UNC HCS PRIVACY GUIDELINES
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GUIDELINES FOR CONTACTING PATIENTS

We have to contact patients for many purposes including:

1. Appointment reminders
2. Scheduling appointments or procedures
3. Providing patient instructions prior to or after a procedure
4. Relaying test results; Follow-up after visit to emergency department or other departments

Patient rights must be respected in all conversations with or about patients, including telephone contact, voice mail and answering machine messages.

Before contact is made, be sure the patient has not exercised any of the applicable patient rights described below, such as the right to an alternative method or location for communications or a restriction on particular disclosures.

Appointment Reminders:

By Telephone:

Appointment reminders (to a person or to a voice mail system) must be limited to:

- Name of the patient and caller.
- Identification of one of the following: the clinic or the physician, depending upon which is least revealing of the nature of the visit (to be determined by the Department/Clinic).
- Date & time of the appointment.
- And if practical, a callback number for further questions.

Do NOT leave the name of the specific procedure or reason for the visit.

Make every effort to speak to the patient, but if the patient is not available, leave a message with the above limited information. If the person on the telephone requests more detailed information, explain that due to privacy regulations, you are unable to provide any detailed information to anyone other than the patient/parent/legal guardian or caregiver indicated by the patient.

EXAMPLE: This is Jill from UNC Family Medicine calling for Nancy Smith to remind her of her appointment on Friday at 2 p.m. If she has any questions, please call me at 111-2222.

EXAMPLE: This is Jill calling for Nancy Smith to remind her of her appointment with Dr. Jones on Friday at 2 p.m. If she has any questions, please call me at 111-2222.

By Mail:

Reminders should be addressed to the patient and should be either: postcards that fold and seal so that no patient information is visible or notices in a sealed envelope.

Scheduling Appointments; Pre-registration; Patient Intake Prior to Procedure; Instructions for Preparation for Procedure

The telephone guidelines described above should be followed. However, in these cases, there will most likely be a need to provide the patient with more detailed information. As a result, every effort should be made to speak directly with the patient. If the patient is unavailable, you may leave a message for a patient to return the call, stating that it is not an emergency (often patients perceive that there is something wrong).

Relaying Test Results to Patients; Follow-up Calls

The telephone guidelines described above should be followed when contacting a patient by telephone to relay test results or follow up. However, messages regarding the details of test results should not be left with someone other than the patient/parent/legal guardian or caregiver, nor should the test results be left on an answering machine or voicemail unless the patient directs otherwise.

If the patient directs that results be provided to someone other than the patient/parent/legal guardian instead of the patient, or that results be left on an answering machine or voicemail, that direction must be documented in the patient record on the approved Alternative Communications form.

If the patient does not return the call, write a letter to the patient relaying the test results, or call the patient again.

GUIDELINES
FOR HANDLING REQUESTS FOR RELEASE OF PATIENT INFORMATION

Information shall not be released to any requester unless the requester has a right to the information, based upon the procedures stated below. We must make reasonable attempts to verify the identity of the requester prior to any release of information. Except with respect to requesters requesting directory information who ask for a patient by name, requesters must supply the listed identifiers prior to disclosure of information.   These procedures would apply whether the request is by telephone, in person or in writing.

These guidelines do not cover every possible scenario. Good judgment and common sense need to be used. If you are not sure about releasing information, you should not release it until you are sure that the release would be appropriate under the UNC HCS policies.

I.   Identification Procedure
   a. Obtain requester's name and relationship to patient to identify requester.
   b. Obtain purpose of request and basis for our providing information.
   c. Refer to the Verbal Release of Protected Health Information (PHI) Policy located in the Hospitals Policy Manual. This policy describes the process for verbal release of PHI, including verification of the identity of individuals requesting PHI, setting passwords for family members and friends to obtain PHI, and releasing PHI to such individuals.

   Family Members/Friends involved in care of patient
   a. Check the medical record (electronic or hard copy) to determine whether the patient has indicated he/she objects to disclosures to family members/friends. If not, proceed to b. below. If objection is indicated, no information may be given.
   b. Requester should give his/her address and phone number, and and a photo ID/number. If feasible, this information should be retained in the medical record to assist in future identification of family members/friends. Compare the information about the requester with information that may have been given by the patient about his/her family/friends and recorded in the medical record.
   d. If the employee has any question about the identity of the requester, Hospitals Police may be contacted to run a search on the individual using his/her drivers' license (if available). If necessary, the employee can verify with the patient the requester's right to information, and the employee may call the requester back.

e. Once the requester has been identified, information may be given as stated in the section below regarding release of information to family and friends.

