Texas Tech University Health Sciences Center HIPAA Privacy Policies

Use, Disclosure and Disposal of PHI	Policy 4.4
Guidelines for Release of Information by Telephone	Effective Date: July 5, 2016
References: http://www.hhs.gov/ocr/hipaa HSC HIPAA website http://www.ttuhsc.edu/hipaa/policies_procedures.aspx	

Policy Statement

It is the policy of the Texas Tech University Health Sciences Center (TTUHSC) to secure confidentiality of protected health information (PHI) released by telephone. This policy defines the minimum guidelines and procedures that individuals must follow when releasing PHI via telephone.

Scope and Distribution

This policy applies to all PHI maintained by TTUHSC. It does not apply to health care information of inmates seen or treated by TTUHSC providers.

Definitions

Refer to HPP 1.1 for Glossary of HIPAA Terms

See Old/New HIPAA Policy Number Cross Reference Chart

Procedure

Generally, detailed PHI including, but not limited to, lab and x-ray results is NOT to be released over the telephone or left on answering machines even if disclosure is permitted or authorized due to our concern for the patient's privacy.

Departments may release selected portions of the patient's medical record directly to the patient or authorized individual as requested by the provider (<u>Ambulatory Care Policy 5.09 Release of Health Record Information</u>).

<u>Clinic Staff:</u> **Limited** information pertaining to the patient's <u>appointment date and time</u> may be released by telephone after verification is made that the individual receiving the information is authorized by confirming authorized names on the patient's CCR and by receipt of at least one of the following from the authorized individual or patient:

- Individual's date of birth;
- Individual's social security number; or
- Individual's address number.

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<u>Health Care Professionals and Other Providers:</u> **Detailed** PHI (see ACP 5.09 *Release of Health Record Information*) may be disclosed over the telephone only after verification is made that the individual receiving the information is authorized by confirming authorized names on the patient's CCR, and by receipt of at least one of the following from the authorized individual or patient:

- Individuals date of birth;
- Individual's social security number; or
- Individual's address number.

Detailed PHI may NOT be left on answering machines even if disclosure is permitted or authorized by the individual.

Knowledge of a violation or potential violation of this policy must be reported directly to a Regional Privacy Officer, the Institutional Privacy Officer or to the employee Compliance Hotline at (866) 294-9352 or www.ethicspoint.com under HSC.

Approval Authority

Questions regarding this policy may be addressed to the Regional Privacy Officer (<u>Amarillo</u>, <u>Permian Basin</u>), the <u>Institutional Privacy Officer</u>, or the <u>Institutional Compliance Officer</u>.

Responsibility and Revisions

This policy may be amended or terminated at any time to reflect changes in TTUHSC operating policies or applicable laws and regulations.