

SUBJECT: Use and Disclosure of Protected Health Information for Purposes of Research

PREPARED BY: Research Department

APPROVAL ADMINISTRATION: VP Medical Affairs/Hospital Administration

I. STATEMENT OF POLICY

In order for an investigator to use or disclose protected health information, the investigator must either: (1) obtain an individual authorization that complies with the requirements of this Policy and the Sparrow Health System (SHS) policy GUIDE TO MEDICO-LEGAL PRINCIPLES AND RELEASE OF INFORMATION, Policy HP-01 (revised Administration Policy 0065); or (2) document for the Institutional Research Review Committee (IRRC) that an authorization is not required in accordance with this Policy. The investigator must demonstrate compliance with this Policy by completing the appropriate portion under the "Use and Disclosure of Protected Health Information" section of the IRRC Application.

II. PURPOSE

The Privacy Regulations under the Health Insurance Portability and Accountability Act govern the use and disclosure of protected health information (PHI). Protected health information that is obtained in the course of providing care is often necessary for use in research activities. This policy outlines the permitted uses and disclosures of protected health information for research purposes as reviewed by the Sparrow Health System (SHS) Institutional Research Review Committee (IRRC).

DEFINITION: Protected health information is information about a patient's past, present or future health or healthcare treatment that includes any or all of the following identifiers of the individual or of relatives, employers, or household members of the individual:

1. Names;
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes;
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;

14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code.

III. PROCEDURE

Procedure for Uses or Disclosures with Patient Authorization: Unless the investigator can document that the research protocol qualifies for one of the five (5) categories identified below allowing research without authorization, then the investigator must obtain each individual's authorization. The authorization form must be submitted with the IRRC application and must be approved by the IRRC. The authorization must comply with the requirements of the GUIDE TO MEDICO-LEGAL PRINCIPLES AND RELEASE OF INFORMATION, Policy HP-01 (revised Administration Policy 0065) provided, however, that the authorization may state that it does not expire, that there is no expiration date, or that the authorization continues until the end of the research study.

Procedure for Uses or Disclosures without Patient Authorization: Protected health information may be used or disclosed for purposes of research without authorization if the investigator documents that one of the following categories applies.

1. **Use of Protected Health Information with Waiver of Authorization.** The IRRC may approve a waiver of authorization for the use and disclosure of protected health information that is obtained in connection with a specified research study if all of the following requirements are met:
 - a. The investigator must provide the IRRC with documentation of the following:
 - 1) Written assurance from the investigator that the proposed uses and disclosures of protected health information involve no more than minimal risk ("risk" in this context applies to the consequences of using or disclosing the protected health information in connection with the study, and does not relate to any clinical or medical risk to research subjects that may result from the research itself) to the individual research subjects, including the following:
 - A) An adequate plan to protect the identifiers (as listed in the Definition section above) from improper use and disclosure;
 - B) An adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and
 - C) Adequate written assurance that the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted.
 - 2) A statement that the research could not practicably be conducted without the waiver of authorization;
 - 3) A statement that the research could not practicably be conducted without access to and use of the protected health information; and

- 4) A brief description of the protected health information that is necessary for the research.
- b. After the IRRC reviews the documentation provided by the investigator, the IRRC may grant a waiver of authorization for the research protocol. The IRRC's documentation of its waiver will include the following:
 - 1) Identification of the IRRC;
 - 2) Relevant dates of the research study;
 - 3) A statement that the waiver of authorization has been approved under either normal or expedited procedures of the IRRC; and
 - 4) The signature of the Chair of the IRRC.

Example: Minimal Risk, **i.e. chart review** with an adequate plan to protect identifiers, how they will be destroyed, and assurance that protected health information shall not be disclosed to anyone except "as required by law". The investigator must state that the research cannot be practicably conducted without a waiver.

2. Use of Protected Health Information Preparatory to Research. An investigator may review protected health information solely to prepare a research protocol, or for similar purposes preparatory to research. No protected health information may be removed from SHS premises for this purpose. The investigator must first provide the IRRC with a written statement that:
 - a. The purpose of the review of protected health information is to prepare a research protocol, or for similar purposes preparatory to research;
 - b. The protected health information to be reviewed is necessary for these research purposes and that only such protected health information necessary for these purposes will be reviewed; and
 - c. Protected health information will not be removed from the SHS premises.

