STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.01	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: HIPAA Privacy and Security Implementation & Oversight	

Effective Date: October 9, 2012

Policy

Department shall be responsible for implementation of the administrative requirements under the federal privacy rule.

Each covered function within the Department will designate a privacy official to be responsible for the development and implementation of necessary policy.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.02	Page 1 of 5
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: HIPAA Privacy Definitions	

Effective Date: October 9, 2012

Definitions:

Affiliated Covered Entity:
Legally separate Covered Entities that are affiliated may be designated as a single Covered Entity for purposes of HIPAA Privacy, if the separate entities are under common ownership or control.

Business Associate:
1. A person or entity that performs functions on behalf of a Covered Entity which involves the use or disclosure of individually identifiable health information.
2. Examples of commonly provided services from a Business Associate are third party recovery, external review, pharmacy benefit management, claims repricing, accreditation, actuaries, auditing, legal services and consulting.

Examples of Persons and Organizations Who Are Not Considered Business Associates:
Oversight agencies (OIG, CMS); a person or organization that acts merely as a conduit (a conduit transports information but does not access it, ex: United States Postal Service); financial institutions; health care provider; and an employee of a covered entity.

Covered Entities:
Health plans, health care clearinghouses and health care providers.

De-identification (De-identified):
If all of the identifiers shown below have been removed from health information being disclosed, it is presumed to be de-identified and therefore not PHI:
1. Names (name of individual, relatives, employer or household member)
2. Address, including street address, city, county, zip code (first three digits may be used if it represents more than 20,000 people)
3. All date elements related to an individual (birth date - the year element can be kept except for any age indicator for individuals over age 89 - for individuals over 89 the age may be aggregated into a 90+ category)
4. Telephone number
5. Fax number
6. Email address
7. Social security number
8. Medical record number
9. Health plan beneficiary number
10. Account numbers (including group number)
11. Certificate/license numbers
12. Vehicle identifiers (serial number, license plate, etc.)
13. Device identifiers and serial numbers
14. URLs (internet address/identifier)
15. IP address (internet address/identifier)
16. Biometric identifiers (fingerprints, voice print, etc.)

17. Full face photographic or comparable image
18. Any other unique identifying number, characteristic or code

Designated Record Set:
Designation of Record Sets Policy.

Disclosure (Disclose):
Release, transfer, provide of access to, or divulge in any other manner of information outside of UDOH.

Employee:
For purposes of the Privacy policies, the definition of employee includes all members of the DEPARTMENT workforce, including interns and temporary personnel.

Group Health Plan:
An employee welfare benefit plan defined in section 3(1) of ERISA, 29 U.S.C. 1002(1), including insured and self-insured plans to the extent that the plan provides medical coverage to employees or their dependents directly or through insurance, reimbursement or otherwise and that has 50 or more participants or is administered by an entity other than the employer that established and maintains the plan.

Health Care Operations:

1. Health Care Operations means any of the following activities performed or undertaken by DEPARTMENT:
   a) Conducting quality assessment and improvement activities
   b) Accreditation
   c) Credentialing
   d) Certification
   e) Case management
   f) Licensing
   g) Evaluating health plan performance
   h) Insurance activities relating to the renewal of a contract for insurance:
      i. Underwriting
      ii. Premium rating
      iii. Other activities relating to the creation, renewal or replacement of a contract for health insurance or health benefits, as well as ceding, securing or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss and excess loss insurance)

<u>Note:</u> A group health plan that wants to replace its insurance carrier may disclose certain PHI to insurance issuers in order to obtain bids on new coverage, and an insurance carrier interested in bidding on new business may use PHI obtained from the potential new client to develop the product and price.

   i) Conducting or arranging for medical review
   j) Auditing functions, including fraud and abuse detection and compliance programs
   k) Conducting or arranging for legal services
   l) Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies.
   m) Business management activities and general administrative functions, such as:
      i. Management activities relating to implementation of and compliance with the requirements for Health Care Operations
      ii. Customer Service, including the provisions of data analyses for policyholders, Plan Sponsors or other customers, provided that PHI is not disclosed to such policyholder, Plan Sponsor or customer
      iii. Resolution of internal grievances (includes quality of care and internal employee complaints)

iv. Due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a Covered Entity or, following completion of the sale or transfer, will become a Covered Entity

2. Activities that would not be considered Health Care Operations:
   a) Marketing of health and non-health items and services
   b) Disclosure of PHI for sale, rent or barter
   c) Use of PHI by a non-health related division of an entity
   d) Disclosure to an employer for employment determinations

"Certain" Health Care Operations:
"Certain" Health Care Operations means any of the following activities performed or undertaken by another Covered Entity which the Covered Entity is requesting a disclosure from DEPARTMENT.

1. Quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines
2. Population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination
3. Contacting individuals regarding information about treatment alternatives
4. Reviewing the competence or qualifications of health care professionals
5. Evaluating provider performance
6. Evaluating health plan performance
7. Accreditation
8. Certification
9. Licensing
10. Credentialing
11. Health care fraud and abuse detection or compliance

Health Information:
Any information, whether oral or recorded in any form or medium, that:

1. Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school, university or health care clearinghouse.
2. Relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or past, present or future payment for the provision of health care to an individual.

Health Plan:
An individual or group plan that provides or pays the cost of medical care, including church plans and government plans. (Any plan to which creditable coverage applies.)

Individually Identifiable Health Information:
Information that is a subset of health information, including demographic information, collected from a individual and that:

1. Is created by or received by a Covered Entity.
2. Relates to the past, present or future physical or mental health or condition of a individual, the provision of health care to a individual or past, present or future payment for the provision of health care to a individual:
   a) Which identifies the individual.
   b) With respect to which there is a reasonable basis to believe that the information can be used to identify the individual.

Organized Health Care Arrangement:

1. A clinically integrated care setting in which individuals typically receive health care from more than one health care provider.

