Children's Hospital and Health System, Inc.
Administrative Policy and Procedure

This policy applies to the following entity(s):

- [x] Children's Hospital of Wisconsin
- [x] Children's Hospital of WI-Kenosha
- [x] Children's Hospital of WI-Fox Valley
- [x] Children's Medical Group
- [x] Children's Health Education Center
- [x] Seeger Health Resources
- [x] Children's Hospital Foundation
- [x] Surgicenter of Greater Milwaukee
- [ ] National Outcomes Center

SUBJECT: *Privacy*-- Accounting for Disclosures of Protected Health Information (PHI)

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POLICY

Purpose:

To provide a mechanism for documenting disclosures made by departments within Children's Hospital and Health System (CHHS).

To provide the patient or legal representative with a mechanism to request and receive an accounting of disclosures of the patient's protected health information made by CHHS and business associates of CHHS whether it is written, verbal or electronic.

DEFINITIONS:

Individual
The patient or the patient's legal representative.

Legal Representative
A parent, guardian or other person who has authority to act on behalf of a minor patient in making decisions related to health care, unless the minor patient can legally consent to health care services without the consent of an adult (Refer to Admin. Policy, "Consent for Diagnosis and Treatment", page 7). For adult patients, Legal Representative means the

legal guardian of an incompetent patient, the health care agent designated in an incapacitated patient's health care power of attorney, or the personal representative or spouse of a deceased patient. If no spouse survives a deceased patient, Legal Representative also means an adult member of the deceased patient's immediate family. (45 CFR 164.502(g) and Wis. Stat. §146.81(5)).

Protected Health Information (PHI)

Any information, whether oral, written, electronic, magnetic, or recorded in any form, that:

A. Is created or received by CHHS as a health care provider and
B. Relates to a patient's past, present, or future:
   - Physical or mental health condition
   - Health care treatment
   - Payment for health care services, and
C. That either clearly identifies the patient (i.e., name, social security number or medical record number) or can be used to find out the person's identity (address, telephone number, birth date, e-mail address, and names of relatives or employer).

Health Care Operations

Those activities that are directly related to treatment or payment; those activities, which are necessary for treatment and payment to occur within the hospital. Examples are:

1. Quality assurance and improvement activities, including outcome evaluation and development of clinical guidelines and related functions that do not primarily aim to obtain generalized knowledge (unlike research).
2. Population - based activities relating to improving health or reducing health care costs;
3. Clinical Protocol development
4. Care Coordination;
5. Competence and performance reviews;
6. Training, accreditation, certification, licensing, credentialing or other related activities;
7. Underwriting and other insurance related activities;
8. Medical review and auditing functions, including fraud and abuse detection and compliance programs;
9. Conducting or arranging for medical review, legal services, and auditing functions;
10. Business planning and development;
11. Business management and general administrative activities;
12. Internal grievance resolution;
13. Creating de-identified health information;
14. Fundraising for the covered entity's benefit; and
15. Marketing activities for which an individual's authorization is not required.

POLICY:

1. An individual has a right to request an accounting of disclosures of the patient's protected health information (PHI) made by CHHS and disclosures made by business associates of CHHS.
2. An individual may request an accounting of disclosures for a period of time no more than six years prior to the date of the request.
3. Any individual requesting an accounting of disclosures must be referred to:
   - The Patient Health Information Department at Children's Hospital of Wisconsin, (CHW) or
   - Children's Medical Group (CMG) Director, or
   - Surgicenter of Greater Milwaukee (SGM) Record Coordinator, or
   - The Director of Clinical Operations for Regional Services
4. An individual's request for an accounting of disclosures must be made in writing.
5. Children's Hospital and Health System must account for hard copy, electronic and verbal disclosures of PHI that are required by law.
6. The written accounting of each disclosure must include:
   a) Date of disclosure;
   b) Name of the entity or person that 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, or in lieu of such a statement a copy of the written request for disclosure.
7. If multiple disclosures were made to the same entity or person for the same purpose it is not necessary to document the above items (a)-(d) for each disclosure. Instead, the accounting shall include items (a)-(d) for only the first disclosures, the frequency or number of such disclosures, and the date of the last disclosure.
8. Children's Hospital and Health System (CHHS) will respond to an individual's request for an accounting no later than 60 days after the receipt of the request.
9. If CHHS cannot provide the accounting within the 60-day timeframe, the time period may be extended by CHHS once for an additional period of 30 days. CHS will provide the requesting individual with a written statement outlining the reason for the delay and the date by which the accounting will be provided.
10. Children's Hospital and Health System will provide the requesting individual's first accounting for disclosure in any 12-month period free of charge.
11. Children's Hospital and Health System will charge a flat fee of $10.00 for any subsequent accounting for disclosures request made by the same individual within the 12-month period.
12. Children's Hospital and Health System will publish the fee for any subsequent requests on the Accounting of Disclosures Request Form.

