



Corporate Compliance

POLICY TITLE: Facility Directory Opportunity to Agree or Object (Opt-Out)	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: 800.58	CATEGORY SECTION: Compliance & Ethics
System Approval Date: 6/18/18❖	Effective Date: 1/13
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Prepared by: Corporate Compliance	Notation(s): N/A

GENERAL STATEMENT of PURPOSE

The purpose of this document is to outline the established requirements for proper acceptance and processing of a patient’s right to opt-out of a Northwell Health Hospital In-house Directory (“Directory”), as required by the HIPAA Privacy Standards.

POLICY

It is the policy of Northwell Health to use or disclose certain Protected Health Information only with the expressed or written authorization of the patient for the purpose of maintaining a Directory.

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

The following definitions apply for purposes of this Policy:

Directory Departments are identified by each hospital that may include but are not limited to Concierge Guest Services, Security, Telecommunications, Volunteers, Greeters, Patient Access Services, and the Information Desk.

Emergency Circumstances: If the opportunity to object to uses or disclosures cannot practicably be provided because of the patient's incapacity or an emergency treatment circumstance, we may disclose some or all of the Protected Health Information maintained in the Directory, if such disclosure is:

- a. Consistent with a prior expressed preference of the patient, if known, and
- b. In the patient's best interest as determined by a Qualified Practitioner, in exercise of professional judgment.
- c. We must inform the patient and provide an opportunity to object to uses or disclosures for Directory purposes when it becomes practicable to do so.

General Condition means a one-word condition recommended by the American Hospital Association. This information can only be disclosed by a qualified practitioner.

- *Undetermined* – Patient is awaiting physician and/or assessment.
- *Good* – Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.
- *Fair* – Vital signs are stable and within normal limits. Patient is conscious, but may be uncomfortable. Indicators are favorable.
- *Serious* – Vital signs may be unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.
- *Critical* – Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.

Hospital In-house Directory (“Directory”) includes patient name, location in the hospital, patient's general condition and religious affiliation for a patient who is an inpatient or is an outpatient in a bed where OPIB (Outpatient in Bed) system functionality exists. This includes Emergency Department Observation Unit patients.

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.

Qualified Practitioner means any licensed Physician, Physician Assistant, Nurse Practitioner, Midwife or Registered Nurse.

PROCEDURE

The following Protected Health Information may be used in a Directory and disclosed to persons who ask for the patient by name:

1. The patient's name.
2. The patient's location within the facility. Northwell Health **may not** release information that indicates a patient is being treated in an area of the facility that is limited to treatment of certain diseases or conditions, such as alcohol or drug rehabilitation, detoxification, psychiatric treatment, or communicable disease treatment.
3. The patient's condition in general terms that does not communicate specific medical information (i.e., good, fair, serious, critical)
4. The patient's religious affiliation (may be disclosed to members of the clergy only).

If the opportunity to object to uses or disclosures contained in the Directory cannot practicably be provided because of an emergency circumstance, such as the patient's incapacity or an emergency treatment circumstance, we may disclose some or all of the Protected Health Information maintained in the Directory. *Refer to Emergency Circumstances Definition. (Pg.2)*

Patient Admission to Hospital and Release of PHI

1. At the time of admission, our patients must be informed **verbally** of the Hospital's intent to use or disclose certain PHI in the Directory. The patient must be informed of the type of information that will be disclosed and the persons to whom the information may be disclosed.
2. If the patient indicates that he/she **does not want** to be included in the Directory, Admitting must give the patient the opportunity to object to the inclusion of his or her name at the time of registration.
3. The patient will be asked to complete the Hospital Inpatient Directory Request form available on Intranet Vital Docs. Department procedures shall be followed for processing the Form. (See Vital Document VD001B - Hospital In-house Directory Form).
4. Admitting staff **must enter** the patient's choice using the Directory Indicator Field in the Registration System.
5. If the opportunity to object cannot be provided, Admitting will include the patient in the Directory. As soon as reasonably practicable, the patient must be informed and provided the opportunity to object (e.g., when the patient is able to be interviewed). Each hospital will follow its local policies and procedures.
6. If the patient decides to change his/her mind regarding his/her choice, he/she will be asked to authorize this change on the Hospital Inpatient Directory Request form filed in his/her Medical Record. Admitting shall be informed so that they can change the Directory Indicator Field in the Registration System. Each hospital will follow their local procedures for notifying Admitting. This Form shall be kept in the patient's Medical Record. (See Vital Document VD001B - Hospital In-house Directory Form).
7. Hospital Directory Departments can only release the location of the patient in the hospital to persons who ask for the patient by name found in the Directory. Persons who insist that a patient is present and not found in the Directory shall be referred to hospital security.
8. A Qualified Practitioner can release the patient's general condition unless the patient has specifically requested that it not be released.