Example: **i.e. review lab results** to see if myocardial infarctions (MI) are included in the Sparrow Health System data sources in an adequate number to perform a study of MIs. The results cannot be taken from the Sparrow Health System premises. Again, the investigator must state that this is the only way to plan for research.

3. Use of Protected Health Information for Screening and Recruitment. A clinician can discuss opportunities to enroll in research studies with his/her own patients without an authorization. If the patient agrees to participate in a study sponsored by the clinician, then the clinician must obtain a signed authorization from the patient to use and disclose their protected health information. Another member of the clinician's staff can also do screening as long as he/she is a member of the clinician's work force and his/her job duties include review of protected health information for research recruitment.

Note: An investigator who is not employed by a SHS covered entity may not screen any patient records to identify possible study participants unless the investigator has received a waiver to do so from the IRRC. Investigators who are employed by a SHS covered entity may screen their own patient records to identify study participants, but they must obtain a waiver from the IRRC to screen the records of patients not in their care.

- a. A clinician may recruit participants among his/her own patients for another investigator's project. For example, when a pharmaceutical company asks a clinician to recruit patients for drug research.
 - A) The clinician may give the patient information about the research project and the contact information so the patient can get in touch with the investigator; or
 - B) The patient may sign an authorization allowing the clinician to give his/her name to the investigator.
 - b. An investigator may post flyers or place newspaper advertisements, previously approved by the IRRC, to notify potential participants of a research study that is recruiting subjects.
4. Use of Protected Health Information of Decedents. An investigator may review protected health information of decedents. The investigator must first provide the IRRC with:
- a. A representation that only protected health information pertaining to decedents will be used or disclosed;
 - b. Documentation of the death of each individual whose protected health information will be used or disclosed (excepting those individuals for which SHS already has documentation of death); and
 - c. A representation that the protected health information sought is necessary for the research.

Example: **i.e. death certificate analysis.**

5. Use of Protected Health Information Pursuant to a Limited Data Set Use Agreement. An investigator may enter into a Limited Data Set Use Agreement with a Sparrow Health System covered entity in order to receive protected health information in a limited data set for research purposes. The limited data set will exclude certain direct identifiers. The Limited Data Set Use Agreement will establish the investigator's (and any other authorized individuals') permitted uses and disclosures of the limited data set which are consistent with the purposes of the research. Under the Limited Data Set Use Agreement, the investigator will agree to:
- a. Not use or disclose the information other than as permitted by the agreement or required by law;
 - b. Use appropriate safeguards to prevent the use or disclosure of the information other than as permitted by the agreement;
 - c. Report any unauthorized uses or disclosures to SHS;
 - d. Require any agents or subcontractors to whom the investigator provides the information to agree to the same terms and conditions that apply to the investigator; and
 - e. Not identify the information or contact any individuals.

Documentation:

1. The use or disclosure of protected health information for a research protocol may not begin until written approval (in accordance with this policy) is provided by the IRRC to the principal investigator.

2. All documentation related to approved waivers of authorizations for protected health information that is used or disclosed in connection with a research study must be retained by the IRRC for at least six years after the date that the study was completed.

3. ACCOUNTING OF DISCLOSURES REQUIREMENTS. SHS must track all disclosures of protected health information for research purposes. All data elements contained in the "Accounting of Disclosures Log" must be completed for each patient record disclosed to a researcher for research purposes. The researcher must submit the log to the SHS Chief Privacy Officer for tracking and accounting purposes, as part of the procedural requirements of any research study. See SHS policy: ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION, Policy HP-33.

SUBJECT: Limited Data SetPREPARED BY: Health Information Management DepartmentAPPROVAL ADMINISTRATION: Sparrow Health System Administration**I. STATEMENT OF POLICY**

Sparrow Health System may use or disclose a limited data set for research, public health, and health care operations purposes only.