Disclosures that DO NOT Require Tracking

A. In accordance with 42 CFR Parts 164.528, CHHS and business associates of CHHS are not required to track the disclosures:

1. For treatment, payment and healthcare operations (TPO) as provided in 164.506
2. For patient directory purposes
3. To the individual or notification
4. To individuals with the patient's legal representative authorization
5. For National Security or Intelligence purposes
6. To correctional institutions or law enforcement officials if the patient is in custody.
7. As part of a limited data set in accordance with 164.514
8. Made prior to the Privacy Rule compliance date of April 14,2003, except for those disclosures we are required to track under Wisconsin Law.
9. Incidental to a permitted disclosure.

Disclosures That DO Require Tracking

A. In accordance with Wisconsin and Federal law, CHHS must track the following the types of disclosures:

1. Court Orders
2. Governmental Agencies
3. Insurance Audits not part of TPO
4. Insurance Company Underwriting
5. Coroner/Medical Examiner
6. Food & Drug Administration (FDA)
7. Joint Commission for the Accreditation of Healthcare Organizations (JCAHO)
8. Cancer Registry reports
9. Trauma Registry reports
10. Vital Statistics (Births/Deaths)
11. Bureau for Health Information (BHI)
12. Research with IRB Waiver
13. Uses and Disclosures Preparatory to Research
14. Elder Abuse Reporting
15. Child Abuse Reporting
16. Public Health
17. Reporting Gunshots Wound & Other Suspicious Wounds
18. Organ Procurement Organization
19. Worker's Compensation

Please see the attached Accounting for Disclosures Grid for more detailed information.

Suspension of Accounting for Disclosures

1. Children's Hospital and Health System will temporarily suspend an individual's right to receive an accounting for disclosures made to health oversight agency or law enforcement official upon receipt of a written or verbal request by the agency or official.

2. Each request must state that such an accounting would likely impede the agency or official's activities and specify the time period for which the suspension is required.

3. The temporary suspension may not exceed 30 days from the date of the verbal or written request by the agency or official. If additional time is required the agency or official will submit a written request for an extension to the CHHS Privacy Officer.

4. The individual will not be notified of the request for suspension of the accounting. Once the suspension period has ended the individual may receive, if requested, an accounting of the disclosure to the agency or official.

Retention

1. A copy of the individual's Accounting of Disclosure Request Form will be filed in the patient's medical record.
2. A copy of the Accounting for Disclosure Request Form will be maintained in the Patient Health Information Department "Accounting for Disclosure" spreadsheet.
3. For Regional Services, a copy of the Accounting for Disclosure Request Form will be sent to the Director of Clinical Operations.

PROCEDURE

1. If a disclosure that requires tracking is being made while the patient is in-house on the Patient Care Unit, the health care provider (such as case manager, social worker, RN, physician, etc). will follow the steps listed below:
    a. Complete the "Accounting for Disclosures" Worksheet and "Disclosure Log" Forms.
    b. Complete the demographic sections including (patient name, date of birth and medical record number fields) on the "Accounting for Disclosures" worksheet.
    c. Once the information has disclosed, fill in the "Date of Disclosure", "Recipient Name", "Recipient Address", "Brief Description of Information Disclosed" and "Purpose of Disclosure" lines on the "Disclosure Log" Form.
    d. Place completed form under the Correspondence Tab of the inpatient medical record.
    e. Once the patient has been discharged, forward the entire inpatient record to Patient Health Information Department for completion purposes.
    f. Forward all completed Authorization for Disclosure of Protected Health Worksheets and logs to the Patient Health Information Department in an interoffice envelope marked ***confidential*** to Mail Station #768.

