

**CREIGHTON UNIVERSITY
POLICY REGARDING TRACKING DISCLOSURES TO THIRD PARTIES OF PATIENT
INFORMATION**

I. PURPOSE

This policy is designed to inform Creighton Personnel in Creighton's Clinics of the requirements and process for tracking disclosures made to third parties of patient's protected health information.

II. POLICY

Each Creighton University patient receiving healthcare services has the right to receive an accounting of certain disclosures of the individual's protected health information made by Creighton University to third parties. It is Creighton policy that such disclosures be centrally documented in the patient's electronic health record.

III. SCOPE

This policy applies to Creighton Clinic Pharmacy, Creighton Dental Clinics, Creighton Pediatric Therapy and Creighton Specialty Pediatrics.

The following persons must comply with this policy: all employees, faculty, residents and students rotating through Creighton clinical settings and any students or residents from other institutions rotating through Creighton clinical settings ("Creighton Personnel").

IV. DEFINITIONS

"De-identified health information" means information that does not individually identify a person and that does not reasonably lead to the identification of an individual. De-identified health information cannot include any patient identifiers as defined in 45 CFR 164.514.

"Protected health information" or "PHI" means information which identifies an individual patient.

V. PROCEDURES

A. Beginning September 23, 2013.

1. Any Creighton Personnel making disclosures to third parties must track those disclosures in the patient's electronic health record.
2. For those Creighton Personnel making disclosures but without access to the electronic record, it is their responsibility to ensure that an authorized user is given the information for entry into the electronic health record.
3. The disclosure must be documented in the patient's electronic health record as soon as possible and no later than 5 working days of the disclosure.
4. The following information must be entered with respect to each disclosure made:
 - a. Name and identifiers of patient;
 - b. Date disclosure was made;
 - c. Name of entity/person receiving the patient's health information and address if known;
 - d. Brief description of the patient's health information disclosed; and

e. Brief statement of the purpose of the disclosure that reasonably identifies the basis for the disclosure

B. Disclosures Requiring Tracking In the Electronic Health Record

Creighton University health care personnel must document disclosures made to:

1. State or federal public health authorities for purposes of making required reports of:
 - a. Disease or injury
 - b. Birth or death
 - c. Public health surveillance, investigation and intervention;
2. Health oversight agencies (Nebraska Health and Human Services, U.S. Health and Human Services) for purposes of:
 - a. Investigating, auditing, licensing, or disciplining health care providers and facilities
 - b. Compliance with federal civil rights laws
 - c. Compliance with the privacy regulations (42 USC 1301 et seq. and 45 CFR 160 subpart C) (U.S. HHS)
3. State abuse or neglect reporting hotlines, law enforcement or other authorized agencies for purposes of reporting
 - a. Suspected child abuse or neglect
 - b. Domestic violence, where required by law and patient/victim did not authorize such report
 - c. Suspected vulnerable adult abuse or neglect
4. The FDA and/or medical device manufacturers
 - a. Regarding FDA-regulated products or activities (quality and safety reporting);
5. Individuals
 - a. Who may have been exposed to communicable diseases or may otherwise be at risk for contracting or spreading a disease or condition, if Creighton or a Creighton provider is authorized by law to make such disclosure
 - b. For purposes of averting a threat to health or safety of an individual
6. Employers
 - a. To Creighton about its employees if Creighton requested the health care delivered to the patient
 - b. Any employer about its employees if the disclosure consists of findings concerning a work-related illness or injury or a work-related medical surveillance
 - c. Any employer who is required to report or record such illnesses or injuries
7. Courts and Attorneys
 - a. To comply with valid subpoenas, court orders, administrative orders or subpoenas, grand jury subpoenas, or other lawful process
 - b. To comply with workers compensation laws
8. Law enforcement
 - a. Where required by law (example: reporting gunshot wounds, deaths that result from potentially criminal actions)
 - b. For purposes of identifying or locating suspects, fugitives, material witnesses, or missing persons
 - c. For reporting a crime committed on Creighton premise
 - d. To prevent a threat to health or safety of person(s);
9. Coroners and medical examiners
 - a. For purposes of identifying decedents
 - b. Determining a cause of death
 - c. As authorized by law
10. Funeral directors, for purposes of handling funeral / burial arrangements;
11. Organ procurement agencies;
12. Researchers pursuant to an IRB-approved waiver of patient authorization;
13. Creighton University fundraisers;

14. U.S. Armed Forces command regarding Armed Forced personnel;
15. Department of Veterans Affairs regarding beneficiaries in the VA program or applicants for veteran's benefits;
16. Wrongful disclosures, whether deliberate or accidental. Includes faxes to wrong numbers.

C. Disclosures Which Do Not Require Tracking

Disclosures of patient protected health information do not need to be documented in the electronic health record are disclosures made to:

1. The patient;
2. Third parties pursuant to written patient authorization;
3. Family or other individuals involved in the treatment of the patient;
4. Family or other individuals involved in payment of the patient's care;
5. Health care providers for treatment, payment or operations purposes;
6. Emergency treatment providers for emergency treatment purposes;
7. Health plans (Medicare, Medicaid, private insurance) for payment or operations purposes, including HEDIS reports;
8. Authorized federal officials for purposes of national security or national intelligence purposes;
9. Law enforcement or correctional facility personnel regarding inmates or persons in lawful custody;
10. Comply with a Data Use Agreement approved by the Privacy Officer;
11. Assist in disaster relief efforts; and
12. Any person or entity prior to April 14, 2003.

VI. ADMINISTRATION AND INTERPRETATIONS

Questions regarding this policy may be addressed to the University Privacy Officer.

VII. AMENDMENTS OR TERMINATION OF THIS POLICY

This policy may be amended or terminated by Creighton University at any time.

VIII. VIOLATIONS

Any known violations of this policy should be reported to the University Privacy Officer at 402-280-3469 or via e-mail to privacy@creighton.edu.

Violations of this policy can result in disciplinary action in accordance with University procedures. Disciplinary action for violations shall be determined in accordance with University's progressive disciplinary policy for Creighton employees. Disciplinary action for violations of this policy by students shall be determined at the school level. Disciplinary action for residents will be determined at the program level. Disciplinary action will be based upon the severity and/or frequency of the violation.

IX. AMENDMENTS OR TERMINATION OF THIS POLICY

This policy may be amended or terminated by Creighton University at any time.

VIII. REFERENCES

42 USC 1301 et seq., 45 CFR 164.512, 45 CFR 164.528.