POLICY TITLE: Patient's Right to Request an Accounting of Disclosures of Their PHI

DEPARTMENT: Corporate Responsibility  ORIGINATION DATE: 04/14/2003
CATEGORY: Privacy-HIPAA  EFFECTIVE DATE: 06/11/2012

SCOPE
This policy applies to all Centura Health facilities, practices, entities and services (“Centura”) and all members of the workforce including, but not limited to, associates, employed physicians, contractors, and volunteers.

PURPOSE
To ensure patients the right to an accounting of the disclosures of their protected health information (PHI) by Centura or Centura’s business associates. To ensure Centura maintains an accounting of disclosures for each patient.

STATEMENT OF POLICY
It is policy that Centura will maintain an accounting of the disclosures made by Centura for each patient and patients will be provided the right to a copy of their accounting for a period up to the six years immediately preceding the accounting request.

Centura is not required to account for the following types of disclosures:
- To carry out treatment, payment or healthcare operations;
- Pursuant to an authorization signed by the patient;
- To patient’s requesting their own PHI;
- For the facility’s directory or to persons involved in the individual’s care;
- Incidental to a permissible use or disclosure;
- For national security or intelligence purposes;
- To correctional institutions or law enforcement officials;
- As part of a limited data set or other de-identified data.

Centura will track and the accounting must include the following for each disclosure:
- Date of disclosure;
- Name of recipient (and address, if known);
- Brief description of the PHI disclosed;
- Either a statement of the purpose of the disclosure or a copy of the written request for disclosure.

Multiple disclosures to the same individual or entity may be recorded in one accounting record with the first date of disclosure, the interval period (monthly, weekly, etc.), and the last date of disclosure.

Patient’s requests for an accounting of disclosures must be made in writing. Centura will provide the first accounting to an individual within any 12-month period at no charge. Centura may impose a reasonable, cost-based fee for each subsequent request for an accounting of disclosures by the same individual within the 12-month period, provided that Centura informs the individual in advance of the fee and provides the individual with an opportunity to withdraw or modify the request for a subsequent accounting.

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**Accounting for Research Disclosures**
Disclosures made for a particular research purpose for fifty (50) or more patients, pursuant to a waiver of authorization by an IRB or Privacy Board, may be recorded with the following:

- The name of the protocol or other research activity;
- A description, in plain language, of the research protocol or other research activity, including the purpose of the research and the criteria for selecting particular records;
- A brief description of the type of PHI that was disclosed;
- The date or period of time during which such disclosure occurred, or may have occurred, including the date of the last such disclosure during the accounting period;
- The name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the information was disclosed; and
- A statement that the PHI of the individual may or may not have been disclosed for a particular research protocol or other research activity.

If it is reasonably likely that the PHI of the patient was disclosed for such research activity, Centura will, at the request of the patient, assist in contacting the entity that sponsored the research and the researcher.

**Temporary Suspension to the Right of an Accounting of Disclosures**
Centura will temporarily suspend an individual’s right to receive an accounting of disclosures if an official from a health oversight or law enforcement agency requests, either in writing or orally, a temporary suspension because the individual would be reasonably likely to impede the agency’s activities if they had knowledge of disclosures to those particular agencies.

**PROCEDURE**

**Logging/Tracking Disclosures**
1. Disclosures requiring an accounting will be documented on the Accounting of Disclosures Input form (Attachment B) by any associate that discloses a patient’s PHI.
2. Completed Accounting of Disclosures Input forms will be sent to the Health Information Management/Medical Records department.
3. The Health Information Management/Medical Records department will load all Accounting of Disclosures Input forms received into the Correspondence module of Meditech or will manually maintain a log of disclosures.

**Responding to a Request for an Accounting of Disclosures**
1. Individuals requesting an accounting of disclosures must complete a Patient Request for an Accounting of Disclosures form (Attachment C) and submit the completed form to the designated Health Information Management/Medical Records department.
2. The request will be acted upon by the Health Information Management/Medical Records department within sixty (60) days following receipt of a written request. An additional thirty (30) day extension is allowable if written notice of the delay is provided to the patient indicating the reasons for the delay and the date by which the accounting of disclosures will be completed (Sample Letter – Attachment D).
3. The Health Information Management/Medical Records department informs the individual in advance of any applicable fees and provides the individual with an opportunity to withdraw or modify the request for a subsequent accounting.

