



Use and Disclosure of PHI for Facility Directory Policy

Policy #:	HP015.1
Policy Type:	University
Responsible Executive:	VPAA
Responsible Office:	Academic Affairs
Originally Issued:	November 8, 2023
Latest Revision:	November 8, 2023
Effective Date:	November 8, 2023

I. Policy Statement

The University of Louisiana at Monroe’s Use and Disclosure of PHI for Facility Directory Official Policy establishes the requirements for providing patients with the opportunity to agree to or prohibit the use or disclosure of their Protected Health Information in a facility’s directory.

II. Purpose of Policy

To provide guidance to the health care facilities and providers affiliated with ULM on the requirements of the Health Insurance Portability and Accountability Act, Standards for Privacy of Individually Identifiable Health Information (HIPAA Privacy Regulations), for using a patient’s Protected Health Information in a facility’s directory.

III. Applicability

This policy is applicable to all faculty and staff.

IV. Definitions

Protected Health Information (sometimes referred to as “PHI”) – for purposes of this policy means individually identifiable health information, that relates to the past, present or future health care services provided to an individual. Examples of Protected Health Information include medical and billing records of the patient.

V. Policy Procedure

1.0 The patient or personal representative must be given an opportunity to object orally or in writing to being listed in ULM’s directory at the time of admission or service.

1.1. ULM must take the following steps before including any of a patient’s PHI in ULM’s directory:

1.1.1. Inform the patient of ULM’s policies regarding its directory, if any; and

1.1.2. Provide the patient with an opportunity to not be included in ULM’s directory listing or to restrict some or all of their PHI that ULM desires to include in the directory.

1.1.3. If a patient does not orally or in writing object to his or her PHI being listed in ULM’s directory, the facility may include the following PHI in its facility directory:

- The patient’s name;
- The patient’s location in the facility;
- The patient’s condition described in general terms that do not communicate specific medical information about the individual (e.g., “fair”, “good”, “critical”, etc.);
- The patient’s religious affiliation;

1.1.4. If a patient does not orally or in writing object to his or her PHI being listed in the ULM directory, the facility may disclose for directory purposes such information:

- To members of the clergy and
- Except for religious affiliation information, to persons other than members of the clergy who ask for the patient by name;

2.0 The information described above may be disclosed to members of the clergy whether or not the clergy asks for the patient by name. In addition, the patient's religion may be made available to members of the clergy.

3.0 A notation may be made in ULM's computer system or patient record regarding the patient's preferences.

4.0 Emergency Situations:

4.1. Emergency situations may arise in which the patient is not able to be given the opportunity to object to being listed in ULM's directory.

4.1.1. If the opportunity to object to being listed in ULM directory cannot practicably be provided because of the patient's incapacity or an emergency treatment circumstance, ULM may list the patient in the facility's directory if the listing is:

- Consistent with a prior expressed preference of the patient, if any, known to ULM; and
- In the patient's best interest as determined by ULM in the exercise of professional judgment.

4.1.2. When it becomes practicable to do so, ULM must inform the patient of the PHI included in ULM directory, to whom such PHI may be disclosed, and must at that point provide the patient with an opportunity to object to being listed in ULM directory.

VI. Enforcement

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

VII. Policy Management

The Vice President of Academic Affairs will be responsible for enforcement of this policy.

VIII. Exclusions

None

IX. Effective Date

This policy will become effective upon the date signed by the University President.

X. Adoption

This policy is hereby adopted on this 8th day of November 2023.

Recommended for Approval by:

Approved by:



Dr. Mark Arant, Provost



Dr. Ronald L. Berry, President

XI. Appendices, References and Related Materials

45 C.F.R .§164.510

XII. Revision History

Original Adoption Date: November 8, 2023