1. The limited data set must meet the requirements of this policy.
2. Records in a limited data set are considered *protected health information*. Except as provided for in this policy, all such records are subject to Sparrow Health System policies and procedures that protect patients' health information.
3. A limited data set must exclude all of the following direct identifiers of the individual, or of relatives, employers, or household members of the individual:
 - a. Names;
 - b. Postal address information, other than town or city, State, and zip code (that is, the limited data set may include city, state, and 5-digit zip code, but not house number, street, apartment number, box number, etc.);
 - c. Telephone numbers;
 - d. Fax numbers;
 - e. Electronic mail addresses;
 - f. Social security numbers;
 - g. Medical record numbers;
 - h. Health plan beneficiary numbers;
 - i. Account numbers;
 - j. Certificate/license numbers;
 - k. Vehicle identifiers and serial numbers, including license plate numbers;
 - l. Device identifiers and serial numbers;
 - m. Web Universal Resource Locators (URLs);
 - n. Internet Protocol (IP) address numbers;
 - o. Biometric identifiers, including finger and voice prints; and
 - p. Full face photographic images and any comparable images.
 - q. Other information that is not necessary to accomplish the purpose for which the limited data set is prepared (see the MINIMUM NECESSARY RULE, Policy HP-24)
4. Protected health information may be disclosed to a business associate for purposes of preparing a limited data set, provided that a valid business associate agreement is in force. See DISCLOSURE OF PROTECTED HEALTH INFORMATION TO BUSINESS ASSOCIATES, Policy HP-48. The business associate may prepare the limited data set for Sparrow Health System's use, or for the use of another recipient. A business associate may

prepare the limited data set for its own use, provided that it has executed a data use agreement with Sparrow Health System.

5. A limited data set may only be disclosed to a recipient that has executed a data use agreement that meets the following standards:
 - a. Description of the recipient's permitted uses and disclosures of information in the limited data set.
 - b. The recipient may only use information in the limited data set for research, public health, and health care operations.
 - c. The data use agreement may not permit the recipient to use or disclose the information in any way that is not permitted to Sparrow Health System under federal privacy regulations (45 CFR Parts 160 and 164) or applicable state law.
 - d. Identification of who is permitted to use or disclose the information in the limited data set.
 - e. Requirement that the recipient will:
 - 1) Not use or further disclose the information other than as permitted by the data use agreement or as otherwise required by law;
 - 2) Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the data use agreement;
 - 3) Report to Sparrow Health System any use or disclosure of the information not provided for by its data use agreement, of which it becomes aware;
 - 4) Ascertain that any agent, including a subcontractor, to whom it provides the limited data set agrees to the same restrictions and conditions that apply to the limited data set recipient with respect to such information; and
 - 5) Not identify the information or contact the individuals to whom the information pertains.
 - f. Provision to terminate the agreement if Sparrow Health System notifies the recipient of a pattern of activity or practice that constitutes a material breach or violation of the data use agreement, unless the recipient cures the breach or ends the violation within a reasonable time, as determined by Sparrow Health System.
6. If Sparrow Health System becomes aware of a pattern of activity or practice of the recipient that constitutes a material breach or violation of the data use agreement, it will take reasonable steps to cure the breach or end the violation, as applicable, and, if such steps are unsuccessful, it will:
 - a. Discontinue disclosure of protected health information to the recipient; and
 - b. Report the problem to the Secretary of the Department of Health and Human Services.

II. PURPOSE

To establish guidelines, which standardize organizational practice, regarding the use or disclosure of a limited data set of records containing protected health information. The use or

disclosure of a limited data set is limited to research, public health, and health care operations purposes only.

III. PROCEDURE

1. A Sparrow Health System associate who desires to create or disclose a limited data set will submit a proposal to the Chief Privacy Officer. The proposal will include:
 - a. The identity of the requestor.
 - b. The purpose for which the limited data set will be used, indicating whether this purpose is research, public health, or health care operations.
 - c. Identification of the intended recipient(s) of the limited data set.
 - d. Text for a draft data use agreement.
 - e. Description of the method to be used to create the limited data set, including data processing and human resources to be used.
 - f. Any third party that will be involved in creating the limited data set.
 - g. Specification of which information will be included in the limited data set.
 - h. Procedures to safeguard the re-identification key, if one will be created.
 - i. Description of how any re-identification key will be created.
 - j. Description of how a re-identification key will be used or disclosed, and who will use it.
 - k. Procedures for destruction of the re-identification key when it is no longer needed.
 - l. Procedures to safeguard re-identified information.
2. The Chief Privacy Officer or designee will review and approve or disapprove the proposal in writing. Approval will be based on compliance with the applicable requirements of this policy.
3. The Chief Privacy Officer or designee will not approve the disclosure of the limited data set to any entity that has not executed a data use agreement pursuant to this policy.
4. The following documentation will be retained for six years from the date the data set is created.
 - a. The proposal.
 - b. Written approval or disapproval of the proposal.
 - c. Signed data use agreement(s).
 - d. If a third party is used to create the limited data set, a copy of the *business associate* agreement with the third party.

REFERENCE: 45 CFR 514(e)
MINIMUM NECESSARY RULE, Policy HP-24
DISCLOSURE OF PROTECTED HEALTH INFORMATION TO BUSINESS
ASSOCIATES, Policy HP-48

SUBJECT: Guide to Medico-Legal Principles and Use and Disclosure of Protected Health Information

PREPARED BY: Health Information Management Department

APPROVAL ADMINISTRATION: Sparrow Health System Administration

I. STATEMENT OF POLICY

Sparrow Health System is committed to the protection of patient privacy and the confidentiality of patient medical information. Except as set forth in Section I.1. below, protected health information can be disclosed only upon execution of a standardized authorization form by the affected patient or the patient's legally authorized agent and/or in accordance with applicable state and federal regulations.

1. A written authorization, signed by the patient, or the patient's *authorized representative*, is required to permit Sparrow to use or disclose that patient's protected health information (PHI) in any circumstance that is not:
 - a. For treatment, payment or health care operations,
 - b. For other uses and disclosures which are permitted without authorization under applicable state law.
2. In addition, authorization is specifically required:
 - a. For most uses and disclosures of psychotherapy notes;
 - b. For marketing or fundraising;
 - c. For alcohol and drug abuse and mental health information protected under the regulation in Title 42 of Code of Federal Regulations Part II; and
 - d. For information about human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), and AIDS related complex (ARC), as defined by Department of Community Health rules (1989 Public Act 174).
3. A patient may revoke an authorization at any time, except to the extent that Sparrow has taken action in reliance upon the authorization. The revocation must be in writing, and must be specific enough to permit identification of the original authorization being revoked.
4. Sparrow will not require an authorization as a precondition to treatment except:
 - a. If the treatment is research-related, provision of treatment may be conditioned on receipt of an authorization to use and disclose protected health information related to this treatment as necessary for the research; or
 - b. If the purpose of the treatment or service is to create protected health information for disclosure to a third party, provision of the treatment or services may be conditioned on receipt of an authorization to disclose the protected health information to that third party.

When Sparrow requires a patient to sign an authorization as a condition of receiving medical care, the authorization will not be combined with any other authorization forms.

II. PURPOSE

To provide guidelines, which standardize organizational practice, related to the use and disclosure of protected health information (PHI).

III. PROCEDURE**A. Authorization for Use and Disclosure of Protected Health Information**

1. The authorization for disclosure of protected health information must meet the following criteria:
 - a. That it includes a description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
 - b. That it be a written authorization addressed to the hospital and in plain English.
 - c. That it includes the name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
 - d. That it includes the name or other specific identification of the person(s), or class of persons to whom the requested use or disclosure is to be made.
 - e. That it includes the patient's full name, address, date of birth, and social security number.
 - f. That it indicates each purpose for the requested use or disclosure.
 - g. That it indicates the period(s) of hospitalization and/or outpatient service to be included in the disclosure and any limitations regarding the information, which may be disclosed.
 - h. That it specifies date, event, or condition upon which the authorization will expire, unless revoked earlier.
 - i. That it be signed by the patient, except:
 - 1) If the patient is a minor, it must be signed by a parent or legal guardian unless for venereal disease or HIV testing information, substance abuse treatment or prenatal/pregnancy treatment for which the minor has the right to consent under Michigan law.
 - 2) If the patient has a legally appointed guardian or representative, it must be signed by the guardian or representative.
 - 3) If the patient has designated a authorized representative (see DESIGNATION OF AUTHORIZED REPRESENTATIVE FORM).
 - 4) If the person has legal authority to act on behalf of the patient, as stated in a letter of authority issued by a court.
 - 5) If the patient is unable to sign their name, but uses some other means to indicate approval such as marks, the authorization must be witnessed by two adults or notarized. If witnessed, the authorization form should also contain a statement of the circumstances involved as to why the patient cannot sign the form.
 - 6) If the validity of the signature is questioned, the hospital may require a notarized signature.

- 7) The signature of the individual; or signature of authorized representative with a description of the authorized representative's authority to act for the individual and documentation of verification of identification of the legal representative and date.
 - j. That it be dated after the period(s) of hospitalization and/or outpatient service being requested.
 - k. That it be submitted within a 90-day period of time after being signed by the patient or legal representative.
 - l. That it includes a description of how the individual may revoke the authorization in writing.
 - m. That it includes a statement that the information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient except for substance abuse records, which are prohibited from redisclosure by federal law.
 - n. That it includes a statement that the individual may refuse to sign the authorization.
 - o. For marketing uses or disclosure, if applicable, that it includes a statement that the use or disclosure of the requested information will result in direct or indirect remuneration to Sparrow from a third party.
 - p. That it includes a statement that the covered entity will not condition treatment, on the individual's providing authorization for the requested use or disclosure, except as provided in 4.a. and 4.b. above.
2. Other considerations regarding authorization:
 - a. Photocopies of authorizations may be accepted in lieu of the original.
 - b. The patient's signature on the authorization form should be compared with a signature in the protected health information for authenticity.
 - c. The standard preprinted authorization form containing an authorization for "any or all information" or "any information covering this and/or previous confinement and/or disabilities" need not be honored in full. When these are received, Sparrow may seek a letter specifying the dates of service or the nature of the treatment as related to the information requested.
 - d. An authorization is considered invalid if:
 - 1) The information is known to be false,
 - 2) The form lacks the elements outlined above,
 - 3) The authorization is known to have been revoked,
 - 4) The form is not filled out completely,
 - 5) The expiration date or event has passed.
 - e. Pre-printed authorizations must be compared to the required elements listed above. Authorizations, which do not contain all elements, will be returned to the requestor with a Sparrow AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION FORM, and request for completion of that form.
3. Substance abuse, mental health and HIV information will not be released without proper authorization from the patient. Determine if the protected health information contains any

substance abuse, mental health or HIV information. If it does, verify that the authorization specifically states that this type of information may be released. (The Sparrow Health System AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION FORM does have this statement on it.)

- a. In the event that an authorization is NOT specific to the type of information contained in the record, return the authorization to the sender and request a specific authorization as to the type of information needed. DO NOT identify what type of information is in the record.
- b. Once an appropriate authorization is received, process the request.

B. General Guidelines

1. In general, authorizations for uses and disclosures of protected health information must be in writing, consistent with this policy. Verbal authorizations are discouraged and limited to urgent or emergency situations. Any verbal authorization should be discussed with the Risk Management Department or Health Information Management Department prior to any release.
2. Unless the use or disclosure of protected health information is permitted by this or other Sparrow policy without an authorization (see DISCLOSURES RELATING TO SUBPOENAS, COURT ORDERS, DISCOVERY REQUESTS AND OTHER LEGAL PROCESSES AND THE DISCLOSURE OF PROTECTED HEALTH INFORMATION, POLICY HP-16), in order to use or disclose protected health information an authorization for use and disclosure of protected health information signed by the patient or legal representative consistent with this policy must be obtained.
3. Priority is given to the requests for protected health information from health care providers. This includes physicians, hospitals, clinics, nursing homes, extended care facilities, and other professional staff involved in the patient's medical care.
4. Patients have a right of access to their protected health information and to receive, for a reasonable fee, a copy of their protected health information upon request. See RIGHT OF ACCESS TO PROTECTED HEALTH INFORMATION POLICY, Policy HP-32.
5. Information to be disclosed from any patient record must be stipulated in the authorization form. Michigan law further requires that even with authorization (stipulating what information is to be disclosed), disclosures of information contained in mental health records must be germane to the purpose of the authorization.
6. Michigan law requires that patient identity must be protected when disclosing information from mental health records, except if the disclosure is required by law or for reasons related to the threatened safety of the patient or others. When a patient authorizes disclosure of information from a mental health record, the patient must be asked if he/she wants his/her name disclosed with that information.
7. Notification to recipients of mental health information must stipulate that the recipient may only redisclose the information to the extent the redisclosure is consistent with the purpose of the authorization. The notification must accompany the mental health information when disclosed. Notification to the recipient of substance abuse information must stipulate that the recipient may not redisclose the information for any purpose.
8. Inspection and copying of protected health information by individuals other than Sparrow Associates must be done in the presence of a designated associate from the department responsible for management of the protected health information pursuant to RIGHT OF ACCESS TO PROTECTED HEALTH INFORMATION POLICY, Policy HP-32.

