| SEPA Labs | **Policy & Procedure**<br><br>HIPAA / PRIVACY<br>**USES AND DISCLOSURES**<br>**OF PROTECTED HEALTH INFORMATION** | FUNCTION |
|---|---|---|
| | | NUMBER<br>2a |
| | | PRIOR ISSUE |
| | | EFFECTIVE DATE<br>January 1, 2014 |

## PURPOSE

To ensure that disclosure of Protected Health Information ("PHI") is made consistent with applicable laws, regulations and health information standards, and to ensure that any disclosures of a patient's PHI to a patient's family members, other relatives, close friends or other persons designated by the patient are appropriate.

## POLICY

Disclosure of PHI will only be allowed with a properly completed and signed authorization except:

- When required or allowed by law (see "Request and Disclosure Table" following this Policy).

- As defined in the *Notice of Privacy Practices*:
  - o For continuing care (treatment)
  - o To obtain payment for services (payment)
  - o For the day-to-day operations of SEPA Labs and the care given to the patients (health care operations)

Disclosure of PHI will be carried out in accordance with all applicable legal requirements and in accordance with SEPA Labs policy. SEPA Labs will be responsible for researching and abiding by applicable state laws and regulations.

Original Laboratory Records will not be removed from the premises, except when specifically ordered by subpoena or by other court order.

## PROCEDURE

### Receiving a Request for Laboratory Records:

Requests for Laboratory Records shall be managed by SEPA Labs Privacy Official.

1. Other staff members will not release PHI without approval of SEPA Labs Privacy Official.

2. After hours and on weekends, release of information for continuing care (i.e., transfer to a hospital or emergency clinic) is allowed.

### Responding to Specific Types of Disclosures:

See the "Request and Disclosure Table" following this Policy for applicable requirements in responding to requests by specific entities/individuals.

1. Media: No PHI shall be released to the news media or commercial organizations without the authorization of the patient or his personal representative.

2. Telephone Requests: Staff members receiving requests for PHI via the telephone will make reasonable efforts to identify and verify that the requesting party is entitled to receive such information.

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**Disclosures to Persons Involved with a Patient's Care:**

1. SEPA Labs may disclose to a family member, other relative, close friend, or any other person identified by the patient, PHI:

    a. That is directly relevant to that person's involvement with the patient's care or payment for care; or

    b. To notify such person of the patient's location, general condition, or death.

2. <u>Conditions if the Patient is Present</u>. If the patient is present for, or otherwise available, prior to a permitted disclosure, then SEPA Labs may use or disclose the PHI only if SEPA Labs:

    a. Obtains the patient's agreement;

    b. Provides the patient with an opportunity to object to the disclosure, and the patient does not express an objection (this opportunity to object and the patient's response may be done orally); or

    c. May reasonably infer from the circumstances, based on the exercise of professional judgment, that the patient does not object to the disclosure.

3. <u>Conditions if the Patient is Not Present or is Incapacitated</u>. SEPA Labs may, in the exercise of professional judgment, determine whether the disclosure is in the best interest of the patient, and, if so, disclose only that PHI which is directly relevant to the person's involvement with the patient's care if:

    a. The patient is not present,

    b. The opportunity to agree/object to the use or disclosure cannot practicably be provided because of the patient's incapacity, or

    c. In an emergency.

4. <u>Confirming Identity</u>. SEPA Labs shall take reasonable steps to confirm the identity of a patient's family member or friend. SEPA Labs is permitted to rely on the circumstances as confirmation of involvement in care. For example, the fact that a person admits a patient to SEPA Labs and visits weekly is sufficient confirmation of involvement in the patient's care

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