



<p>Pennsylvania Hospital & Surgery Center</p> <p>ADMINISTRATIVE POLICY MANUAL</p>	<p>Page 1</p> <p>Effective: 0408</p>
<p>SUBJECT: PATIENT'S RIGHT TO REQUEST AN ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION</p> <p>POLICY NUMBER: HIP2</p>	

Issued:

Committee Approval:
HIPAA

Administrative Policy
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Attachment(s):
[Request for
Accounting Form](#)

Related Policies:
[HIP4 Business
Associates](#)

POLICY:

For purposes of this policy, Pennsylvania Hospital includes all off campus licensed facilities, including but not limited to the Surgery Center of Pennsylvania Hospital.

Patients have the right to receive an accounting of certain disclosures made of their protected health information (PHI). It is the policy of Pennsylvania Hospital to grant that right in accordance with the HIPAA privacy regulations and applicable law.

PURPOSE:

The purpose of this policy is to outline the procedures that shall be followed when making disclosures of PHI under certain conditions, and if a patient requests an accounting of disclosures of PHI.

SCOPE:

This policy applies to all disclosures of PHI meeting the specified criteria, and to requests for an accounting of disclosures of PHI.

IMPLEMENTATION:

The responsibility for implementing this policy lies with all personnel making applicable disclosures, and the UPHS Privacy Office.

DEFINITIONS:

Protected Health Information (PHI) is information that is created or received by UPHS and the School of Medicine; and relates to the past, present, or future physical or mental health or condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient; and that identifies the patient or for which there is a reasonable basis to believe the information can be used to identify the patient. PHI includes information of persons living or deceased. The following components of a patient's information also are considered PHI: a) names; b) street address, city, county, precinct, zip code; c) dates directly related to a patient, including birth date, admission date, discharge date, and date of death; d) telephone numbers, fax numbers, and electronic mail addresses; e) Social Security numbers; f) medical record numbers; g) health plan beneficiary numbers; h) account numbers; i) certificate/license numbers; j) vehicle identifiers and serial numbers, including license plate numbers; k) device identifiers and serial numbers; l) Web Universal Resource Locators (URLs); m) biometric identifiers, including finger and voice prints; n) full face photographic images and any comparable images; and o) any other unique identifying number, characteristic, or code.

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Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within UPHS and the School of Medicine.

Disclosure means the release, transfer, provisions of access to, divulging in any other manner of information outside UPHS and the School of Medicine.

PROCEDURE:

1. Tracking the Disclosures

- a) In order to provide patients with an accounting of disclosures of their PHI as required under the HIPAA privacy regulations, personnel must record all applicable disclosures of PHI as required by their manager. This includes recording the date(s) of disclosure, the names of the persons or entities who received the information, as well as their addresses, if known, a description of the information disclosed, and a statement of the purpose of the disclosure.
- b) Personnel are not responsible for tracking disclosures of information that are not required for an accounting, including (1) permitted disclosures to carry out treatment, payment and healthcare operations, (2) permitted disclosures to individuals of their own PHI, (3) permitted incidental disclosures, (4) permitted disclosures under the terms of a patient authorization, (5) permitted disclosures for purposes of creating a facility directory, or to those involved in the patient's care, or for emergency notification or treatment purposes, (6) permitted disclosures for national security or intelligence purposes, (7) permitted disclosures to correctional institutions or law enforcement officials regarding inmates, (8) permitted disclosures of a limited data set, and (9) any disclosures that occurred prior to April 14, 2003.

2. Requests for an Accounting

All requests for an accounting must be submitted to the UPHS Privacy Office in writing using the attached Form, and signed by the patient or the patient's representative.

- a) Requests that are not in writing and appropriately signed will not be processed.
- b) Requests signed by the patient's personal representative will not be processed unless the representative has provided information to support his/her authority to act on behalf of the patient.

3. Timeframe of Accounting

An accounting will not be made for disclosures that occurred more than six (6) years prior to the date of the request. If no time period is specified on the request form, an accounting will be made of only those disclosures that occurred within the one-year period preceding the date of

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the request. In no instances will an accounting be made of disclosures that occurred before April 14, 2003.

4. Response Time

When a written request for an accounting is received by the UPHS Privacy Office, the accounting must be provided within 60 days of the date of receipt of the request. If the request is not processed within this 60-day period, UPHS may take one 30-day extension. The patient must be notified of the extension in writing using the attached Form, and the notice must be sent before the original 60 days has lapsed. The notice must inform the patient of the reasons for the extension and the date by which UPHS intends to provide the accounting.

5. Fees

If the patient (or their representative) making the request for the accounting has already received one accounting for that patient within the 12-month period immediately preceding the date of receipt of the current request, he/she shall be notified that a fee of \$20 will be charged for processing, and provided with a chance to withdraw or modify the request.

6. Business Associates

The accounting must include all disclosures other than those specified in paragraph 1.b, above, made to business associates. All applicable disclosures made by a Business Associate must also be tracked. UPHS's standard Business Associate contract addendum requires that the Business Associate notify UPHS of any reportable disclosures.

7. Content of the Accounting

- a) The accounting must include certain disclosures (but not uses) of the requesting patient's PHI made by UPHS and business associates during the period requested by the patient up to six years prior to the request but in no event earlier than April 14, 2003. The disclosures listed in paragraph 1.b, above; do not have to be included in the accounting.
- b) The accounting must include the following information for each reportable disclosure of the individual's PHI:
 - i. The date of disclosure;
 - ii. The name of the entity or person to whom the information was disclosed;
 - iii. If available, the address of the entity or person to whom the information was disclosed;
 - iv. A brief description of the PHI disclosed; and
 - v. A brief statement explaining the purpose for the disclosure or, in lieu of this statement, a copy of the written request for disclosure that caused the disclosure, if applicable.

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c) If, during the period covered by the accounting, UPHS has made multiple disclosures of a patient's PHI to the same person or entity for the same purpose, UPHS may provide the following information in lieu of listing each individual disclosure:

- i. For the first disclosure, all of the information listed in b, above;
- ii. The date of the last disclosure; and
- iii. The frequency, periodicity, or number of disclosures made during the time period.

8. Suspending the Right to Receive an Accounting

UPHS MUST TEMPORARILY SUSPEND A PATIENT'S RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES TO A HEALTH OVERSIGHT AGENCY OR LAW ENFORCEMENT OFFICIAL IF THE ACCOUNTING WOULD BE REASONABLY LIKELY TO IMPEDE THE AGENCY'S ACTIVITIES. SUCH SUSPENSION SHOULD BE BASED ON A WRITTEN STATEMENT FROM THE AGENCY OR OFFICIAL SPECIFYING THE REASON FOR THE SUSPENSION AND ITS EXPECTED DURATION. IF ONLY AN ORAL STATEMENT IS AVAILABLE, THE UPHS PRIVACY OFFICE MUST RECORD THE IDENTITY OF THE AGENCY OR OFFICIAL MAKING THE STATEMENT, AND LIMIT THE TIME OF THE SUSPENSION TO NO LONGER THAN 30 DAYS FROM THE DATE OF SUCH STATEMENT, UNLESS A WRITTEN STATEMENT IS RECEIVED WITHIN THE 30-DAY PERIOD. IN ALL CASES, THE FACT OF THE DISCLOSURE MUST BE PROVIDED TO THE PATIENT UPON REQUEST AT THE CONCLUSION OF THE SUSPENSION PERIOD.

/s/Kathleen Kinslow
 Kathleen Kinslow, CRNA, EdD, MBA
 Executive Director

05/05/08
 Date

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