Personal Representatives of Patient
a. Use the procedure above to verify the identity of the individual claiming to be the patient's representative.
b. Prior to release of information, obtain a copy of the document granting authority of the individual as the patient's representative (Health Care Power of Attorney, Guardianship papers, etc.). The copy should be placed in the medical record. If the employee has any question about who may be the authorized personal representative for the patient, reference the Authorized Representative Policy in the Hospitals Policy Manual, contact supervisor or the Legal Department.
c. If the patient is not capable, the authorized representative has a right to any information which the patient may obtain.

Other Requesters (Law Enforcement, Government Agencies, Other Officials)

a. If the requester is a law enforcement official refer the individual to the applicable police department: at UNC Hospitals, the appropriate department would be Hospitals' Police; at a UNC site, the appropriate department would be UNC Campus Police.
1. For requests from other government agencies, officials, or attorneys, no information should be given by a department, but the individual will be referred in accordance with the UNC HCS "Investigative Activities in the Hospital" Policy.

Release of information must be limited to only the minimum amount of information necessary to answer the caller's request. If there is any question about the amount of information to be given to a caller, before releasing the information, the employee should contact their supervisor.

II.   **Information that is allowed to be released to a person inquiring about a specific patient**

No information should be given if an inquirer does not reference the patient by name. **No information, including patient location, can be provided regarding patients receiving mental health or substance abuse health services unless they have "opted in" to the patient list. (If there are any questions about releasing information regarding such patients, no information should be released and the questions referred to the Psychiatry Admissions Office.)**

Persons requesting patient by name:

UNC HCS maintains a list of patients currently in the hospital to provide the following "patient list" information to people who request it, <u>unless the patient objects</u> (see paragraph below):

2. The patient's location in UNC HCS;

3. The patient's condition described in general terms that do not give specific medical information about the patient ("good", "fair", "serious", "critical", or "deceased"). <u>Stable</u> is not considered a patient condition and should not be given out as such. Medical condition definitions are as follows:

    a. Good – Vital signs are stable and within normal limits. Patient is conscious and comfortable. Prognosis is excellent.

    b. Fair – Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable. Prognosis is favorable.

    c. Serious – Vital signs may be unstable and not within normal limits. Patient is acutely ill and may not be conscious. Prognosis is questionable.

    d. Critical – Vital signs are unstable and not within normal limits. Patient may not be conscious. Prognosis is unfavorable.

4. Deaths may be confirmed in most cases, after the family has been notified, and only if the family has not asked that this information not be released. In the case of a deceased patient, the date and time of death may not be released unless the authorized representative of the patient signs a UNC HCS Authorization form authorizing release of that information. No information may be released about the cause of death.

The patient has the opportunity to object to disclosures by UNC HCS of information in the "patient list". <u>No information about the patient should be given</u> if the patient's computer record or the General Consent for Treatment filed in the patient's hard copy medical record indicates that the patient objects to having his/her information released from the "patient list", and the staff member should respond "we have no information on that person". No information, including patient location, can be provided regarding patients receiving mental health or substance abuse health services unless they have "opted in" to the patient list. (If there are any questions about releasing information regarding such patients, no information should be released and the questions referred to the Psychiatry Admissions Office.)

Should the person continue to inquire about a patient who does not want his/her information released, the staff should suggest that they contact the person's family or their source of information. If the person is still not satisfied, the staff should ask them to hold or wait, and the staff should contact their department manager or director for assistance. The department manager/director may choose to contact the patient to alert them to the situation.

Clergy:
The above "patient list" information including religious affiliation, is included on a community clergy list and will be provided to those clergy when requested. Chaplains employed by UNC HCS are not considered community clergy, and will receive patient information to perform their patient care responsibilities. Religious affiliation should not be given to clergy if the patient's computer record or the General Consent for Treatment filed in the patient's hardcopy medical record indicates the patient objects to having his/her religious affiliation released to clergy, and such patients will not be included on the community clergy list.

Family and friends:
Unless the patient objects, limited personal health information may be shared with family, friends and/or representatives of the patient (see verification procedures above): (1) if related to his/her care or payment for care, or (2) if needed to notify individuals about the patient's location or general condition. No personal health information should be shared if the patient's computer record or the General Consent for Treatment filed in the patient's hard copy medical record indicates the patient objects to having personal health information shared with his/her family, friends and/or representatives.

