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| USES & DISCLOSURES OF PHI / DOCUMENTATION  REQUIREMENTS | | | | NO. | |
| It is the policy of American Health Enterprises, Inc. and its affiliated entities to retain signed authorizations, copies of notices of privacy practices, and required agreements with patients restricting disclosure of protected health information (PHI). Pertinent documentation will also be maintained to show that reasonable steps were taken to meet generalized and scalable standards mandated by HIPAA. Documentation of ongoing staff training, adoption of policies and procedures, and other organization-wide efforts to comply with HIPAA standards will also be maintained. