



# ***Use or Disclosure of Protected Health Information to Persons Involved in Patient’s Care and for Notification Purposes Policy***

<b>Policy #:</b>	HPO20.1
<b>Policy Type:</b>	University
<b>Responsible Executive:</b>	Provost
<b>Responsible Office:</b>	Academic Affairs
<b>Originally Issued:</b>	November 8, 2023
<b>Latest Revision:</b>	November 8, 2023
<b>Effective Date:</b>	November 8, 2023

## **I. Policy Statement**

The University of Louisiana at Monroe’s Use or Disclosure of Protected Health Information to Persons Involved in Patient’s Care and for Notification Purposes Official Policy establishes the requirements for disclosing a patient’s protected health information to family members, friends, or any other person identified by the patient according to HIPAA regulations as well as any other state or Federal Law.

## **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), and any other applicable state or Federal laws or regulations for disclosing a patient’s Protected Health Information to a family member, friend or other person identified by the patient.

## **III. Applicability**

This policy is applicable to all faculty and staff.

## **IV. Definitions**

**Disclosure** – For purposes of this policy, means the release, transfer, or provision of access to PHI outside of ULM. A disclosure of Protected Health Information may occur orally or in writing.

**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 a patient.

**Use** - For purposes of this policy, means with respect to Protected Health Information, the sharing, utilization, or examination of Protected Health Information within and by employees or agents of ULM.

## **V. Policy Procedure**

### **1.0 Uses and Disclosures of Protected Health Information With the Patient Present**

1.1 If the individual is present and has the capacity to make his or her own decisions, ULM may disclose the PHI to a family member, other relative, or a close personal friend of the patient, or for notification purposes only if ULM does one of the following:

- Obtains the individual’s agreement in each encounter, orally or in writing, to disclose the patient’s Protected Health Information to the individual (e.g., family member, friend, other person) that is present with the patient;

- Provides the individual with the opportunity to object to such disclosure, and the individual does not express an objection; or
- Reasonably infers from the circumstances, based on the exercise of professional judgment that the individual does not object to the disclosure. Examples of when an ULM health care provider may infer an individual's agreement to disclose Protected Health Information pursuant to this option include, but are not limited to:
  - when a patient brings a spouse into our office when treatment is being discussed

1.2 ULM is not required to verify the identity of relatives or other individuals involved in the individual's care. The individual's act of involving the other persons in his or her care is sufficient verification of their identity.

1.3 ULM must obtain the individual's agreement on every visit to our office as to whether the Facility or Clinic may disclose the individual's Protected Health Information to a relative or to another person assisting in the individual's care.

1.4 ULM should not assume that an individual's agreement at one point in time to disclose Protected Health Information to a relative or friend applies to every visit to our office.

## 2.0 Uses and Disclosures of Protected Health Information When the Patient is Not Present Or Emergency Circumstances

2.1 ULM may only make limited disclosures of a patient's Protected Health Information when the patient is not present to be provided with an opportunity to agree or object to a particular use or disclosure of their Protected Health Information.

2.2 If the individual is not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, ULM may, in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the Protected Health Information that is directly relevant to the person's involvement with the individual's health care. Examples of when employees of ULM may use their professional judgment and experience with common practice to make reasonable inferences of the individual's best interest in allowing a person to act on behalf of the individual include, but are not limited to:

- pick up filled prescriptions,
- medical supplies,
- X-rays, or
- other similar forms of PHI.

## 3.0 Use of Protected Health Information for Notification Purposes

3.1 ULM may use or disclose Protected Health Information to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death. Any such use or disclosure of Protected Health Information for such notification purposes must be in accordance with this policy.

4.0 ULM may use or disclose Protected Health Information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purposes of coordinating relief efforts, assistance in notification, or notification of (including identifying or locating) a family member, a personal representative of the individual, or another person responsible for the care of the individual, or the individual's location, general condition, or death.

5.0 Uses and Disclosures When the Individual is Deceased.

5.1 If the individual is deceased, ULM may disclose to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual, who were involved in the individual's care or payment for health care prior to the individual's death, protected health information of the individual that is relevant to such person's involvement, unless doing so is inconsistent with any prior expressed preference of the individual that is known to the covered entity.

## 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

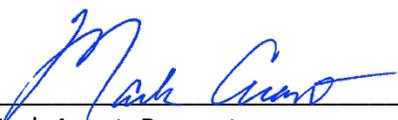
This policy will become effective upon the date it is signed by the University President.

## X. Adoption

This policy is hereby adopted on this 8<sup>th</sup> day of November 2023.

Recommended for Approval by:

Approved by:

  
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Dr. Mark Arant, Provost

  
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Dr. Ronald L. Berry, President

## XI. Appendices, References and Related Materials

45 C.F.R. § 164.510(b)

## XII. Revision History

Original Adoption Date: November 8, 2023