

**Texas Tech University Health Sciences Center
HIPAA Privacy Policies**

Patients' Rights	Policy 7.2
Accounting of Disclosures of Personal Health Information (PHI); including Suspension of Rights to Accounting	Effective Date: January 15, 2015
References: http://www.hhs.gov/ocr/hipaa TTUHSC HIPAA website http://www.ttuhscc.edu/hipaa/policies_procedures.aspx	

Policy Statement

HIPAA (Health Insurance Portability and Accountability Act) provides that individuals have a right to receive an accounting of certain instances when PHI (protected health information) about him/her is disclosed by a covered entity. This requirement is subject to exceptions for disclosures made to the individual for treatment, payment, healthcare operations, or authorized by the individual; as well as certain time-limited exceptions for disclosures to law enforcement and oversight agencies. Texas Tech University Health Sciences Center (TTUHSC) has developed policies and procedures to address instances when an accounting of disclosures of PHI must be provided.

Scope and Distribution

This policy applies to all health care clinical service areas owned and/or operated by TTUTTUHSC. It does not apply to inmates seen or treated by TTUTTUHSC.

Definitions

Refer to [HPP 1.1 for Glossary of HIPAA Terms](#)

See [Old/New HIPAA Policy Number Cross Reference Chart](#)

Procedure

- A. Individuals have a right to receive an accounting of disclosures made by TTUHSC and its business associates of his/her protected health information.
- B. When an individual requesting an accounting is also an employee, that individual must comply as outlined below. Employees are not to access his/her own PHI.
- C. The accounting for disclosures will include all instances where protected health information is disclosed, except:
 - 1. Disclosures which were made for purposes of treatment, payment and operations;
 - 2. Disclosures which were incidental to a permissible use or disclosure;
 - 3. Disclosures which were for the purposes of a limited data set;
 - 4. Disclosures which were for a facility directory or to persons involved in the individual's care (disclosures which require an opportunity for the

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- individual to agree or object);
 - 5. Disclosures which were provided for national security or other intelligence purposes;
 - 6. Disclosures to a correctional institution or made in a law enforcement custodial situation;
 - 7. Disclosures which were made as a result of an authorization signed by the individual;
 - 8. Disclosures which were made to the individual;
 - 9. Protected health information that is (1) Subject to the Clinical Laboratory Improvement Amendments of 1988, 42 USC §263a, to the extent the provision of access to the individual would be prohibited by law; or (2) Exempt from the Clinical Laboratory Improvement Amendments of 1988, pursuant to 42 CFR §493.3(a)(2).
- D. For research disclosures, a listing of all protocols for which a patient's protected health information may have been disclosed pursuant to a waiver of authorization, as well as the researcher's name and contact information are all that is required.
- E. Suspension of Right to an Accounting: An individual's right to an accounting disclosure of PHI may be suspended where a health oversight agency or a law enforcement official provides a statement that an accounting of disclosures to such agency or official would be "reasonably likely" to impede his/her activities. Should the statement be made orally, the suspension will only last for 30 days. A written statement is required for a longer time frame.
- F. In cases of domestic or child abuse, if the request is by the individual's personal representative, and a reasonable belief is held that such person may be the abuser or accounting to such person could endanger the individual, TTUHSC has the discretion to decline the request.
- G. TTUHSC is not required to include an accounting of disclosures that were made incidental to another use or disclosure that is permissible under 45CFR part 164; however, to minimize incidental disclosures, TTUHSC will:
- 1. Take precautions to reasonably safeguard PHI as required by 45CFR§164.530(c)(1); and
 - 2. Disclose only the minimum amount of PHI necessary to accomplish the intended purpose of the disclosure.
- Example:
Sign-in sheets and calling out names in waiting rooms are permitted, so long as the information disclosed is appropriately limited (e.g., reason for visit or patient diagnosis are not used).
- H. Request for Accounting Procedure. An individual shall make the request for an accounting in writing to the Central Medical Record department on each campus. The request should be made on a "Request for an Accounting of Disclosures" form, which can be accessed by going to the HIPAA website

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http://www.ttuhscc.edu/hipaa/Universal_HIPAA_Forms.aspx

TTUHSC will retain this request and a copy of the written accounting that was provided to the individual, as well as the name/departments responsible for the completion of the accounting.

An individual will be able to request an accounting of disclosures in the six years prior to the date on which the accounting is requested, but not prior to April 14, 2003.

- I. TTUHSC will act on the individual's request for an accounting not later than 60 days after receipt of the request by:
 - 1. Providing the individual with the accounting requested not later than 60 days after receipt of the request; or
 - 2. By informing the individual of an extension of time to provide the accounting by no more than 90 days after the receipt of the request.
- J. Should an extension of time be needed to provide the accounting for disclosures of protected health information, TTUHSC will provide the individual with a written statement of the reason for the delay and the date by which the accounting will be provided. TTUHSC will not extend the time to provide the accounting more than once.
- K. The covered entity must include disclosures of protected health information that occurred during the period requested by the individual, including disclosures to or by business associates.
- L. For each disclosure, the accounting must provide the following:
 - 1. Date;
 - 2. Name and address (if known) of the entity or person receiving the protected health information;
 - 3. A brief description of the PHI disclosed; and
 - 4. A brief statement of the purpose of the disclosure that reasonably informs the individuals of the basis of the disclosure or in lieu of such statement:
 - i. A copy of the written authorization to use or disclose the PHI; or
 - ii. A copy of a written request for a disclosure required from the Health and Human Services Secretary.
- M. The first accounting to an individual in any 12-month period will be without charge. A reasonable fee may be imposed by TTUHSC for each subsequent request for an accounting by the same individual within the 12-month period.

Upon imposing a fee, TTUHSC will inform the individual in advance of the fee and provide the individual with an opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

TTUHSC will document and retain the following for a period of at least six years, or from the date of its creation or the date when it last was in effect, whichever is

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later:

1. The information required to be included in an accounting;
 2. The written accounting that is provided to the individual;
 3. The title of the persons or officer responsible for receiving and processing requests for an accounting by individual.
- N. This policy and procedure will be documented and retained for a period of 6 years from the date of its creation or the date when it last was in effect, whichever is later.
- O. 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 TTUHSC.

Approval Authority

Questions regarding this policy may be addressed to the Regional Privacy Officer ([Amarillo](#), [Lubbock](#), [Permian Basin](#)), the [Institutional Privacy Officer](#), or the [Institutional Compliance Officer](#).

Responsibility and Revisions

This policy may be amended or terminated at any time.