Other inquiries:
If any other individual, including, but not limited to, law enforcement, governmental officials or attorneys, requests patient information, no information should be given without verification of the requester's credentials and only in accordance with UNC HCS policies including the health information management department's Release of Medical Information policy and the Investigative Services in the Hospital policy.
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Florists:
All florists should deliver flowers to Volunteer Services. Flowers will be delivered by Volunteer Services to all patients, including patients who have "opted out" of the patient list, with the exception of patients admitted for mental health or substance abuse. Volunteer Services will check the census to determine if patient is admitted for mental health or substance abuse services. If a patient admitted for mental health or substance abuse services has not "opted in" to the patient list, then the flowers will not be delivered. If the patient has "opted in" to the patient list, then Volunteer Services will deliver the flowers to the patient.

Media/Press:
If the media/press inquires about a patient refer these requests to the applicable Public Affairs and Marketing Department.

Carolinas Poison Center:
Carolinas Poison Center has been delegated authority to follow up on poison cases by the CDC and is functioning as a public health authority. Hospitals are permitted under HIPAA to disclose PHI to public health authorities.

- UNC HCS staff who are contacted by the Poison Center with a request to release PHI should document the request from the Poison Center and tell the requester that they will call them back with the requested information.
- Verification of Identity: The identity of the caller must be verified by calling the National Poison Center phone number (1-800-222-1222) and provide either the patient's name or the substance. Poison Center stickers with the phone number should be on each phone in all patient care areas.
- UNC HCS staff who release PHI to the Poison Center must account for the disclosure. See Guidelines for Accounting of Disclosures of PHI.

American Red Cross (Armed Forces Emergency Services):

The American Red Cross is responsible for providing 24-hour emergency communications services for U.S. military personnel and their dependents/family members during times of family crises. All information regarding the status of military personnel and their hospitalized family members is screened and transmitted through the Armed Forces Emergency Services branch of the National American Red Cross. Red Cross caseworkers may contact UNC HCS regarding the condition of family members of service members. The usual request is for a verbal interpretive statement from the doctor (with the doctor's concurrence the information may be relayed by a nurse, resident, intern, physician's assistant, social worker, or medical secretary) which may consist of the following:

1. Diagnosis
2. Current condition
3. Prognosis
4. Approximate hospital stay
5. Date scheduled for surgery (if applicable)
6. Life Expectancy (if condition is life threatening)
7. Doctor's recommendation for presence on the part of a service member

- UNC HCS staff who are contacted by a Red Cross caseworker inquiring on the condition of family members of service members, should document the request from the caseworker and inform the caseworker that they will be contacted after authorization has been obtained from the patient.
- The UNC HCS staff member must obtain a written authorization from the patient or authorized representative prior to releasing the information to the American Red Cross caseworker. (See section III below Obtaining Authorization for Release of Medical Information)
- Once the authorization has been obtained and the information requested has been gathered, the UNC HCS staff will contact the American Red Cross caseworker during normal business hours or pager during nights and weekends. This procedure helps to ensure the identity of the caller.

Conference Room Clean up:

Upon the conclusion of meetings held in conference rooms or other shared meeting locations, staff members should remove all PHI and other confidential

documents and clean off white boards that may contain PHI and other confidential information. This will ensure that PHI and other confidential information is not left for access by other persons utilizing the conference rooms.

III.   Obtaining Authorization for Release of Medical Information

Authorization Form MIM #710-S/HD 555 Rev 10/03:
To request records relating to a UNC HCS patient from other facilities or other health care providers, complete Authorization Form MIM #710-S/HD 555 Rev 10/03. The form should be completed in its entirety, and the patient or the patient's authorized legal representative should sign. This form can also be used to obtain the authorization from the patient for UNC HCS to release the patient's information to outside facilities or providers. If you have any questions contact the UNC HCS entity's medical/health information management department.

For direct patient care transfers (nursing homes, rehab facilities, etc.), nursing services and other support departments may release copies of the medical record to the health care personnel transporting the patient (in accordance with all other applicable policies). For all other requests for copies of information related to treatment, continued stay, or non-direct transfers, (e.g. outside facility, health care provider or an insurance company, patient, family, etc.), refer request/requestor to the entity's medical/health information management department.   If you have any questions about what is appropriate to release, contact your department manager/director.

