services include discharges/transfers to other acute care facilities.

The release of mental health information for Research purposes is permitted with an authorization from the subject or a waiver of authorization from the Institutional Review Board.

This provision does not apply to the New York State Mental Hygiene Legal Service attorneys with access to inpatient mental health related PHI.

In order for a patient or the patient's personal representative to authorize the release of his or her mental health-related PHI, the patient or the patient's personal representative must validly execute an Authorization Form and initial or otherwise indicate the special provision of the Authorization Form relating to the disclosure of mental health related PHI.

There are certain exceptional circumstances in which mental health-related PHI may be disclosed without patient or the patient's personal representative authorization, including, but not limited to, reporting incidents of suspected child or adult abuse or neglect, certain emergencies, or situations in which the patient, client or another person is in imminent danger. In addition, certain information may be disclosed to other organizations or entities licensed or operated by the Office of Mental Health, Health Homes or Managed Care Organizations to provide, arrange for or coordinate health care services for such patients or clients who are enrolled in or receiving services from such organizations or entities. Questions regarding any such potential circumstances should be directed to the Chair of Psychiatry, or his or her designee, in consultation with the Northwell Health Office of Legal Affairs, as necessary.

Any valid subpoena or court order that would require disclosure of a patient's mental health related PHI will be referred to HIM for review and response in consultation with the Office of Legal Affairs and Risk Management, as necessary.

If the request involves a patient in a research study, the Office for the Human Research Protections Program will be contacted to determine if a Certificate of Confidentiality is in place, barring release of research related information even under a court order or subpoena.

Training

The Office of Corporate Compliance will provide HIPAA training on, at least, an annual basis and as needed for any updates.

Sanctions

In compliance with HIPAA, 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.

Documentation

The Northwell Health facility must document the medical record(s) that are subject to restriction. Any documentation generated in compliance with this policy will be retained for a minimum of 6 years from the date of its creation.

ENFORCEMENT

All violations of this policy shall be reported to the appropriate manager/supervisor/director or to the Office of Corporate Compliance (516.465.8097) for appropriate resolution of the matter.

You can also make an anonymous report to the Compliance Help-Line, 24 hours a day, 7 days a week, by calling (800) 894-3226 or by visiting www.northwell.ethicspoint.com online.

Applicability of Policy to PHI of Northwell Health Employees who are also Northwell Health Patients

The provisions contained in this policy, and in all Northwell Health policies regarding PHI, apply equally to the PHI of Northwell Health employees who also are, or have been, patients of Northwell Health.

Questions related to the approval or denial of requests for confidential communications or restrictions on 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

Final HIPAA Omnibus Rule (78 Fed. Reg. 5566)

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)

NYS Mental Hygiene Law §33

NYS Public Health Law §18

New York Secure Ammunition and Firearms Enforcement (SAFE) Act of 2013

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 #800.01 – Non-Intimidation and Non-Retaliation Policy

Northwell Health Policy #800.42 – Confidentiality of Protected Health Information

Northwell Health Policy #800.02 – Release of Protected Health Information for Living Patients

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

ATTACHMENTS

N/A

FORMS

VD001- Authorization for Release of Health Information Pursuant To HIPAA

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

Standardized Versioning History:

*=Policy Committee Approval; ** =PICG/Clinical Operations Committee Approval

*7/25/13

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