2. An organized system of health care in which more than one Covered Entity participates, and in which the participating Covered Entities hold themselves out to the public as participating in a joint arrangement and participate in joint activities that include at least one of the following:
   a) Utilization review, in which health care decisions by participating Covered Entities are reviewed by other participating Covered Entities or by a third party on their behalf.
   b) Quality assessment and improvement activities, in which treatment provided by participating Covered Entities is assessed by other participating Covered Entities or by a third party on their behalf.
   c) Payment activities, if the financial risk for delivering health care is shared, in part or in whole, by participating Covered Entities through the joint arrangement and if PHI created or received by a Covered Entity is reviewed by other participating Covered Entities or by a third party on their behalf for the purpose of administering the sharing of financial risk.
3. A Group Health Plan and a health insurance issuer or HMO with respect to such Group Health Plan, but only with respect to PHI created or received by such health insurance issuer or HMO that relates to individuals who are or who have been participants or beneficiaries in such Group Health Plan.
4. A Group Health Plan and one or more other Group Health Plans each of which are maintained by the same Plan Sponsor.
5. The Group Health Plans described in number 4 directly above and health insurance issuers or HMOs with respect to such Group Health Plans, but only with respect to PHI created or received by such health insurance issuers or HMOs that relates to individuals who are or have been participants or beneficiaries in any of such Group Health Plans.

Payment:

1. The activities undertaken:
   a) To obtain premiums or determine or fulfill our responsibilities for coverage and provision of benefits.
   b) To obtain or provide reimbursement for the provision of health care.
2. The activities that relate to the individual receiving the health care, include but are not limited to:
   a) Determinations of eligibility or coverage (including coordination of benefits) and adjudication or subrogation of health benefit claims
   b) Adjusting premium amounts due based on enrollee health status and demographic characteristics (this is aggregate data used to rate an entire group)
   c) Billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss)
   d) Medical necessity review
   e) Utilization review activities (preauthorization)
3. DEPARTMENT may disclose to consumer reporting agencies any of the following PHI relating to collection of premiums or reimbursement: an individual's name, address, date of birth, social security number and payment history, account number, as well as the name and address of the individual's health care provider and/or health plan.

Personal Representatives:
See, Personal Representative Policy.

Plan Sponsor:
Plan Sponsor is defined in section 3(16) (B) of ERISA, 29 U.S.C. 1002(16) (B). The Plan Sponsor is the employer or employee organization in the case of an employer benefit plan established or maintained by an employer (includes church and government plans). The Plan Sponsor is responsible for setting up the plan, regulatory reports, retains the right to amend the plan and signs official documents of the plan. The Plan Sponsor is limited to assigned responsibilities.

Protected Health Information (PHI):
All individually identifiable health information transmitted or maintained by a Covered Entity, regardless of form.

Psychotherapy Notes:
Notes recorded by a health care provider who is a mental health professional documenting conversation during a private counseling session or a group, joint or family counseling session. The information must be separated from the rest of the individual's medical record.

Treatment:
The provision, coordination or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to an individual; or the referral of an individual for health care from one health care provider to another.

Use:
The employment, application, utilization, examination or analysis of individually identifiable health information within an entity that maintains the information.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.03	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Identifying Protected Health Information	

Effective Date: October 9, 2012

Policy:

DEPARTMENT will treat as PHI any information that relates to an individual's health condition, identifies an individual, or for which there is reasonable basis to believe the information can be used to identify the individual, and limit the use and disclosure of such information.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.04	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Safeguarding Protected Health Information	

Effective Date: October 9, 2012

Policy:

DEPARTMENT employees must reasonably safeguard PHI to limit incidental uses or disclosures. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and occurs as a result of an otherwise permitted use or disclosure. For example: a conversation that is overheard despite attempts by the speakers to avoid being heard.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.05	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Confidentiality Agreement for Workforce Member	

Effective Date: October 9, 2012

Policy:

Confidential Member Information

1. Workforce members will keep all information concerning individuals confidential. They will access, use, and disclose an individual's Protected Health Information (PHI) only for payment, treatment, and health care operation purposes—unless permitted by DEPARTMENT HIPAA policies.
2. DEPARTMENT respects individuals', employees', and physicians' rights to privacy and confidentiality. Workforce members will be sensitive to the privacy needs of individuals, and will conduct communications involving individual care and PHI in compliance with the procedures set forth in this policy.
3. Advances in technology are making it easier to use and disclose individual information. Workforce members must ensure that any transmission of individual information, including photographs or images of individuals, individuals' families, or individual documents, comply with existing policies concerning the appropriate use and disclosure of Protected Health Information, including the DEPARTMENT Policy on Network Usage.

Confidential DEPARTMENT Information

Workforce members will keep all confidential information concerning DEPARTMENT business operations, confidential. They will access, use and disclose this information only as expressly allowed by DEPARTMENT policy or by the UDOH Administrative Team.

Workforce Confidentiality Agreement

All workforce members will sign, and UDOH will maintain the signed UDOH Acknowledgement of Confidentiality form.

Workforce Member Orientation

Orientation of all new workforce members will include instruction concerning this confidentiality policy, the DEPARTMENT policies concerning use and disclosure of individual PHI and individual rights, and the required confidentiality agreement.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.06	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Use and Disclosure of PHI Requiring Individual Authorization	

Effective Date: October 9, 2012

Policy:

This policy sets forth the circumstances in which DEPARTMENT and its personnel must obtain valid individual authorization for a use and disclosure of the individual's protected health information (PHI). This policy sets the requirements for a valid authorization.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.07	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Verification of the Identity and Authority of a Member Requesting Disclosure of PHI	

Effective Date: October 9, 2012

Policy:

Members of the workforce who authorize the disclosure of PHI shall take reasonable steps to:

1. Verify the identity of the person to whom the PHI is disclosed.
2. Verify the person's authority to receive the PHI.

Reasonable steps include the following, depending on the circumstance:

1. If the employee knows the identity and authority of the recipient of the PHI first hand, no further verification is necessary.
2. PHI may be disclosed in accordance with DEPARTMENT's policies regarding disclosures to law enforcement officials, prison officials or disaster relief agencies when the identity and authority of the recipient of the information may reasonably be inferred from the circumstances.
3. PHI may be disclosed as required by a subpoena or other legal document if the document meets the provisions of existing policy in this area.
4. Any legal documentation that is required by DEPARTMENT policy, prior to disclosure of PHI, must be obtained before the PHI is disclosed.
5. DEPARTMENT employees may rely on any of the following to verify the identity of a public official who requests that PHI be disclosed without the member's authorization:
   a) An identification badge
   b) Official credentials
   c) Other proof of government status
   d) Written request on the appropriate agency letterhead along with official identification
   e) Written evidence is required, that a member, with identification is acting under government authority (such as a contract or purchase order that verifies that a private citizen is acting as an agent of a government agency in requesting the PHI) along with identification.
6. DEPARTMENT employees may rely on the following to establish the authority of a public official to receive PHI requested without the member's authorization:
   a) A written statement of legal authority to request the information
   b) An oral statement of legal authority (if a written statement is impractical under the circumstances)
   c) A legal process issued by a grand jury or a judicial or administrative tribunal

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.08	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Confidentiality of Health Information Related to Minors Policy	

Effective Date: October 9, 2012

Policy:

1. Dependents over the age of 18 are in control of their own medical information and an authorization is required before a disclosure is made to the dependent's Personal Representative.

2. Under Utah state law, the general rule is that a minor child under the age of 18 requires parental consent to obtain health care. There are certain exceptions where a minor may receive medical care without parental consent. In these cases, the minor may then control the medical information. When responding to an inquiry from a Personal Representative regarding a service stated below, an authorization may be required prior to disclosing the information. These are general guidelines. Some situations may require different actions. If in question, contact your supervisor, manager, or call the Compliance Department for guidance.
   a) Minors, who are married or in the armed forces, may seek medical care without the consent of their parents. Minors then control their medical information. Minors who are pregnant or a parent with custody of a minor child may receive certain authorized medical services for themselves or their child without parental consent.[1].
   b) Minors may request and receive medical care or services related to a sexually transmitted disease without parental consent and are then in control of their medical information[2]:
   c) Minors age 16 or older may be emancipated by a juvenile court order in Utah.[3] Emancipated minors may obtain health care services without parental consent and are then in control of their medical information.[4] DEPARTMENT must obtain legal documentation before recognizing the minor as emancipated.
   d) Parental notification is required for minors seeking contraceptive services[5] or an abortion[6].

[1] Utah Code § 26-10-9. Immunizations -- Consent of minor to treatment. http://le.utah.gov/code/TITLE26/htm/26_10_000900.htm
[2] Utah Code § 26-6-18. Venereal disease – Consent of minor to treatment. http://le.utah.gov/code/TITLE26/htm/26_06_001800.htm
[3] Utah Code § 78A-6-803. Petition for emancipation. http://le.utah.gov/~code/TITLE78A/htm/78A06_080300.htm
[4] Utah Code § 78A-6-805. Emancipation. http://le.utah.gov/~code/TITLE78A/htm/78A06_080300.htm
http://le.utah.gov/~code/TITLE78A/htm/78A06_080500.htm
[5] Utah Code § 76-7-325. Notice to parent or guardian of minor requesting contraceptive.
http://le.utah.gov/~code/TITLE76/htm/76_07_032500.htm

[6] Utah Code § 76-7-304. Considerations by physician – Notice to a parent or guardian.
http://le.utah.gov/~code/TITLE76/htm/76_07_030400.htm

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.09	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Communication of Protected Health Information	

Effective Date: October 9, 2012

Policy:

PHI can be communicated through various mediums. To comply with the HIPAA Privacy Rule section 164.530 (c)(l) regarding safeguards, and the HIPAA Security Rule section 164.306(a) requiring the safeguarding of the confidentiality, integrity, and availability of electronic PHI (ePHI) an Department creates, receives, maintains, or transmits, the Department of Health (Department) has in place appropriate administrative, technical, and physical safeguards to protect PHI. It is the policy of the Department to ensure that PHI is protected from misuse, loss, tampering, or use by unauthorized persons. This policy addresses the safeguarding of PHI received, created, used, maintained, and/or transmitted via the communication mediums listed using minimum necessary requirements for disclosures of PHI to personnel, patients and their personal representatives, other covered entities, public health officials, business associates, etc. set forth by federal, state and local laws. Verification of identity is attained in accordance with the Identity Verification Policy prior to release of PHI. Accounting of disclosures of PHI is maintained in compliance with Policy. Transmission of ePHI over the Department's own network is managed with internal controls such as unique user ID and Password authentication.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.10	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Safeguarding Transmission of PHI to External Vendors or Entities	

Effective Date: October 9, 2012

Policy:
DEPARTMENT provides protection on the use and disclosure of PHI transmitted to entities outside of the organization as set forth by the HIPAA Privacy Rule. This includes electronic transmission of health information to external vendors or entities. Individual circumstances dictate the need for specific policies. Refer to the following DEPARTMENT policies and procedures for additional information:

1. PRIVACY: Minimum Necessary Policy summary: “Employees may not use, request, or disclose to others, any PHI that is more than the minimum necessary to accomplish the purpose of the use, request, or disclosure. This includes business information.”
2. PRIVACY: Use and Disclosure of PHI for Treatment, Payment and Health Care Operations purpose summary: “DEPARTMENT and its personnel may use and disclose Protected Health Information (PHI) for treatment, payment, and Health Care Operations (TPO), and when Client authorization is required to do so.”
3. PRIVACY: Business Associate Agreements and Other Arrangements Policy summary: “PHI may be disclosed to a business associate if there is a written agreement with the business associate.”
4. PRIVACY: Use and Disclosure of PHI Requiring Client Authorization Policy summary: “This policy sets forth the circumstances in which DEPARTMENT and its personnel must obtain valid Client authorization for a use and disclosure of the Client’s Protected Health Information (PHI). This policy sets the requirements for a valid authorization.”
5. PRIVACY: Routine and Recurring Disclosures of PHI Policy summary: “DEPARTMENT limits routine and recurring disclosures of PHI to the minimum necessary amount of information that is reasonably necessary to accomplish the purpose of the request or disclosure.”