4. The Health Information Management/Medical Records department will consolidate a complete list of all disclosures, both from the electronic database in the Meditech Correspondence module and the manual log to create a comprehensive list of disclosures during the requested time period and provide it to the patient in the form of the Patient Accounting of Disclosures Report (Attachment E).

5. The Health Information Management/Medical Records department will provide an accounting of disclosures using one or more of the following mechanisms, using the preferred method specified by the patient, if possible:
   a. Paper documentation to the designated address on file within the individual’s medical record;
   b. Paper documentation to an alternative address as requested by the individual; or
   c. Other reasonable means.

6. The Health Information Management/Medical Records department will collect any applicable fees.

7. The Health Information Management/Medical Records department will scan the Patient Request for an Accounting of Disclosures form (Attachment C), along with the list of disclosures provided to the patient, into the patient’s medical record.

Temporary Suspension to the Right of an Accounting of Disclosures
If an official from a health oversight or law enforcement agency requests a temporary suspension of an individual’s right to an accounting of the disclosures to those particular agencies, the agency or official may provide a written or oral request to Centura.

1. The written or oral request from health oversight or law enforcement agency must include:
   a. A statement that indicates such an accounting to the individual would be reasonably likely to impede the agency's activities.
   b. Specified time period for which such suspension is required. Centura will limit the temporary suspension to no longer than 30 days from the date of the oral statement, unless a written statement from the suspending agency or official is submitted during the time period.

2. Centura will document the request and statement, including the identity of the agency or official making the statement.

3. Centura will temporarily suspend the individual’s right to an accounting of disclosures subject to the statement.

DEFINITIONS
Disclosure: The release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.

REFERENCES AND SOURCES OF EVIDENCE
Refer to Attachment A for examples of disclosures that require an accounting.

POLICY VIOLATION
Any workforce member who fails to abide by this policy may be subject to disciplinary action, up to and including termination.
## REVIEW/APPROVAL SUMMARY

| REVIEW/REVISION DATES: 05/14/2003, 08/11/2006, 02/01/2008, 02/05/2009, 03/29/2012 |
| (Dates in parentheses include review but no revision) |
| APPROVAL BODY(IES): Board of Trustees Audit & Corporate Responsibility Committee | APPROVAL DATE: 06/11/2012 |