9. Correspondence, social service reports, and physicians and autopsy reports prepared by the medical examiner are not to be included in information authorized for disclosure.
10. A charge will be made for copying of all requests other than those for continuing care. A fee schedule is available from the Health Information Management Department.
11. Sparrow will document and retain the signed authorization for a period of at least six years from the date of its creation or the date when it was last in effect, whichever is later. The original authorization form will be filed in the patient's medical record.
12. The authorization will not be combined with another document to create a compound authorization, unless:
 - a. The other document is similar in such authorization;
 - b. The authorization is for the use or disclosure of protected health information created for research that includes treatment of the individual.
13. Sparrow will provide the individual a copy of the signed authorization.

REFERENCE:

See also: DISCLOSURES RELATING TO SUBPOENAS, COURT ORDERS, DISCOVERY REQUESTS AND OTHER LEGAL PROCESSES AND THE DISCLOSURE OF PROTECTED HEALTH INFORMATION, POLICY HP-16
RIGHT OF ACCESS TO PROTECTED HEALTH INFORMATION POLICY, Policy HP-32.

SUBJECT: Accounting of Disclosures of Protected Health information

PREPARED BY: Chief Privacy Officer

APPROVAL ADMINISTRATION: Sparrow Health System Administration

I. STATEMENT OF POLICY

Sparrow Health System patients have a right to receive an accounting of certain disclosures of their protected health information (PHI) made by Sparrow Health System. Upon the patient's written request, Sparrow Health System will provide the patient with an accounting of all disclosures not listed under Exceptions, in Section 4 below.

1. Disclosures made under each of the following policies must be included in the accounting:
 - DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT ARE REQUIRED BY LAW, Policy HP-17
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR PUBLIC HEALTH PURPOSES, Policy HP-07
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION TO REPORT CHILD ABUSE, OR OTHER ABUSE, NEGLECT, OR DOMESTIC VIOLENCE, Policy HP-13
 - REPORTING PROTECTED HEALTH INFORMATION TO EMPLOYERS UNDER OSHA AND SIMILAR LAWS, Policy HP-18
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION TO REGULATORS, Policy HP-08
 - DISCLOSURE RELATING TO SUBPOENAS, COURT ORDERS, DISCOVERY REQUESTS, OTHER LEGAL PROCESSES, Policy HP-16
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR LAW ENFORCEMENT PURPOSES, Policy HP-06
 - USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR PURPOSES OF RESEARCH, Policy HP-53
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION, TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY, Policy HP-15
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR CERTAIN GOVERNMENT FUNCTIONS, Policy HP-05
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION TO WORKERS' COMPENSATION PROGRAMS, Policy HP-14
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION TO AUTHORIZED REPRESENTATIVES OF DECEASED INDIVIDUALS/EXTENSION OF PRIVACY PROTECTION TO DECEASED INDIVIDUALS, Policy HP-11
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION BY "WHISTLEBLOWERS", Policy HP-30
2. The accounting must include any other disclosure that is made without the patient's written authorization, unless the disclosure falls within one of the exceptions listed below. This includes any disclosure made in violation of Sparrow Health System policy, or federal or state law, regarding the privacy, security or confidentiality of protected health information.