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.11	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Intranet	

Effective Date: October 9, 2012

Policy:

Use and Ownership:

1. Because the UDOH Intranet is intended to help employees and other authorized individuals communicate efficiently and effectively for business purposes, it should generally be reserved for business use only. Personal use is not permitted except with the prior approval of a Department Manager.
2. All material posted on the UDOH Intranet is the property of UDOH, unless other ownership rights have been approved in advance by the Chief Communications Officer or the Department of Media Relations and explicitly noted on the Intranet page where the material appears.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.12	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Facsimile Transmission of PHI	

Effective Date: October 9, 2012

Policy:

1. It is the policy of DEPARTMENT to protect the privacy and confidentiality of PHI transmitted by facsimile (fax) and hold Employees responsible for following the proper procedure when PHI is sent via facsimile to individuals and customers. Facsimile transmissions should include the UDOH approved fax cover sheet containing a confidentiality statement. Employee must include at a minimum on the fax cover sheet the name and fax number to whom the fax is going to and the name and phone number of the person sending the fax.
2. PHI may be transmitted by facsimile pursuant to the DEPARTMENT privacy policies. Information transmitted must be limited to the minimum necessary to meet the requestor's needs. See, Minimum Necessary Policy.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.13	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Designation of Record Sets	

Effective Date: October 9, 2012

Policy:
The Access of PHI Policy and Amending PHI Policy permits individuals to request access to their PHI, to receive copies of it, and to request certain information be amended. This applies only to information stored in a designated record set.

Designated record sets are sets of records that contain PHI and that are used to make decisions about individual individuals.

The following are DEPARTMENT's Designated Record Sets:

1. Claims (paper claim, screen print of claims screens)
2. Claim payment records (individual profiles)
3. Complaints and appeals relating to claim payment, eligibility for benefits or enrollment decisions about individuals
4. Enrollment and eligibility forms and records (paper applications, screen print of enrollment screens)
5. Underwriting and risk-rating records that are used to set premiums or coinsurance payments for individuals
6. Records maintained by collection agencies acting as business associates on behalf of DEPARTMENT , pertaining to collection of accounts from individuals
7. Utilization management records (preauthorization)

This includes information in correspondence and system notes that contains decision-making information.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.14	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Reporting PHI Privacy Breach (Security Incidents) Policy	

Effective Date: October 9, 2012

Policy:

Consistent with its mission, contractual obligations, and the requirements of HIPAA and the HITECH Act, DEPARTMENT policy provides for safeguarding the privacy and security of PHI, and reporting to the affected organization any breach of PHI privacy or PHI security incident.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.16	Page 1 of 1
	Original Issue Date:10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Management of Individual Privacy Complaints Policy	

Effective Date: October 9, 2012

Policy:
UDOH will investigate and resolve complaints of violations of an individual's privacy rights or complaints of violations of Department policies and procedures regarding privacy and security of Individuals' Protected Health Information (PHI).

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.17	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Mitigation of Harm Resulting from Unauthorized Use or Disclosure of PHI Policy	

Effective Date: October 9, 2012

Policy:
DEPARTMENT will take positive action to minimize known harmful effects resulting from the unauthorized use or disclosure of Protected Health Information (PHI), and will alleviate known instances of harm where the use or disclosure is in violation of DEPARTMENT Administrative Policies and Procedures or HIPAA Privacy Regulations.

Note: Business Associates—including students—have an obligation to notify DEPARTMENT of any use or disclosure of PHI not permitted by the contract between Business Associate and DEPARTMENT within five (5) business days of Business Associate's learning of such use or disclosure.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.18	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Notice of Privacy Practices Policy	

Effective Date: October 9, 2012

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Policy:

1. A Notice of Privacy Practices will be provided to:
   a) New enrollees at the time of enrollment
   b) Prospective enrollments in the marketing packets
   c) Employer groups on an annual basis
   d) Subscriber at the time of renewal
   e) Subscribers within 60 days of a material revision to the Notice
2. A notice of the availability of the Notice of Privacy Practices will be provided to existing clients once every three years.
3. The Notice of Privacy Practices must be written in plain language and include the required elements as stated in section 164.520(b) (1) and (3), information that we collect and how we maintain confidentiality of individual information.
4. The Notice of Privacy Practices will be posted on UDOH's website.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.19	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject**:** Notice of Privacy Practices Document	

Effective Date: October 9, 2012

Policy:

1. We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use your medical information within the Department and how we may disclose it to others outside the Department .This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions. Please note that incarcerated individuals do not have the right to notice under this section.
2. This Notice of Privacy Practices applies to all Department facilities, and all Department personnel, volunteers, students, and trainees. The Notice also applies to Department physicians, physician assistants, therapists, emergency service providers, medical transportation companies, medical equipment suppliers, and other health care providers not employed by Department , unless these other health care providers give you their own Notice that describes how they will protect your medical information. Department may share your medical information with these other health care providers for their treatment, payment, and health care operations. This arrangement is only for sharing information and not for any other purpose.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.20	Page 1 of 2
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Patient/Recipient Privacy Rights	

Effective Date: October 9, 2012

It is the policy of Utah Department of Health (Department) to implement the following policies and procedures that will ensure patient/recipient privacy rights in accordance with the Privacy Regulations promulgated under HIPAA:

1. **Availability of Privacy Notice:** As the Department interacts with patient/recipient's, they have the right to receive our privacy notice in a timely manner. Upon request, the patient/recipient may at any time receive a paper copy of our privacy notice, even if he or she earlier agreed to receive the notice electronically. We must also post our privacy notice in a prominent location. As the Department interacts with recipients, they have the right to receive our privacy notice in a timely manner. In addition, we must inform recipients how to obtain the privacy notice that is relevant to them.

2. **Requesting Restrictions on Certain Uses and Disclosures:** The patient/recipient has the right to object to, and ask for restrictions on, how his or her health information is used or to whom the information is disclosed, even if the restriction affects the patient/recipient's treatment or our payment or health care operation activities. The patient/recipient may want to limit the health information that is included in patient/recipient directories, or provided to family or friends involved in his or her care or payment of medical bills. The patient/recipient may also want to limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to the patient/recipient's requested restriction.

3. **Receiving Confidential Communication of Health Information:** The patient/recipient has the right to ask that we communicate his or her health information to them in different ways or places. For example, the patient/recipient may wish to receive information about their health status in a special, private room or through a written letter sent to a private address. We must accommodate requests that are reasonable in terms of administrative burden. We may not require the patient/recipient to give a reason for the request.