2. If the disclosure that requires tracking is made in any outpatient setting, follow steps listed below:

a. Have the individual or legal representative complete the “Accounting for Disclosures” Worksheet and “Disclosure Log” Forms.
b. Complete the demographic sections including (patient name, date of birth and medical record number fields) on the “Accounting for Disclosures” worksheet.
c. Once the information has disclosed, fill in the “Date of Disclosure”, “Recipient Name”, “Recipient Address”, “Brief Description of Information Disclosed” and “Purpose of Disclosure” lines on the Disclosure Log form.
d. Place completed form under the Correspondence Tab of the inpatient medical record.
e. Forward all completed “Authorization for Disclosure of Protected Health Information” Worksheets and logs to the Patient Health Information Department in an interoffice envelope marked ***confidential*** to Mail Station #768.

3. Any requests/submission received for PHI from the patient or legal representative (once discharged) should be directed to the Patient Health Information Department for assistance.

4. Any requests/submission/phone calls that are received for Protected Health Information from Governmental agents should be to the Patient Health Information Department.

5. For those record requested by Joint Commission (JCAHO) surveyors, maintain a list or log including the name, DOB, dates of service, etc. in order to account for the disclosure(s).

6. For disclosures made via Cancer or Trauma Registry or other Registry, a statement will be included on the Accounting for Disclosures Cover Sheet noting that information may be released to such agencies.

7. For those disclosures made for Vital Statistics (births/deaths) and BHI, a statement will be included on the Accounting for Disclosures Cover Sheet noting that information may be released to such agencies.

8. For requests received for disclosures made pursuant to research purpose, please refer to Administrative Policy, “Use and Disclosures of PHI for Research, With and Without an Authorization”.

9. For those disclosures made to the Public Health Department on Communicable Diseases, the health care provider will follow the steps listed below:
   a. Complete the Communicable Disease Report.
   b. If the patient is an inpatient you must complete “Accounting for Disclosures” Worksheet and “Disclosure Log” Forms.

c. Complete the demographic sections including (patient name, date of birth and medical record number fields) on the “Accounting for Disclosures” Worksheet.
d. Once the information has been disclosed, fill in the “Date of Disclosure”, “Recipient Name”, “Recipient Address”, “Brief Description of Information Disclosed” and “Purpose of Disclosure” lines on the “Disclosure Log” Form.
e. Place completed form under the Correspondence Tab of the inpatient medical record.
f. Once the patient has been discharged, forward the entire inpatient record to Patient Health Information Department for completion purposes.
g. Forward all completed “Authorization for Disclosure of Protected Health Information” Worksheets and logs to the Patient Health Information Department in an interoffice envelope marked ***confidential*** to Mail Station #768.

10. For those disclosures made to report gunshots and other suspicious wounds, to Organ Procurement organizations or Child Abuse, the health care provider will follow the steps listed below:
    a. If the patient is an inpatient you must complete the “Accounting for Disclosures” Worksheet and “Disclosure Log” Forms.
    b. Complete the demographic sections including (patient name, date of birth and medical record number fields) on the “Accounting for Disclosures” Worksheet.
    c. Once the information has disclosed, fill in the “Date of Disclosure”, “Recipient Name”, “Recipient Address”, “Brief Description of Information Disclosed” and “Purpose of Disclosure” lines on the “Disclosure Log” Form.
    d. Place completed form under the Correspondence Tab of the inpatient medical record.
    e. Once the patient has been discharged, forward the entire inpatient record to Patient Health Information Department for completion purposes.
    f. Forward all completed “Authorization for Disclosure of Protected Health Information” Worksheets and logs to the Patient Health Information Department in an interoffice envelope marked ***confidential*** to Mail Station #768.

