

UNIVERSITY OF PITTSBURGH POLICY 07-02-04

CATEGORY: PERSONNEL
SECTION: Confidentiality of Medical Information
SUBJECT: Accounting of Disclosures of Protected Health Information (PHI)
EFFECTIVE DATE: April 14, 2003
PAGE(S): 3

I. POLICY

It is the policy of the University of Pittsburgh to provide to patients, upon receipt of a valid written request, an accounting of all disclosures of Protected Health Information (PHI) in accordance with the regulations set forth in the Health Insurance Portability and Accountability Act (HIPAA), as well as any applicable related state laws that are not preempted by HIPAA. The HIPAA Privacy Regulations are located at 45 CFR Parts 160 and 164 or at <http://aspe.hhs.gov/admsimp/final/PvsTxt01.htm>.

II. PURPOSE

To establish consistent guidelines for processing requests for an accounting of disclosure of PHI.

III. GUIDELINES

1. An individual has a right to receive an accounting of disclosures of PHI made by the University in the six (6) years prior to the date on which the accounting is requested. Such request shall be made separately to each University unit that provided the services. The University is not required to track disclosures prior to the implementation of the HIPAA Privacy Regulations. Additionally, the University is not required to track disclosures of PHI related to the following:
 - Made for purposes of carrying out treatment, payment and health care operations as provided in §164.502;
 - Made pursuant to an authorization;
 - To individuals of PHI about them as provided in §164.502;
 - For a University patient directory or to persons involved in the individual's care or other notification purposes as provided in §164.510;
 - That are incidental to an otherwise permitted use or disclosure;
 - That are part of a limited data set;
 - For national security or intelligence purposes as provided in §164.512 (k) (2);
 - To correctional institutions or law enforcement officials as provided in §164.512 (k) (5);
 - That which occurred prior to the compliance date for the University.
2. Any unauthorized disclosures that are identified shall be tracked and made available as necessary to satisfy the requirements set forth in this policy.
3. The University will suspend an individual's right to receive an accounting of disclosures made to a health oversight agency or law enforcement official, for the time period specified by the agency or official if such agency or official provides the University with a written statement that such an accounting to the individual would likely impede the agency's or official's activities.

- If the official statement from health oversight agency or law enforcement official is made orally, proper documentation must be made which includes the identity of the agency or official making the statement, and the University shall temporarily suspend the individual's right to an accounting of disclosures subject to the statement. Oral limitations cannot exceed thirty (30) days. However, if written documentation is subsequently provided, then the date of the suspension would be based on the written request.

4. The accounting must be in written format and meet the following HIPAA requirements:

- Except as noted in numbers one and two above, the accounting must include disclosures of PHI that occurred during the six (6) years (or shorter time period as requested by the requester) prior to the date of the request for an accounting, including disclosures to or by business associates of the University.

Note: The procedures that are put into place must include contacting business associates in order to obtain an accounting of disclosure from them.

- The accounting must include for each disclosure:
 - a) The date of the disclosure;
 - b) The name of the entity or person who received the PHI and, if known, the address of such entity or person;
 - c) A brief description of the PHI disclosed;
 - d) A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure; or in lieu of such statement:
 - (i) A copy of the individual's written authorization pursuant to §164.508; or
 - (ii) A copy of a written request for a disclosure under §164.502 (a) (2) (ii) or 164.512, if any.
- If during the period covered by the accounting, the University has made multiple disclosures of PHI to the same person or entity for a single purpose the accounting will include the information as required above, as well as the frequency that records were released, and the dates of the first and last release.
- If during the period covered by the accounting, the University has made disclosures of PHI for a particular research purpose in accordance with §164.512 (l) for 50 or more individuals, the accounting will, with respect to such disclosures for which the PHI about the individual may have been included, provide:
 - a) The name of the protocol or other research activity;
 - b) A description, in plain language, of the research protocol or other research activity, including the purpose of the research and the criteria for selecting particular records;
 - c) A brief description of the type of PHI that was disclosed;
 - d) The date or period of time during which such disclosures occurred, or may have occurred, including the date of the last such disclosure during the accounting period;
 - e) The name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the information was disclosed; (University shall, at the request of the individual, assist in contacting the entity that sponsored

the research and the researcher); and

- f) A statement that the PHI of the individual may or may not have been disclosed for a particular protocol or other research activity.
5. The University must take action on an individual request for an accounting within sixty (60) days of receipt of the request.
 6. If the University cannot take action within the required sixty (60) day time frame, an extension – not to exceed thirty (30) days – may be obtained by:
 - Providing the requestor with a written statement listing the reasons for the delay and the date by which a full accounting of disclosures will be made. Only one thirty (30) day extension is permitted per request.
 7. A copy of the accounting of disclosures statement provided to the individual is to be signed by the person responsible for making the disclosure and attached to the medical record.

IV. RESPONSIBILITY

It shall be the responsibility of each University department/unit to implement processes and procedures to meet the requirements set forth in this policy.

V. NON-COMPLIANCE

An employee's failure to abide by this policy may result in disciplinary action up to and including termination.

VI. REFERENCE

Attachment A – Patient Request for Accounting of Disclosures of Protected Health Information