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# ATTACHMENT A
## DISCLOSURES REQUIRED TO BE INCLUDED IN ACCOUNTING

<table>
<thead>
<tr>
<th>Category of Disclosure</th>
<th>Examples (not an inclusive list)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary of the Department of Health &amp; Human Services 164.502</td>
<td>• Information related to investigation or determination of the covered entity's compliance with Subpart E under Part 164.</td>
</tr>
<tr>
<td>Required by Law 164.512(a)</td>
<td>• Information mandated to be provided under any federal or state law.</td>
</tr>
</tbody>
</table>
| Public Health Activities/Reporting 164.512(b) | • Information for the purpose of preventing or controlling disease, injury, or disability.  
  • Reporting of disease, injury, vital events such as birth or death.  
  • Public health surveillance, public health investigations, and public health interventions.  
  • Reports to appropriate government authority of child abuse or neglect.  
  • Reporting FDA adverse events, product defects or problems, or biological product deviations or to enable product recalls, repairs, or replacement, or lookback. |
| Victims of Abuse, Neglect, or Domestic Violence 164.512(c) | • Reports to appropriate government authority when reasonable belief of abuse, neglect, or domestic violence. |
| Health Oversight Activities 164.512(d) | • Agency audits or inspections.  
  • Agency civil, administrative, criminal investigations, or criminal proceedings or actions.  
  • Agency licensure or disciplinary actions. |
| Judicial and Administrative Proceedings 164.512(e) | • Court order, subpoena, or discovery request. |
| For Law Enforcement (unless a request has been made to temporarily suspend an individual’s right to an accounting) 164.512(f) | • Reporting of certain types of wounds or other physical injuries to a law enforcement official.  
  • To law enforcement about an individual who is suspected to be a victim of a crime.  
  • Alerting law enforcement of the death of the individual if such death may have resulted from criminal conduct.  
  • To law enforcement that is evidence of criminal conduct that occurred on the premises. |
| Medical Examiner or Funeral Director, or Cadaver Organ Donations 164.512(g-h) | • Information to a coroner or medical examiner for the purpose of identifying a deceased person or determining a cause of death.  
  • To funeral directors as necessary to carry out their duties with respect to the decedent.  
  • Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue. |
| Research Without an Authorization 164.512(i) | • Under an IRB waiver of authorization for research studies with 50 or more individuals |
| Avert Serious Threat to Health or Safety 164.512(j) | • Information necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.  
  • To a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.  
  • Information necessary for law enforcement authorities to identify or apprehend an individual. |
| Certain Specialized Government Functions 164.512(k) | • Information to appropriate military command authorities of individuals who are Armed Forces personnel to assure the proper execution of the military mission. |
| Workers’ Compensation 164.512(l) | • Information relating to workers’ compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault. |
| Not Permitted by Privacy Regulations | • An accidental disclosure/mistake (disclosure without a valid authorization). |

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ATTACHMENT B
ACCOUNTING OF DISCLOSURES INPUT FORM

Facility/Entity Name: ___________________________________________________________________
Name of Associate Submitting Form: _______________________________________________________
Title: __________________________ Dept: _________________________________________________
Date Submitted to HIM/Medical Records: __________________________

PATIENT INFORMATION (Please complete all fields)

Name: _______________________________________________________________________
Account#/Medical Record#: __________________________/____________________________
Date of Birth: _______/_______/_______ Last 4 of SSN: _________________________________
Date(s) of Service: _______/_______/_______ - _______/_______/_______

DISCLOSURE INFORMATION (Please complete all fields)

Date disclosure was made: _______/_______/_______
Name of entity or person who received the disclosure: ______________________________________
If known, address of who received the disclosure: _________________________________________
Description of PHI disclosed:

☐ Medical Record- Entire record
☐ Medical Record- Specific area(s) (*identify specific areas in the next section)
☐ Billing/Payment Statements
☐ Other (specify): __________________________________________________________________

*If Applicable, Specific Area(s) in Medical Record Disclosed:

☐ Face Sheet ☐ EKG ☐ Nursing Progress Notes
☐ Discharge Summary ☐ Emergency Report ☐ Consent to Treat
☐ History & Physical ☐ Physician Progress Notes ☐ Care Plan
☐ Consultation ☐ Physician Orders ☐ X-ray
☐ Operative Report ☐ Respiratory Therapy Notes ☐ Other: _____________________________
☐ Anesthesia Record ☐ Labor & Delivery Records ☐ Other: _____________________________
☐ Lab ☐ Nursing Admission Assessment

Purpose of Disclosure:

☐ Required by law (e.g., information mandated to be provided under any federal or state law)
☐ Public health activities/reporting (e.g., reporting of disease, injury, vital events such as birth or death)
☐ Victim of abuse, neglect or domestic violence (e.g., reporting reasonable belief of abuse, neglect, or domestic violence)
☐ Health oversight activity (e.g., agency audits or inspections; investigations; licensure or disciplinary actions)
☐ Judicial and administrative proceedings (e.g., court order, subpoena, or discovery request)
☐ Law enforcement (e.g., reporting of certain types of wounds or other physical injuries, victim of a crime, death from criminal conduct)
☐ Medical examiner/ Funeral director/Cadaver organ donation (e.g., to ID or determine cause of death, carry out decedent duties)
☐ Research without an authorization (e.g., IRB issues a waiver of authorization for research studies of 50 or more individuals)
☐ Avert serious threat to health or safety (e.g., to prevent or lessen a serious threat to the health or safety of a person or public)
☐ Certain specialized government functions (e.g., Armed Forces personnel to assure the proper execution of the military mission)
☐ Workers’ compensation (e.g., fulfilling workers’ compensation claims processing request)
☐ Accident/Error/Mistake (e.g., an accidental disclosure/mistake, not permitted by Privacy regulations)
☐ Other (specify): __________________________________________________________________