Copies of the Authorization Form MIM #710-S/HD 555 can be ordered from the UNC Hospitals Printing Department or accessed online @ Authorization Form MIM #710-S/HD 555

GUIDELINES FOR ADDRESSING PATIENT RIGHTS

Under the UNC HCS policies and procedures, patients have certain rights related to their Protected Health Information (PHI). We all need to know about these rights, and know how a patient can exercise these rights. Each patient will receive a copy of the Notice of Privacy Practices (NPP) of UNC HCS. The NPP is a summary of the UNC HCS's privacy policies and procedures which tells patients of their rights and UNC HCS's requirements for the privacy of the patient's PHI.

<u>Right to Request Restrictions on Uses and Disclosures of PHI</u>

A patient has the right to request that UNC HCS restrict: (1) uses and disclosures for treatment, payment and health care operations; and (2) disclosures permitted for involvement in the patient's care and for notification purposes.

UNC HCS is not required to agree to the restriction; however, if UNC HCS agrees to the restriction, it must abide by it except in emergencies. Requests for restrictions on uses and disclosures of PHI should be referred to your entity's Privacy Officer.

<u>Right to Confidential and Alternative Communications</u>

A patient has the right to request how and where the patient is contacted about PHI.   UNC HCS must accommodate reasonable requests. If you receive a request from a patient for alternative communications, you should ask the patient to complete the approved form and follow your departmental procedures for honoring this request.

<u>Right to Accounting of Disclosures</u>

A patient has the right to receive an accounting of the disclosures of PHI made by UNC HCS entities in the 6 years prior to the request (but not prior to April 14, 2003), with certain exceptions such as disclosures for treatment, payment and health care operations. Requests for accounting of disclosures should be referred to your entity's Privacy Officer.

<u>Right to Amendment/Correction of PHI</u>

The patient has the right to have UNC HCS amend his/her PHI for as long as UNC HCS maintains the information. Requests for amendments or corrections should be referred to the applicable entity's Medical Information Management Department (Release of Information).

Right of Access to PHI

With certain exceptions, the patient has a right to inspect and receive a copy of his/her PHI that is used, in whole or in part, to make decisions about the patient, for as long as UNC HCS maintains the information. Requests for access to PHI should be referred to the applicable entity's Medical Information Management Department (Release of Information).

Right to Complain about Privacy and Security Policies and Procedures

Patients have a right to complain about UNC HCS policies and procedures regarding privacy and security of their PHI. Patients may complain to the involved entity's Privacy Officer.

Right to Revoke Consent for Release of PHI

Patients have the right to revoke their consent for release of PHI about them. If a patient wishes to revoke consent for release previously given, follow your departmental procedures or contact entity's health information management department (Release of Information).

Refraining from Intimidating or Retaliatory Acts

Neither UNC HCS nor any of its employees or contractors may intimidate, threaten, coerce, discriminate against, or take any other retaliatory action against a patient or a patient's representative for exercising their rights.

Waiver of Rights

UNC HCS may not require an individual to waive his/her rights under UNC HCS policies or HIPAA as a condition of treatment, payment, enrollment in a health plan, or eligibility for benefits.

APPROPRIATE DISPOSAL OF PHI AND OTHER CONFIDENTIAL INFORMATION

UNC HCS is responsible for appropriate disposal of all PHI and other confidential information, including that in hard copy materials such as paper or microfiche; magnetic media such as diskettes, CD ROM, tapes, or hard drives; Each work area should have a locked confidential bin for disposal of all information.

Hard copy materials such as paper or microfiche must be properly shredded or placed in a secured bin for shredding later. Electronic media such as diskettes, CD-Rom's, tapes, or hard drives must also be disposed of properly. Refer to the specific procedures below and your entity's disposal procedures.

Onsite Shredding Service:
UNC HCS has implemented an onsite shredding service for all of its entities (Rex Healthcare, UNC Hospitals, UNC Physicians and Associates, and UNC School of Medicine).