4. **Receiving Confidential Communication of Health Information:** The recipient has the right to ask that we communicate his or her health information to them in different ways or places. We must accommodate requests that are reasonable in terms of administrative burden, if the individual has made a statement that disclosure of the health information could put them in danger.

5. **Access**, **Inspection and Copying of Health Information:** Patients have the right to inspect and obtain a copy of their health information. With a few exceptions, recipients have the right to inspect and obtain a copy of their health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, we may, under certain conditions, charge the patient/recipient a reasonable fee for copies of their health information.

6. **Requesting Amendments or Corrections to Health Information:** If the patient/recipient believes their health information is incomplete or incorrect, they may ask us to correct the information. The patient/recipient may be asked to make such requests in writing and to give a reason as to why his or her health information should be changed. However, if we did not create the health information that the patient/recipient believes is incorrect, or if we disagree with the patient/recipient and believe his or

her health information is correct, we may deny the request. We must act on the request within 60 days after we receive it, unless we inform the patient/recipient of our need for a one-time 30-day extension.

7. **Receiving an Accounting of Disclosures of Health Information:** In some limited instances, the patient/recipient has the right to ask for a list of the disclosures of their health information that we have made while we maintained their protected health information in their designated record set. This list must include the date and time of the received request, date and time of the disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must furnish the patient/recipient with a list within 60 days of the request, unless we inform the patient/recipient of our need for a one-time 30-day extension or upon reasonable notice, and we may not charge the patient/recipient for the list, unless the patent/recipient requests such list more than once in a 12 month period.

8. **Complaints:** Patient/recipients have the right to file a complaint with us and with the federal Department of Health and Human Services if they believe their privacy rights have been violated. We will not retaliate against the patient/recipient for filing such a complaint. To file a complaint with either entity, the patient/recipient should contact the privacy officer listed on the Notice of Privacy Practice, who will provide the patient/recipient with the necessary assistance and paperwork.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.21	Page 1 of 2
	Original Issue Date:10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Personal Representative Policy	

Effective Date: October 9, 2012

Policy:

1. DEPARTMENT must treat an individual as a Personal Representative, if under applicable law:
   a) A person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care.
   b) An executor, administrator or other person has authority to act on behalf of a deceased individual or of the individual's estate.
   c) A parent, guardian or other person acting in loco parentis, has authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care (this includes appointed representatives under a qualified medical child support order (QMCSO).
2. In applying DEPARTMENT policies and procedures relating to the use and disclosure of Protected Health Information (PHI), a Personal Representative will be treated the same as the individual to whom the PHI pertains. This includes the right to inspect and copy PHI, request an amendment of that PHI, request an accounting of disclosures of PHI and authorize its disclosure to another.

Exceptions:

1. For convenience, parents, guardians, or other persons acting *in loco parentis* are referred to collectively as "parent" and the word is italicized to emphasize that this is intended to be read as a collective term that includes guardians and others acting *in loco parentis*. When a request for PHI is from a parent, guardian or other person acting in loco parentis of an unemancipated minor, the following exceptions apply:
   a) If the minor may lawfully receive a given health care service without the consent of a parent (regardless of whether someone else has given consent or not), a parent of that minor will not be treated as a Personal Representative for purposes of PHI related to a health care service, unless the minor has requested that the parent be treated as a Personal Representative. This applies to the following situations:
      i. State law allows a minor to consent to receive the service. In these instances, the minor may be in control of his or her medical information.
      ii. A minor does consent to the service and state law does not require other consent.
      iii. A court or other persons authorized by law (other than a parent) consents to the service on the minor's behalf.
   b) A parent consents to an agreement of confidentiality between a covered health care provider and the minor with respect to such health care service.
2. DEPARTMENT may elect not to treat a person as the Personal Representative of a individual if it has a reasonable belief that:
   a) The individual has been or may be subjected to domestic violence, abuse or neglect by such person.
   b) Treating such person as the Personal Representative could endanger the individual
   c) In the exercise of professional judgment, DEPARTMENT decides that it is not in the best interest of the individual to treat the person as the individual's Personal Representative.

Personal Representatives:

1. Personal Representatives are allowed to inquire about an individual's account on the individual's behalf.
2. The following representatives are allowed to make changes to a individual's record:
   a) Natural parents (custodial and non-custodial) who are on the plan.
   b) Step parents who are on the plan.
   c) Custodial parent under a QMCSO who is not on the plan.
   d) Appointed representative under a QMCSO who is not on the plan.
   e) Power of attorney.
   f) Legal guardian.
3. The following individuals are not allowed to make changes to the individual's record:
   a) Custodial parents who are not on the plan and are not listed under a QMCSO.
   b) A person who is authorized to inquire about the individual's account on the individual's behalf, unless individual has authorized the person to do so. Documentation will be in individual memos/notes.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.22	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Patient/Recipient Right to Access, Inspect and Copy Protected Health Information	

Effective Date: October 9, 2012

It is the policy of the Utah Department of Health (Department) to honor a patient/recipient's right of access to inspect and obtain a copy of their protected health information (PHI) in Department's designated record set, for as long as the PHI is maintained in compliance with HIPPA and Department's retention policy.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.23	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Individuals' Access to PHI	

Effective Date: October 9, 2012

Policy:

1. DEPARTMENT provides individuals access to and copies of their own PHI contained in a Designated Record Set. This includes correspondence files or system notes that contain decision making information on an individual (i.e. individual or claims notes, case or appeals files). Employees authorized to release information to an individual may process the requests for access to PHI. The information will be provided in a form requested by the individual unless it cannot be easily produced. In this case, it will be provided in a readable hard copy within 30 days of the request. Upon a request by the individual, DEPARTMENT will provide a summary of the information. No fee is assessed for producing copies of information to the individual.
2. In certain circumstances, DEPARTMENT may deny an individual or an individual's Personal Representative access to PHI, as provided for in this policy. If an employee believes that access should be denied based on this policy, the employee will forward the request to the Privacy Officer for review and response to the individual.

Denial of Access: Reasons for which there is not a right of review:

DEPARTMENT may deny access to information if:

1. The requested individual information is not part of a Designated Record Set.
2. The requested individual information is psychotherapy notes.
3. The requested information was compiled for use in a criminal, civil or administrative proceeding or action (i.e., information protected by attorney work-product privilege).
4. The requested individual information is not maintained by DEPARTMENT
5. A Personal Representative is the one requesting the information on behalf of the individual, and the information requested contains sensitive information.

This does not apply to Personal Representatives who have power of attorney or are authorized to receive the information pursuant to a HIPAA authorization form. In these instances, the decision to deny access is final and the individual will not be granted the opportunity to request a review of the decision.

Denial of Access: Reasons for which there is a right of review:

1. DEPARTMENT may also deny access to certain information, when a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person. The individual will be notified of the opportunity to request a review of the denial.
2. When the reason for denial of access is subject to review, the Privacy Officer will forward the denial to a licensed health care professional designated by DEPARTMENT to act as a reviewer and who has not participated in the original decision to deny access.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.24	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Individual Requests for Restriction of Uses and Disclosures for Treatment, Payment and Health Care Operations Policy	

Effective Date: October 9, 2012

Policy:
An individual or individual's representative has a right to ask DEPARTMENT to place restrictions on the use and disclosure of the individual's Protected Health Information (PHI), when the PHI is used for Treatment, Payment, and Health Care Operations. This policy provides a mechanism so that DEPARTMENT responds to these requests and abides by any restriction agreement.

In the case that an individual requests that DEPARTMENT restrict the disclosure of the individual's PHI, DEPARTMENT must comply with the requested restriction if:

1. Except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and
2. The Protected Health Information (PHI) pertains solely to a health care item or service for which DEPARTMENT has been paid out of pocket in full.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.25	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Accounting of Disclosures Policy	

Effective Date: October 9, 2012

Policy

To ensure patients can receive an accounting of disclosures of their protected health information, not including disclosures for purposes of treatment, payment or health care operations. Disclosures to business partners must be included in the accounting. Under the Health Insurance Portability and Accountability Act, covered entities must give patients an accounting of disclosures, if requested. Patients may request an accounting of disclosures that were made up to six years prior to the date of request.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.26	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Individual Requests for Confidential Communications Policy	

Effective Date: October 9, 2012

Policy:
Individuals have a right to ask DEPARTMENT to communicate with them about Protected Health Information (PHI) at alternative addresses or by alternative means ("confidential communications"). DEPARTMENT will accommodate reasonable individual requests. This policy provides a mechanism for handling individual requests for these confidential communications.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.27	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Requests to Amend Records Policy	

Effective Date: October 9, 2012

Policy:

Individuals are entitled to request DEPARTMENT to amend Protected Health Information (PHI) in their Designated Record Set. This Policy describes DEPARTMENT's process to:

1. Determine whether a individual request for amendment will be granted or denied.
2. Implement a grant for such a request.
3. Deny such a request.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.28	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Revocation of an Authorization Policy	

Effective Date: October 9, 2012

Policy:

An individual has the right to revoke an authorization at any time, provided that the revocation is in writing, except to the extent that:

1. DEPARTMENT has already taken action in regards to the authorization.
2. The authorization was obtained as a condition of obtaining insurance coverage.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.29	Page 1 of 1
	Original Issue Date:10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Prohibition of Intimidating or Retaliatory Acts Policy	

Effective Date: October 9, 2012

Policy:
DEPARTMENT personnel will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against, an individual for the exercise by that individual, of any right under the HIPAA Privacy Regulations, or for participation by the individual in any process established by the Privacy Regulations.

Note: This prohibition applies to any individual filing a complaint with the United States Department of Health and Human Services (HHS); testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing arising under the Privacy Regulations; or opposing any act or practice of DEPARTMENT , provided the individual or person has a good faith belief that the practice opposed is unlawful, and the manner of opposition is reasonable and does not disclose Protected Health Information (PHI) in violation of the Privacy Regulations.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.30	Page 1 of 1
	Original Issue Date:10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Patient/Recipient Privacy-Related Complaints	

Effective Date: October 9, 2012

Policy

Utah Department of Health (Department) shall provide a process for the patient/recipient to file a complaint if the patient/recipient feels his or her privacy rights have been violated. The patient/recipient may also file a complaint concerning Department's privacy policies and procedures, even without alleging a violation of rights.

Department shall designate a contact person or office responsible for receiving complaints and shall establish a process for receiving, investigating and responding to patient/recipient complaints. The patient/recipient complaint process shall be described in Department's notice of patient/recipient privacy. Department also recognizes the patient/recipient's right to file a complaint with the federal Department of Health and Human Services. Department shall cooperate with a federal investigation of the patient/recipient's complaint.

Any intimidation of or retaliation against patient/recipients, families, friends, or other participants in the complaint process is prohibited. Employees who violate this policy are subject to disciplinary action, up to and including termination.

If the patient/recipient's rights have been violated, employees who violated those rights are subject to disciplinary action, up to and including termination. Department shall mitigate, to the extent feasible, any known harmful effects of the violation.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.31	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Minimum Necessary Policy	

Effective Date: October 9, 2012

Policy:

It is the Department's policy to ensure the privacy and security of Protected Health Information (PHI) by limiting the use and disclosure of PHI to what is minimum or reasonably necessary to accomplish the intended purpose in the following three areas:

1. Uses and disclosures of PHI by the Department's workforce/staff
2. Uses and disclosures made in response to requests for PHI from other Departments
3. Uses and disclosures when requesting PHI from other Departments

This standard applies to all PHI, regardless of its form, character or medium, including, but not limited to electronic, digital, film, tape, paper or verbal.

HIPAA minimum necessary standard does not apply to the following six circumstances.