DISTRIBUTION: Administrative Policy Manual

AUTHORIZATION: Director, Patient Health Information
Corporate Compliance Officer
Corporate Vice President –General Counsel
Directors of Clinical Operations

_____
Jon E. Vice
President

Children's Hospital and Health System
Request for an Accounting of Disclosure

CHHS LOGO & ADDRESS

SITE: _____

_____

Patient's Name: _____ Date: _____
(Last) (First) (Middle)

Name of Authorized Representative requesting this accounting: _____
Relationship to patient _____
Address: _____
Telephone: _____
Date of Birth: _____ Social Security #: _____

I would like an accounting list to which the patient's protected health information has been disclosed by CHHS, as required by Federal regulations. I understand that the following types of disclosures do not have to be tracked by CHHS and therefore will not be included in the accounting list:

1. Disclosures for the purposes of treatment, payment and health care operations (including disclosures to business associates for these purposes).
2. Disclosures that have been made to the patient, to me or to other authorized representatives of the patient, or pursuant to an authorization by any such person.
3. Disclosures for use in the CHHS directory.
4. Disclosures made to persons involved in my care.
5. For notification purposes (Example would be to notify a family member, personal representative of the individual's location, general condition or death).
6. For National security or intelligence purposes.
7. To correctional institutions or law enforcement officials.
8. Disclosures made under a limited data set.
9. Disclosures made prior to April 14, 2003.

I also understand that a health oversight agency or law enforcement official under limited circumstances may suspend my right to an accounting of some or all disclosures for specified period of time.

I am requesting an accounting of disclosures for the following period of time:
_____

(Note, this time period can not be longer than six years and may not include dates prior to April 14,2003)

Children's Hospital and Health System
Request for an Accounting of Disclosure

Delivery Options (List any applicable numbers or address):

☐ Fax _____ ☐ Mailed _____
☐ E-mail _____ ☐ Pick-Up _____

I understand that CHHS must provide the accounting of disclosure within 60-days of my request or notify me that an extension of 30 days is required to prepare it.

CHHS will provide each patient with one courtesy accounting of disclosure copy with in a 12-month period. All requests made after that period will have a $5.00 flat fee.

_____ _____
Signature of Patient/Legal Guardian Date

If Legal Guardian, state relationship: _____

**** Include statement of notice of Privacy Practices****

TYPE OF DISCLOSURE/PURPOSE	HIPAA	STATE	CHW	COMMENT	HIPAA REGULATION	WISCONSIN STATUTE
To Patient or Legal Representative (Discharge/In-Patient) any medium	N	Y	Y	Due not need to track for state if there is a signed authorization on file or incorporated into the consent.	164.502	146.83
Subpoenas with Patient Authorization	N	N	Y		164.508	146.83, 885.02
Court Orders	Y	Y	Y		164.528	146.82 (4)
Law Enforcement & Correctional Institutions	N	Y	Y			146.82
National Security/Intelligence	N	Y	Y			146.82
Governmental Agencies	Y	Y	Y		164.528	146.82(5)
Insurance Audits	Y	Y	Y	Not if the audit is part of TPO	164.528	146.82(1)
Insurance Company Underwriting	N	Y	Y		164.528	146.83
Coroner/Medical Examiner	Y	Y	Y		164.528	146.82(18)
FDA	Y	N	Y		164.528	
JCAHO	N	Y	Y			146.82 (1)
Cancer Registry	Y	N	Y	This will be included in the Accounting for Disclosures Cover Sheet.	164.528	
Trauma Registry	Y	N	Y	This will be included in the Accounting for Disclosures Cover Sheet.	164.528	
Vital Statistics (Birth/Death)	Y	N	Y	This will be included in the Accounting for Disclosures Cover Sheet.	164.528	
OCHI	Y	N	Y	This will be included in the Accounting for Disclosures Cover Sheet.	164.528	
Limited Data Set	N	N	N		164.514	
Research with Patient Authorization	N	Y	Y		146.83	
Research with IRB Waiver	Y	Y	Y		164.528	146.82(6)
Uses and Disclosures Preparatory to Research	Y	Y	Y		164.528	146.82(6)
Child Abuse Reporting	Y	Y	Y		164.528	146.82(11)
Public Health	Y	N	Y		164.528	252.15
Reporting of a Suspicious Gunshot or Other Suspicious Wounds	Y	Y	Y		164.528	146.82
Organ Procurement Organization	Y	Y	Y		164.528	146.82(19)(d)
Worker's Compensation	N	Some	Some	Employee's filing a worker's compensation claim waive all provider patient privilege of information or results regarding any condition or complaint reasonably related to the condition that they are claiming for. This includes information that normally		