Patient Registration for Outpatient and Release of PHI

All outpatient locations for Ambulatory Surgery and Labor and Delivery maintain a list of patients; however, these patients are not considered part of the Directory that maintains inpatients.

1. **Acknowledgement of a patient's presence** in these locations and/or their general condition can only be made to the patient's designated personal representative or emergency contact documented at the time of registration or by the patient's expressed permission. General condition can only be shared at the discretion of, and by, a Qualified Practitioner.
2. **Acknowledgement of a patient who has been discharged** from any outpatient service location can only be made to the patient's designated personal representative or emergency contact documented at the time of registration or by the patient's expressed permission.

Patient Registration for Outpatients Where OPIB (Outpatient in Bed) System Functionality Exists and Release of PHI

1. **Acknowledgement of a patient's presence** in an outpatient location and/or their general condition can only be made to the patient's designated personal representative or emergency contact documented at the time of registration or by the patient's expressed permission. General condition can only be shared at the discretion of, and by, a Qualified Practitioner.
2. Patients will be given an opportunity during Registration or when the decision is made to place outpatient in a bed (OPIB) to be included in or excluded from the Hospital In-house Directory in the event they are placed as an outpatient in an inpatient bed location.

Release of PHI in the Emergency Room

1. **Acknowledgement of an unidentified or unconscious patient in the emergency room** can be released at the discretion of a Qualified Practitioner for purposes of identification and/or treatment purposes.
2. **Acknowledgement of a patient who is in the emergency room** can be made to persons who ask for the patient by name. No other information may be released. Any request to accommodate a patient's request for patient privacy will be evaluated and handled by each hospital emergency department's policies and procedures.

3. **Once a patient has been discharged from the emergency room**, no information pertaining to the discharge will be released. The persons inquiring will be told that a patient by that name is not found in our facility.

Emergency Room Patient Placed in Observation Status Where OPIB (Outpatient in Bed) System Functionality Exists and Release of PHI

1. At the time of ED Registration or at the time the decision is made to place an emergency patient in an observation status, the patient will be informed **verbally** of the Hospital's intent to use or disclose certain Protected Health Information in the Directory. The patient must be informed of the type of information that will be disclosed and the person to whom the information may be disclosed.
2. If the patient indicates that he/she **does not want** to be in the Directory, Registration must give the patient the opportunity to object to the inclusion of his/her name at the time of decision to place an emergency patient in an observation status.
3. The patient will be asked to complete the Hospital In-house Directory Request form available on Intranet Vital Docs. Department procedures shall be followed for processing the Form. (See Vital Document VD001B - Hospital In-house Directory Form).
4. Registration staff **must enter** the patient's choice using the Directory Indicator Field in the Registration System.
5. If the opportunity to object/consent cannot be provided, Registration will exclude the patient from the Directory. As soon as reasonably practicable, the patient must be informed and provided the opportunity to object/consent (e.g., when the patient is able to be interviewed). Each hospital will follow their local policies and procedures.
6. If the patient decides to change his/her mind regarding his/her choice, he/she will be asked to authorize this change on the Hospital In-house Directory Request form filed in his/her Medical Record. Registration shall be informed so that they can change the Directory Indicator Field in the Registration System. Each hospital will follow their local procedures for notifying Registration. This Form shall be kept in the patient's Medical Record. (See Vital Document VD001B - Hospital In-house Directory Form).
7. Hospital Directory Departments can only release the location of the patient in the hospital to persons who ask for the patient by name found in the Directory. Persons who insist that a patient is present and not found in the Directory shall be referred to hospital security.
8. A Qualified Practitioner can release the patient's general condition only if the patient has acknowledged that it is permissible to do so.

Training

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

Sanctions

In compliance with the HIPAA Privacy Rule, 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.

ENFORCEMENT

All violations of this policy shall be reported to the appropriate manager/supervisor/director and 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.

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

Northwell Health Policy #800.45 - Notice of Privacy Practices

Northwell Health Policy #800.46 - Patients' Rights to Request Confidential Communications, Restrictions of Protected Health Information

Northwell Health Policy #100.31 – Patient Spiritual and Cultural Needs

Northwell Health Information Security Policy #100.97 – Records Retention and Destruction

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

ATTACHMENTS

N/A

FORMS

VD001B Hospital In-house Directory Form

APPROVAL:	
Northwell Health Policy Committee	6/18/18❖
System PICG/Clinical Operations Committee	6/18/18❖

Standardized Versioning History:

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

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- ❖ Expedited Approval Granted by:
Winifred Mack, SVP/Operations – Chair, Northwell Policy Committee
Morris Rabinowicz, MD, Co-Chair, - System PICG/Clinical Operations Committee