1. Disclosure to requests by a health care provider for treatment
2. Uses or disclosure made to the individual, as permitted in the HIPAA regulations

    a. An individual has a right of access to inspect and obtain a copy of protected health information about the individual in a designated record set, for as long as the protected health information is maintained in the designated record set (Please see policy and procedure regarding Designated Record Sets), except for:

        i. Psychotherapy notes;
        ii. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
        iii. Protected health information maintained by a covered entity that is:

1. Subject to the Clinical Laboratory Improvements Amendments of 1988,42 U.S.C. 263a, to the extent the provision of access to the individual would be prohibited by law; or
2. Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2).
3. Uses or disclosures made pursuant to an authorization
4. Disclosures made to the Secretary of the Department of Health and Human Services
5. Uses or disclosures as required by law, as outlined in § 164.512(a, c, e, & f)
6. Uses or disclosures that are required for compliance with this rule

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.32	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Routine and Recurring Disclosures of PHI Policy	

Effective Date: October 9, 2012

Policy:

1. DEPARTMENT limits routine and recurring disclosures of PHI to the minimum necessary amount of information that is reasonably necessary to accomplish the purpose of the request or disclosure, in compliance with applicable federal and state laws, and regulations.
2. Some examples of routine and recurring Disclosures are:
   a) To health care providers for claims payment and billing purposes;
   b) To entities under an Organized Health Care Arrangement for the purposes of Treatment, Payment, Health Care Operations and certain quality improvement activities;
   c) To a Business Associate under contract to provide specified services; and
   d) To a plan sponsor and specified members for Payment and Health Care Operations of a self-funded plan under an ASO Agreement that permits such disclosure.
3. Routine and recurring types of PHI Disclosure may only occur per the Uses and Disclosures of PHI Policy. Information disclosed in aggregate form that cannot identify an individual is not considered PHI and is not subject to the HIPAA Privacy policies and procedures.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.33	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Use and Disclosure of PHI for Treatment, Payment and Health Care Operations Policy	

Effective Date: October 9, 2012

Policy:
DEPARTMENT will outline the circumstances in which the workforce members may use and disclose Protected Health Information (PHI) for treatment, payment, and health care operations (TPO), and when Client authorization is required to do so.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.34	Page 1 of 1
	Original Issue Date:10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Use and Disclosure of Mental Health Information Policy	

Effective Date: October 9, 2012

Policy:
This policy sets forth the circumstances in which DEPARTMENT and its personnel may use and disclose Protected Health Information (PHI) related to mental health care.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.35	Page 1 of 3
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Disclosures of PHI Relating to Communicable Diseases Policy	

Effective Date: October 9, 2012

Policy:

Special Confidentiality Treatment

1. DEPARTMENT personnel will maintain the confidentiality of communicable disease-related information (including AIDS and HIV-related information) and will disclose that information only in compliance with this policy.
2. DEPARTMENT policies on the use and disclosure of PHI do not apply to communicable disease-related information unless otherwise noted.

Disclosure of Communicable Disease-Related Information (Including HIV-Related Information) without Individual Authorization

1. If a person or entity is not listed below, DEPARTMENT personnel will obtain individual authorization under paragraph 3 before disclosing the information.
   a) Individual or Individual's Legal Representative
      i. DEPARTMENT personnel may disclose communicable disease-related PHI to the individual or the individual's representative.
   b) Other Health Care Providers
      i. DEPARTMENT personnel may disclose communicable disease-related PHI to another health care facility or provider if the disclosure is necessary to provide appropriate care to the individual or the individual's child. Before sending the PHI, DEPARTMENT personnel will confirm with the receiving facility or provider that their employees or agents receiving the PHI have authorized access to medical records for purposes such as provision of health care, records maintenance or billing.
   c) Organ Procurement for Medical Education, Therapy or Transplantation
      i. DEPARTMENT personnel may disclose communicable disease-related PHI to a health care provider or facility for procurement, processing, distributing or using a human body or body parts for use in medical education, therapy, or transplantation.
   d) Quality Review and Oversight
      i. DEPARTMENT personnel may use or disclose confidential communicable disease-related PHI to organizations, committees or individuals engaged by DEPARTMENT to review professional practices at DEPARTMENT (such as peer review, utilization review, medical necessity committees, other oversight, or accreditation agencies).
      ii. The disclosure must be limited to that information necessary for the authorized review, and may not include information "directly" identifying the individual, such as name, social security number, phone number or address.
   e) Government Officials
      i. DEPARTMENT personnel will disclose communicable disease-related information to local, county, state, and federal health officers when required by federal or state law to do so.
      ii. DEPARTMENT personnel will follow DEPARTMENT policies and procedures concerning communicable disease reporting obligations.

iii. DEPARTMENT personnel may disclose communicable disease-related information to federal or state officials who oversee DEPARTMENT, such as the Utah Department of Health and the Federal Centers for Medicare and Medicaid Services. Communicable disease-related PHI released for this purpose may not include the individual's name.

f) Court or Administrative Order or Search Warrant
   i. DEPARTMENT personnel may release confidential communicable disease-related PHI to a person designated in a valid court or administrative order or search warrant.
   ii. The court or agency may issue the order or search warrant only if:
      1. There is a compelling need for the information in a court or administrative proceeding;
      2. a person is in clear and imminent danger of exposure;
      3. There is a clear and imminent danger to public health;
      4. The person requesting the information is lawfully entitled to the information; or
      5. There exists either a clear and imminent danger to a person or to public health or there is a compelling need to disclose the information.
   iii. If there is any doubt or question regarding the sufficiency of the legal order seeking disclosure, DEPARTMENT personnel should obtain advice from UDOH legal counsel before making the disclosure.

g) Workers' Compensation Claims.
   i. If communicable disease-related PHI is pertinent to a workers' compensation claim, DEPARTMENT personnel may disclose requested PHI to the Industrial Commission or parties to an Industrial Commission claim.

h) Cause of Death.
   i. DEPARTMENT personnel may list communicable disease-related illnesses on a death certificate or autopsy report to document the cause of death.

Disclosure of Communicable Disease-Related Information (Including HIV-Related Information) with Individual Authorization

1. If a disclosure is not permitted under paragraph 2 without the individual's authorization, DEPARTMENT personnel will obtain individual authorization before disclosing communicable disease-related PHI.
   a) The authorization will meet the requirements of the DEPARTMENT authorization policy.
   b) If DEPARTMENT personnel seek to disclose HIV/AIDS-related information, the authorization form must specifically indicate its purpose to authorize disclosure of HIV-related information.
2. When DEPARTMENT personnel make any disclosure of communicable disease-related PHI with individual authorization, DEPARTMENT personnel will prepare a written statement that will accompany the production of the PHI warning that the information is confidential and protected by state law that prohibits further disclosure without specific written authorization by the individual.