Specific procedures:
- All paper items must be placed in the secure bins, including: colored paper, computer paper, fax paper, glossy paper, invoice paper, stationery window envelopes, post-it notes and even staples and paper clips are OK. Items that should not be placed in the bins include: carbon paper, transparencies, food waste and personal hygiene items.
- Hard materials such as diskettes, CD-ROMs, plastic cards can also be placed in the secure bins with the paper items. Special secure bins have been placed in Pharmacy for disposal of prescription bottles.
- The blue recycling cans currently in use will continue to be allowed, but must be emptied daily into the secure bins.
- The recommended method of disposal for IV bags with patient labels is to place them in the red biohazard bags for incineration. If this is not possible then the label should be marked through with a black marker before disposal in the trash.

GUIDELINES FOR ACCOUNTING OF DISCLOSURES OF PHI

An accounting of disclosures of protected health information must be maintained for uses and disclosures for which a patient may not be aware that such disclosures have been made. Listed below are potential areas where the accounting of disclosure requirement applies:

- Public Health Authorities
  - Surveillance
  - Investigations
  - Interventions
  - Foreign governments collaborating w/US public health authorities
  - Recording births and deaths
  - Child and Elder abuse
  - Prevent serious harm
  - Communicable disease
- Food and Drug Administration
  - Adverse events, product defects or biological deviations
  - Track products
  - Enable product recalls, repairs or replacements
  - Conduct post marketing surveillance
  - Manufacturers of defective products
- Employer
  - To employer requesting healthcare be provided to their employee
  - Medical surveillance
  - Work related injury or illness
  - OSHA or similar state law
- Health Oversight
  - Government benefit program
  - Civil rights laws
  - Trauma registry
  - Tumor registry
  - Vital statistics
- Judicial and Administrative Proceedings
  - Court order

- Law Enforcement
  - As required by law
  - Court order, court ordered warrant, or summons
  - Administrative request
  - Locating a suspect, fugitive, material witness or missing person
  - Emergency treatment, crime is elsewhere
  - Victims of crime
  - Crimes on premises
  - Suspicious deaths
  - Avert a serious threat to health or safety
- Deceased Persons
  - Coroner or Medical Examiner
  - Funeral Directors
  - Organ Procurement
- Research (w/o authorization)
- Specialized Government Functions
  - Military and Veterans activities
  - Protective services
  - Department of State: medical suitability
  - Government programs providing public benefits
  - Foreign military personnel
- Worker's Compensation
  Comply w/existing laws (see state law)
- State Health Data Commission (unless operations)
- U.S. Embassies
  - Contractors/Vendors/Business Associates (If not for TPO)

An accounting will **not** have to be maintained for the following types of disclosures:

- To carry out treatment, payment and health care operations
- To the patient or authorized representative
- Pursuant to an authorization signed by the patient or authorized representative
- For the facility's directory or to persons involved in the individual's care or other notification purposes
- For national security or intelligence purposes
- To correctional institutions or law enforcement officials having lawful custody of an inmate
- For incidental disclosures
- For Limited Data Sets used for research purposes

Procedures & Responsibilities for maintaining the accounting of disclosure:

- UNC HCS staff that make disclosures of protected health information are responsible for maintaining a written accounting of those disclosures that meet the accounting requirements. Please refer to UNC HCS Accounting of Disclosures Policy for details of what information is required to be tracked.

- UNC HCS staff will be required to document the accounting of disclosures in the Daily Accounting of Disclosures Log. Each department will be responsible for developing a system to enter the disclosures into the Institutional Disclosure Tracking System.

GUIDELINES FOR RELEASE OF PHI FOR RESEARCH PURPOSES

Requirements for Release of Protected Health Information (PHI) for research purposes:

- All requests for disclosure of PHI for research purposes, including both paper and electronic records (WebCIS), must be submitted first to the Medical Information Management Department. These requests must include the form entitled "Request for Access to Protected Health Information for Research Purposes" (Form HD974) together with attached required documentation described on form. The Medical Information Management Department will send the relevant documentation to the appropriate records custodian.

- UNC HCS staff who are requested to disclose PHI for research purposes must ensure that the required documentation from the researcher has been obtained prior to releasing the PHI.

- Access to PHI for research purposes must be limited to a period of time not to exceed the duration of the IRB approval for the research protocol, which is noted on the IRB approval letter. (There are exceptions which are described in the UNC-CH Research Policy.)

