



*Corporate Compliance*

<b>POLICY TITLE:</b>  <b>Release of Protected Health Information (e.g., Medical Records) for Living HIV/AIDS Patients</b>	<b>SYSTEM POLICY AND PROCEDURE MANUAL</b>
<b>POLICY #: 800.52</b>	<b>CATEGORY SECTION:</b> Compliance & Ethics
<b>System Approval Date:</b> 6/18/18❖	<b>Effective Date:</b> 8/13
<b>Site Implementation Date:</b> 6/18/18❖	<b>Last Reviewed/Approved:</b> 1/16
<b>Prepared by:</b> Corporate Compliance	<b>Notation(s):</b>  N/A

**GENERAL STATEMENT of PURPOSE**

The purpose of this document is to outline the established requirements for authorizing access to, or the use or disclosure of, Protected Health Information (“PHI”).

**POLICY**

It is the policy of Northwell Health that a fully executed Authorization for Release of Protected Health Information Pursuant to HIPAA (“Authorization Form”) must be completed and is required to access, use or disclose PHI of patients living with HIV/AIDS. 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 (“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.

## **PROCEDURE**

### **Special Provisions Related to HIV/AIDS PHI**

PHI related to HIV/AIDS may only be disclosed in accordance with New York State Law Article 27-F.

In order for a patient or the patient’s personal representative to authorize the release of his/her PHI related to HIV/AIDS, the patient or the patient’s personal representative must validly execute an Authorization Form and initial the special provision of the Authorization Form relating to the disclosure of PHI related to HIV/AIDS.

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

Any valid court order that would require disclosure of a patient's PHI related to HIV/AIDS will be referred to HIM for review and response in consultation with the Office of Legal Affairs, as necessary.

### 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.

### 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 will be directed to the facility Privacy Officer.

## **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](http://www.northwell.ethicspoint.com) online.

**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
- Northwell Health Human Resources Policy and Procedure Manual, Part 5
- Northwell Health Bylaws, Rules and Regulations of the Medical Staff
- Northwell Health Policy #800.02 – Release of Protected Health Information for Living Patients
- Northwell Health Policy #800.42 – Confidentiality, Use, Access and Disclosure of Protected Health Information
- Northwell Health Policy #800.47 – Disposal Policy for Protected Health and Confidential Health System Information
- Northwell Health Policy GR094 Access, Use and Disclosure of Protected Health Information for Research
- Northwell Health Policy #100.97 – Records Retention and Destruction

**CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES**

N/A

**ATTACHMENTS**

N/A

**FORMS:** VD001- Authorization for Release of Health Information Pursuant To HIPAA

<b>APPROVAL:</b>	
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

\*5/15/13

\*\*7/25/13

\*4/28/16

\*\* 5/24/16 (e-vote)

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