Disclosures to Persons Exposed to Communicable Diseases

1. Except as provided below, DEPARTMENT personnel will not communicate directly with a person who has been exposed to a communicable disease by an individual. Rather, DEPARTMENT personnel will report the exposure to the appropriate state department of health, following the DEPARTMENT policies and procedures on communicable disease reporting obligations.
2. If a DEPARTMENT physician knows or has reason to believe that a significant exposure has occurred between an individual and DEPARTMENT personnel (or other health care or public safety) employee, the physician may consult with the individual and ask the individual to release the information voluntarily.
3. If the individual refuses to release the information concerning the significant exposure, the physician may report directly to the exposed employee of the possibility of the communicable disease or HIV-related exposure in a manner that does not identify the individual.

Record and Accounting of Disclosures

1. DEPARTMENT personnel making a disclosure of communicable disease-related PHI will keep a written record of all disclosures.
2. On request, DEPARTMENT will give the individual or his or her Personal Representative access to the record of disclosures

HIV-related testing

1. DEPARTMENT personnel ordering an HIV-related test must obtain the individual's explicit permission to do so through the use of the DEPARTMENT written, informed consent for HIV testing.
2. Oral consent is required if the test is done anonymously.

Verification of Identity and Authority of PHI Recipient

1. DEPARTMENT personnel will verify the identity and authority of the recipient of the PHI.

Disclosing the Minimum Necessary Amount of PHI

1. DEPARTMENT personnel will disclose only the minimum amount of PHI necessary for the purpose. See, Minimum Necessary Policy.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.36	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Uses and Disclosures of PHI for Health Oversight Activities Policy	

Effective Date: October 9, 2012

Policy:
DEPARTMENT may disclose Protected Health Information (PHI) in response to certain legal requests without obtaining authorization from the individual.

DEPARTMENT shall ensure that all disclosures of PHI requested for health oversight purposes comply with established procedures designed to protect and limit the amount of information disclosed.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.37	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Disclosures of PHI to Law Enforcement Officials Policy	

Effective Date: October 9, 2012

Policy:
DEPARTMENT may disclose Protected Health Information in response to certain legal requests without obtaining any form of permission from the individual.

DEPARTMENT shall ensure that all disclosures of Protected Health Information requested for law enforcement purposes comply with established procedures designed to protect and limit the amount of information disclosed.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.38	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Disclosures of PHI Relating to Judicial and Administrative Proceedings Policy	

Effective Date: October 9, 2012

Policy:

1. DEPARTMENT may disclose PHI in response to certain legal requests without obtaining authorization from the individual.
2. DEPARTMENT shall ensure that all disclosures of PHI requested in litigation or administrative proceedings comply with established procedures designed to protect and limit the amount of information disclosed.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.39	Page 1 of 1
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Use or Disclosure of PHI for Marketing Purposes Policy	

Effective Date: October 9, 2012

Policy:
DEPARTMENT personnel will not use or disclose a individual's PHI for marketing purposes without a valid authorization, unless the use or disclosure fits an exception as outlined in this policy.

Furthermore, DEPARTMENT will provide a clear and conspicuous opportunity for recipients of fundraising communications to elect not to receive any further such communications from DEPARTMENT. If an individual requests not to receive any further fundraising communications, DEPARTMENT and its employees shall treat the request as a revocation of authorization according to 45 CFR, section 164.508.

STATE OF UTAH DEPARTMENT OF HEALTH	Number: 12.41	Page 1 of 2
	Original Issue Date: 10/09/2012	Revision Date:
POLICIES & PROCEDURES	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Access, Use, Disclosure and Safeguarding PHI in the Conduct of Research Policy	

Effective Date: October 9, 2012

Policy:

1. DEPARTMENT and its staff engage in the conduct of research which may involve access to, and use of, PHI. Consistent with its mission, it is DEPARTMENT's policy to safeguard PHI and to afford it the utmost privacy and confidentiality.
2. In addition to the policies specific to research activities presented below, the corporate policies on Security of Health Information and Confidentiality and Privacy of Health Information apply to research activities. The corporate policies address Access to Information, Safeguarding Information, Minimum Necessary Information, Disclosure of PHI, Storage and Disposal of PHI, and Compliance applies to research activities.
3. Staff involved in research activities will receive additional training regarding the Health Insurance Portability and Accountability Act requirements (HIPAA) related to both the provisions of the Standards for Privacy of *Protected Health Information* (45 CFR Parts 160 and 164) and the HIPAA Security Rule (45 CFR Parts 160 and 164, subparts A and C) as they relate to research. The lead staff person for the project (such as the principal investigator) involving research is responsible for assuring that all staff involved in research, which involves the use of PHI, receive training or have been trained within the past two years.

Use of Protected Health Information

PHI may be used in research if appropriate authorization from research participants is obtained, or if the PHI is obtained through one of the following alternatives:

1. Certified de-identified data sets;
2. Limited data sets (when accompanied by an appropriate Data Use Agreement);
3. Waiver or alteration of the authorization requirement by an Institutional Review Board (IRB) or Privacy Board;
4. Research involving decedents' PHI (when appropriate representations are made by the researcher to the covered entity that the PHI is necessary and sought solely for research on decedents); or
5. Reviews preparatory to research when the covered entity receives representations from the researcher that access to the PHI is necessary and will not be removed from the covered entity.

PHI may only be used for the specific purposes for which it was obtained.

Access to Protected Health Information:

1. PHI may be used in research only by those individuals authorized to access the information by the person(s) responsible for the project (principal investigator, project director, project coordinator) or the department head. The person(s) responsible must protect the information from unauthorized access and must maintain and regularly update a list of staff that is authorized to have access to the PHI.

2. The person(s) responsible should ensure that access to PHI received through the accreditation process is provided for research purposes only when certified as de-identified or appropriate authorization is obtained.

Disclosure:
PHI received under a data use agreement shall be disclosed only as outlined in such agreement. Disclosure of PHI received under individual authorization is limited as outlined in the authorization. Data that is certified as de-identified may be disclosed.