3. The accounting must include disclosures made by business associates for any of the reasons listed above.
4. Exceptions. A patient's right to an accounting of disclosures does not apply to:
 - Disclosures of protected health information for treatment, payment, or health care operations.
 - Disclosures to a patient of his or her own protected health information.
 - Disclosures made under the authority of an authorization, Policy HP-03.
 - Disclosures of protected health information to authorized representatives, Policy HP-12
 - Disclosures that result from inclusion of a patient's information in a directory, in accordance with the PATIENT DIRECTORY POLICY, Policy HP-20.
 - Disclosures to relatives, friends, and others involved in the patient's care or payment for care, in accordance with PROVIDING A PATIENT'S MEDICAL INFORMATION TO FAMILY, FRIENDS, OR OTHERS DIRECTLY INVOLVED IN THE PATIENT'S CARE, Policy HP-21
 - Disclosures of protected health information to disaster relief agencies in accordance with DISCLOSURE OF PROTECTED HEALTH INFORMATION IN A DISASTER, Policy HP-09*
 - Disclosures to authorized federal officials for purposes of national security or intelligence, in accordance with DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR CERTAIN GOVERNMENT FUNCTIONS, Policy HP-05.
 - Disclosures of prisoners' protected health information to correctional institutions or law enforcement officials in accordance with DISCLOSURE OF PROTECTED HEALTH INFORMATION OF INMATES, Policy HP-10.
 - Disclosures that are incidental to any use or disclosure permitted under Sparrow Health System policies or applicable federal or state law. (An incidental disclosure is a secondary disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. Example: a conversation that is overheard despite attempts by the speakers to avoid being heard.)
 - Disclosures of information in a limited data set. See LIMITED DATA SET, Policy HP-27.
 - Any disclosure that occurred prior to April 14, 2003.
 - Any disclosure that occurred more than six years prior to the date of the request for the accounting, or outside the time period to which the request applies, if the patient has requested an accounting for disclosures over a shorter period (less than 6 years).
5. Disclosures made to regulators and law enforcement officials will be temporarily omitted from a requested accounting of disclosures under certain conditions.
 - a. The regulatory or law enforcement agency must provide Sparrow Health System with a written statement that notifying the patient about a disclosure of protected health information to the agency would be reasonably likely to impede the

agency's activities. The statement must specify the time period during which the patient is not to be informed of the disclosure.

- b. The suspension of the patient's right to an accounting of the disclosure of protected health information to the agency is only temporary, lasting only for the period of time requested in the written statement.

6. Request for Accounting

A request for an accounting of disclosures of protected health information must be in writing. It must be dated, and must specify the time period to which the accounting applies, which may not be for a period of more than six (6) years.

7. Content of Accounting

The accounting that is provided to the patient must be in writing.

- a. The accounting must include all disclosures except those listed under "Exceptions," above. This includes disclosures made by Sparrow Health System, and disclosures by any business associate if Sparrow Health System provided the business associate with the protected health information that was disclosed. See the DISCLOSURE OF PROTECTED HEALTH INFORMATION TO BUSINESS ASSOCIATES, Policy HP-48 regarding the duty of business associates to inform Sparrow Health System of any disclosures they make which may be subject to inclusion in an accounting of disclosures.
- b. The accounting must include the following information, except as set forth in Sections 8 and 9 below:
 - 1) The date of disclosure,
 - 2) The name, and the address if known, of the entity or person who received the protected health information,
 - 3) A brief description of the protected health information disclosed,
 - 4) A brief statement of the purpose of the disclosure, and
 - 5) A copy of the written request for protected health information from: a public health authority, the FDA, a patient's employer, a government authority, a health oversight agency, a judicial or administrative official, a law enforcement official, funeral directors, and medical examiners.

8. Summary information.

When Sparrow Health System has made multiple disclosures to a single person or organization for the same purpose, the accounting may include summary information rather than the detail of each such disclosure. Summary information is acceptable under the following conditions:

- a. Disclosures to the Secretary of the U. S. Department of Health and Human Services, to determine whether Sparrow Health System is complying with federal regulations regarding the privacy of protected health information (i.e. 45 CFR Parts 160 and 164), or to investigate a complaint relative to these regulations.

Disclosures in accordance with any of the following Sparrow Health System policies:

- DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR PUBLIC HEALTH PURPOSES, Policy HP-07