Disclosures From Clinical Systems: Any one of the six (6) following options may be used for HIPAA-compliant disclosure of PHI from UNC HCS records for research purposes. For options 1, 2, and 5, a copy of the IRB approval letter must be presented by the researcher in addition to HIPAA documentation:

(1)   Most research access to PHI will require the following documentation. The exceptions are covered under one of the other five options.
  - o **Authorization** signed by the patient or (or copy of informed consent document signed before 4/14/03). This covers release of all PHI described in the document. OR
  - o **IRB Waiver of Authorization** (or copy of IRB waiver of informed consent approved prior to 4/14/03). This covers release of all PHI described in the waiver document.

(2)   Research Eligibility Prescreening and/or Recruitment Contact: UNC HCS staff who are requested to disclose PHI for research subject eligibility prescreening and possible recruitment contacting of patients must obtain from the researcher written **IRB waiver of authorization or IRB limited waiver of authorization for recruitment** prior to releasing the PHI.

(3)   Review Preparatory to Research Only: This scenario does not include access to PHI for research subject eligibility prescreening and/or recruitment contact. UNC HCS staff who are requested to disclose PHI for reviews preparatory to research must obtain a written statement from the researcher that the:
  - (1)   the researcher wants access to the PHI **solely** to determine whether there is sufficient data to support a specific protocol or an idea for a research study;
  - (2)   the researcher will not record any individually identifiable PHI; and
  - (3)   the researcher will not remove any PHI from the records; and
  - (4)   the access to the PHI is necessary for preparation for research; and

(5)   patients will not be contacted using PHI obtained in this review preparatory to research.

(Note: Aggregate "de-identified" data can be released directly to the researcher without additional documentation – see "De-identified Information" below.)

(4)   Only Decedents: UNC HCS staff who are requested to disclose decedents' PHI for research purposes must obtain a written statement from the researcher that:
(1)   the access is requested solely for research on PHI of decedents; and
(2)   the PHI of these decedents is necessary for the research study; and
(3)   upon request the researcher will provide documentation of the death of the individuals whose PHI is accessed and used.

(5)   Limited Data Sets: UNC HCS staff who are requested to disclose a limited data set (see definition below) for research purposes must obtain a Data Use Agreement with the researcher prior to release of the requested information.   The form HD974 incorporates a Data Use Agreement (see A.2 of the form HD 974) with UNC Chapel Hill researchers. For disclosure of PHI to researchers outside of UNC Chapel Hill, there needs to be a Data Use Agreement executed between the external research entity and UNC HCS. Contact the UNC Chapel Hill Office of University Counsel for assistance. A limited data set **may not include** any of the following direct identifiers of the individual or the individual's relatives, employers or household members:

• Names	• Certificate/license numbers
• Any geocodes that identify an <u>individual household</u> , including postal address information other than town or city, state and zipcode	• Vehicle identifiers and serial numbers, including license plate numbers
• Telephone numbers	• Device identifiers and serial numbers
• Fax numbers	• Web universal resource locators (URL)
• Electronic mail addresses	• Internet protocol (IP) address numbers
• Social security numbers	• Biometric identifiers, including finger and voice prints
• Medical record numbers	• Full face photographic images and any comparable images
• Health plan beneficiary identifiers	
• Account numbers	

Note that a Limited Data set **may include**:
- All elements of dates directly related to an individual, including birth date, admission date, discharge date, dates of health care procedures or other services, and date of death.

(6)   De-Identified Information: UNC HCS staff who are requested to disclose "de-identified" information do not have to obtain HIPAA documentation.   Data is not considered PHI if it is <u>completely</u> de-identified.   There are 18 identifiers that must be removed to create "de-identified" information. Identifiers concerning the individual and the individual's employer, relatives and household members that **must** be removed include:

• Names	• Certificate/license numbers
• Geographic subdivisions smaller than a state	• Vehicle identifiers and serial numbers, including license plate numbers
• Zip codes	• Device identifiers and serial numbers
• All elements of dates except year directly related to an individual, including birth or death or dates of health care services or health care claims	• Web universal resource locators (URL)
	• Internet protocol (IP) address numbers
• Telephone numbers	• Biometric identifiers, including finger and voice prints
• Fax numbers	• Full face photographic images and any comparable images
• Electronic mail addresses	• Any other number, characteristic or code that could be used to identify the individual
• Social security numbers	
• Medical record numbers	
• Health plan beneficiary identifiers	
• Account numbers	

Note: Although a de-identified data set cannot contain a birth date, it may contain the individual's age expressed in years, except for individuals who are aged 90 years or more. For persons aged 90 years and above, the age in a de-identified data set can only be stated as being within the category of age 90 or above.