OFFICE USE ONLY
Name of individual who received form: __________________________ Date received: _________________
Patient Medical Record#/Account #: __________________________/___________________________ Input completion date: __________________________

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ATTACHMENT C
PATIENT REQUEST FOR ACCOUNTING OF DISCLOSURES

Facility/Entity Name: ____________________________________________________________

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>Last 4 Digits of Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City, State, Zip Code</th>
<th>Telephone Number</th>
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</table>

I hereby request that the Centura Health facility/entity listed above provide me with an accounting of the disclosures they made that included my protected health information. I want this accounting to include the following dates:

Start Date: ___________________________       End Date: ___________________________
(The start date may not be more than six (6) years prior to today’s date.)

I want this accounting to be in the form of one of the following:

☐ Paper (send to address on file)

☐ Paper (send to alternative address) _____________________________________________

☐ Other: _________________________________________________________________________

I understand that the first accounting I request within a 12-month period will be provided at no charge. I also understand if I request additional accountings within the 12-month period I may be charged the cost of providing the accounting. I will be notified of the cost before any costs are incurred, so that I may withdraw or modify my request.

SIGNATURE: _________________________________ DATE: ________________

Patient (Parent or Legal Guardian)

Name of individual signing on behalf of patient: ____________________________________________

Relationship (if other than patient): ______________________________________________________

Verification: ☐ Drivers License # ___________________ ☐ Other Appropriate ID: ______________

OFFICE USE ONLY

Name of individual who received request: ________________________ Date received: ______________

Patient Medical Record #/Account #: __________________________/ ______________ Completion date: ______________

Delivery Method: ____________________________________________

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ATTACHMENT D
ONE-TIME EXTENSION NOTIFICATION
PATIENT REQUEST FOR ACCOUNTING OF DISCLOSURES

Date:

[Patient’s Name]
[Address]
[City, State, Zip Code]

Dear [Patient Name]:

We have found that we will need to exercise a one-time extension of thirty (30) days to fulfill your request for the Accounting of Disclosures of your protected health information. Your initial request was received on [insert date]. We anticipate completing this request by [insert date].

Reasons for the delay may include:

☐ Processing of hybrid chart material (paper and electronic records)
☐ Record delay from off-site storage vendor
☐ Other: ___________________________________________ _________________________

Please contact the Health Information Management/Medical Records department with any concerns or questions.

Sincerely,

[Name]
[Insert Facility]
Health Information Management/Medical Records Department

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**ATTACHMENT E**

**PATIENT ACCOUNTING OF DISCLOSURE REPORT**

Facility/Entity Name: 

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Medical Record #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Last 4 Digits of Social Security #</th>
<th>Accounting Date Range</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td><strong>/</strong>/____ to <strong><strong>/__/</strong></strong></td>
</tr>
</tbody>
</table>

To the best of our knowledge, these are the disclosures made by the facility/entity of your protected health information for the requested time period that require an accounting as described in the Centura Health Notice of Privacy Practices.

<table>
<thead>
<tr>
<th>DATE OF DISCLOSURE:</th>
<th>NAME OF ENTITY/ PERSON WHO RECEIVED THE DISCLOSURE:</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

ADDRESS OF WHO RECEIVED DISCLOSURE (if known):

BRIEF DESCRIPTION OF PHI DISCLOSED:

BRIEF STATEMENT OF PURPOSE OF DISCLOSURE:

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BRIEF DESCRIPTION OF PHI DISCLOSED:

BRIEF STATEMENT OF PURPOSE OF DISCLOSURE:
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Privacy-HIPAA – Patient’s Right to Request an Accounting of Disclosures of Their PHI