- DISCLOSURE OF PROTECTED HEALTH INFORMATION TO REPORT CHILD ABUSE, OR OTHER ABUSE, NEGLECT, OR DOMESTIC VIOLENCE, Policy HP-13
 - REPORTING PROTECTED HEALTH INFORMATION TO EMPLOYERS UNDER OSHA AND SIMILAR LAWS, Policy HP-18
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION TO REGULATORS, Policy HP-08
 - DISCLOSURES RELATING TO SUBPOENAS, COURT ORDERS, DISCOVERY REQUESTS, OTHER LEGAL PROCESSES AND THE DISCLOSURE OF PROTECTED HEALTH INFORMATION, Policy HP-16
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR LAW ENFORCEMENT PURPOSES, Policy HP-17
 - USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR PURPOSES OF RESEARCH, Policy HP-53 (see also Research, below)
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION WITHOUT AUTHORIZATION, TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY Policy HP-15*
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR CERTAIN GOVERNMENT FUNCTIONS, POLICY 05 (military, or protective services of the president and others, but excluding national security or intelligent purposes, as noted under “exceptions,” above.)
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION TO WORKERS’ COMPENSATION PROGRAMS, Policy HP-14
 - DISCLOSURE OF PROTECTED HEALTH INFORMATION TO AUTHORIZED REPRESENTATIVES OF DECEASED INDIVIDUALS/EXTENSION OF PRIVACY PROTECTION TO DECEASED INDIVIDUALS, Policy HP-11
- b. Summary information, to account for multiple disclosures to the same person or organization for the same reason must contain the following information:
- 1) For the first disclosure made during the period of the accounting, all of the information required in 7.b, above.
 - 2) The frequency, periodicity, or number of disclosures made during the accounting period.
 - 3) The date of the last disclosure during the accounting period.

9. Research.

The following applies if, during the period covered by the accounting, Sparrow Health System has made disclosures of protected health information for a particular research purpose in accordance with the USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR PURPOSES OF RESEARCH, Policy HP-53, for 50 or more individuals.

- a. An accounting for any of the patients whose protected health information may have been disclosed for the research purpose, may provide the following limited information:
- 1) The name of the protocol or other research activity;
 - 2) 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;

- 3) A brief description of the type of protected health information that was disclosed;
 - 4) 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;
 - 5) The name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the information was disclosed; and
 - 6) A statement that the protected health information may or may not have been disclosed for a particular protocol or other research activity.
- b. If patient receives an accounting that uses this research option, and if it is reasonably likely that the patient's protected health information was disclosed for the research protocol or activity, Sparrow Health System will assist the patient in contacting the entity that sponsored the research and the researcher, if so requested.
10. Time Frames
- a. Sparrow Health System must provide the written accounting, or request an extension of time within 60 days of the date the request for the accounting was received.
 - b. One extension of 30 days is allowed. A request for extension must state the reasons for the delay and the anticipated date on which the accounting will be provided to the patient.
11. Fees
- a. The first accounting in any 12-month period will be provided without charge.
 - b. A reasonable, cost-based fee will be charged for any additional accounting requested during any 12-month period.
 - c. A patient who will be subject to the fee for additional accountings will be informed of the fee, and will be given the chance to withdraw the request to avoid the fee, or to modify the request to reduce the fee.

II. PURPOSE

To establish guidelines, which standardize organizational practice, for processing patient requests for an accounting of disclosures of their protected health information (PHI).

III. PROCEDURE

1. Any patient who requests an accounting for disclosures of protected health information will be referred to the Chief Privacy Officer.
2. The Chief Privacy Officer will manage compliance with the above policy to provide the accounting.

A. Information management

The Sparrow Health System Chief Privacy Officer will develop a process to assemble information for each accountable disclosure of protected health information. All information compiled must be retained for at least six (6) years.

B. Processing of requests for accounting

Under the direction of the Chief Privacy Officer, designated personnel will:

1. Review the request to determine which disclosures are reportable.
2. Assemble the required information from records kept in accordance with the information management mechanisms developed by the Directors of Health Information Management and Information Systems.
3. Notify the patient of the fee, if the request is a second or subsequent request in a 12-month period.
4. Prepare the written accounting.
5. Provide the accounting to the patient (payment is required in advance if a fee is due) via U.S. Mail or in person.
6. File a copy of the written accounting and the written request. These documents must be retained on file for six years.

C. Disclosure Log

Any Sparrow Health System Associate disclosing protected health information pursuant to this policy must manually or electronically record the disclosure on a Disclosure Log. The subject Disclosure Log will contain:

1. Patient's name
2. Patient's history number
3. Patient's date of birth
4. Patient's Social Security number
5. Date of disclosure
6. Name of Associate disclosing protected health information
7. Associate's Department name
8. Name and address of entity receiving disclosure
9. Description of protected health information disclosed
10. Statement re purpose of disclosure

Disclosure logs are to be submitted to the Chief Privacy Officer on a monthly basis, no later than the 15th of the month following the disclosures. (Example: August 15 for July disclosures.)

REFERENCE: 45 CFR § 164.528