Accounting of Disclosures Requirements:

- **Authorization:** UNC HCS staff who disclose PHI for research purposes pursuant to an Authorization are not required to account for these disclosures.

- **IRB Waiver of Authorization (Less than 50 individuals):** UNC HCS staff who disclose PHI for research purposes pursuant to an IRB Waiver of Authorization must maintain a written accounting of each individual disclosure as required by the UNC HCS Accounting of Disclosures Policy.

- **IRB Waiver of Authorization (50 or more individuals):** If UNC HCS has made disclosures for a particular research purpose for 50 or more individuals, an individual written accounting of each disclosure does not have to be maintained by the UNC HCS staff; however, UNC HCS is required to maintain a master list of protocols for which PHI of 50 or more individuals has been accessed, including all information required with respect to such protocols as specified in the UNC HCS HIPAA Research Policy.

- **Reviews Preparatory to Research Only (#3 above) or Disclosure of Decedents' PHI (#4 above):** UNC HCS staff who disclose PHI for research purposes pursuant to these options as described in #3 and #4 above must maintain a written accounting of each individual disclosure as required by the UNC HCS Accounting of Disclosures Policy.

- **Limited Data Sets (#5 above) or De-identified Information (#6 above):** UNC HCS staff who disclose "de-identified" information or "limited data sets" are not required to account for these disclosures.

HIPAA research policies, forms and information may be found at the University HIPAA website (http://unc.edu/hipaa/), the School of Medicine HIPAA website

(http://www.med.unc.edu/hipaa/), and at the UNC Health Care System HIPAA website (http://intranet.unchealthcare.org/site/w3/hipaa). IRB forms and policies, including forms for IRB review of proposed authorizations or waivers of authorization for UNC Chapel Hill research can be found at the UNC IRB web site
@ http://research.unc.edu/services/forms.php

FREQUENTLY ASKED QUESTIONS

- **Release of PHI**
  1. Do HIPAA Privacy requirements prohibit me from sending patient information to someone who will be providing continuing treatment?
  HIPAA allows releases of information for treatment purposes without consent. However, NC law requires consent for certain releases of information, the General Consent for Treatment Form signed by patients upon admission or registration provides us with the necessary consent to continue releasing patient information for the purposes of treatment, payment and healthcare operations (TPO).
  2. Are we allowed to release PHI to the American Red Cross for military purposes?
  With a signed patient authorization form we will be able to release PHI to the American Red Cross.

- **Notice of Privacy Practices and General Consent for Treatment**
  1. Does the Notice of Privacy Practices have to be provided to the patient at every visit?
  No. The Notice of Privacy Practices only has to be provided to our patients at first encounter. If the Notice of Privacy Practices is revised then we have to make it available to our patients, but we do not have to obtain their acknowledgement of receipt again.
  2. Does the General Consent for Treatment have to be signed by the patient at every visit?
  As part of the registration/admitting process, the General Consent for Treatment is to be signed by each patient or his or her authorized representative upon each encounter (i.e. inpatient admissions, outpatient observations, or Emergency visits) with the exception of outpatient clinic visits and ancillary only visits. Outpatient clinic visits and ancillary only visits are signed annually as indicated in the computer system. However, during the initial distribution of the Notice of Privacy Practices, patients may sign the General Consent for Treatment early in order to obtain the acknowledgment of receipt of the Notice of Privacy Practices.
  3. What do we do if someone refuses to sign the acknowledgement that they received the Notice of Privacy Practices?
  The registration staff will document in the registration system that the patient refused to sign. However, the staff should explain to the patient that they are only signing to acknowledge that they received the Notice of Privacy Practices and not that they agree or accept the terms of the Notice of Privacy Practices.
  4. If the patient wants to read the General Consent for Treatment and the Notice of Privacy Practices before signing, is it OK to have the patient see the doctor and sign after the visit?
  In order to minimize interruptions to the registration process, it is required that the patient go ahead and sign the last page of the General Consent for Treatment and at check out the patient can sign the acknowledgment of receipt of the Notice of Privacy Practices and select any "opt outs". The staff have

been provided the capability to update the information in the registration system.

5. What do we do if the patient refuses to sign the General Consent for Treatment?
   If not an emergency situation (follow existing procedures for determining whether or not it is an emergency situation), explain to the patient that the General Consent for Treatment provides us his/her consent to treat them and if they do not sign the form then we cannot treat them.

6. What do we do if the patient asks us for additional restrictions for uses and disclosures of their information?
   The staff should request that the patient complete a Request for Restrictions for Use and Disclosure of PHI Form that will be reviewed by the involved entity's Privacy Officer to determine whether or not we will agree to the requested restriction.

- **E-Mail and PHI**
    1. After April 14, 2003 can I still e-mail patients with account information or any information that may include PHI?
       There are certain requirements that must be in place to continue communications with patients via e-mail. These include the following: a) Approved e-mail guidelines provided to patient, b) Acknowledgment of patient's consent to communicate via e-mail and c) Notice of Privacy Practices provided to patient electronically prior to first communications. Procedures will be in place that automates these requirements. Please refer to the following guidelines located on the School of Medicine Web site:
       http://www.med.unc.edu/hipaa/documents/clinicianemail_guidelines.doc
   web site for more information.
    2. After April 14, 2003 can I continue to communicate PHI via e-mail with other UNC HCS staff and external business partners?
       UNC HCS E-Mail policy allows the use of e-mail containing PHI within the UNC HCS internal network. However, new e-mail procedures will be required for e-mails outside of the UNC HCS network. You will receive instructions as these new procedures are finalized. In the interim continue your essential business functions.

- **"Opt Outs"**
    1. When patients are called back to a room, there are many times that he/she may have a family member with them. Is it an acceptable practice to allow the family member to come back with the patient?
       If the patient does not object to the family member being present, it is OK to continue this practice.
    2. How will staff know when a patient has selected any of the "Opt Outs" on the General Consent for Treatment?
       The General Consent for Treatment is filed in the paper medical record. Also, the "Opt Outs" will be tracked on various systems and reports, including SMS and Web CIS.
    3. How do we address outside callers and visitors who ask for a patient by name that has "Opted Out" of the patient list/directory?

Inform the caller or visitor that "I have no information available on this person". Should the caller or visitor continue to inquire about a patient who does not want his/her information released, the staff should suggest that the caller or visitor contact the person's family or their source of information. If the caller or visitor is still not satisfied, the staff should ask them to hold or wait, and the staff should contact their department manager/director for assistance. The department manager/director may choose to contact the patient to alert them to the situation.

4. What information can we release if a person requests the patient by name and the patient has not "Opted Out" of the patient list?

The patient's name, the patient's location in UNC HCS, and the patient's condition described in general terms that do not give specific medical information about the patient ("stable", "serious", or "critical"). If the patient is deceased, refer the caller to Marketing/Public Affairs Department.

- **Accounting of Disclosures**
  1. What disclosures of PHI need to be tracked and accounted for as required by HIPAA?

     An accounting of disclosures of protected health information must be maintained for the types of uses and disclosures which are typically made without the knowledge of the patient, such as disclosures which are required by law and do not require the patients authorization. See UNC HCS Accounting of Disclosures Policy for complete listing of disclosures that must be accounted.

  2. Do disclosures of PHI made in context of reporting concerns about child abuse need to be accounted for?

     Yes. Disclosures required by law, such as reporting of child and elder abuse, do not require authorizations. Therefore, we are required to account for these disclosures.

- **Shadow Students**
  1. Does HIPAA prohibit having shadow students?

     No. UNC HCS will continue to allow shadow students and will treat them as part of its workforce.

  2. Do shadow students require training?

     Yes. Training specific for shadow students has been developed to address both HIPAA and Safety training requirements. Please refer to the UNC HCS Shadow Student Policy located on our HIPAA Web site @ http://intranet.unchealthcare.org/site/w3/hipaa . The sponsoring departments are required to ensure that these procedures are completed. **Miscellaneous**

  1. Do we have a glossary of HIPAA terminology?

     Yes. Definitions of the new terminology are included in the Overall UNC HCS Privacy and Security Policies located online @ http://intranet.unchealthcare.org/site/w3/hipaa.

  2. Can we continue to use sign in sheets at the front reception desk?

     Yes, as long as the sheets only show the name of the patient, physician and appointment time. Such sheets should not show the reason for the visit.

  3. Is it OK to continue calling patients by name in waiting rooms?

     Yes.

IF YOU HAVE ANY QUESTIONS ABOUT THESE PROCEDURES OR WHAT TO DO IN A GIVEN SITUATION, CONTACT THE PRIVACY OFFICER FOR YOUR FACILITY.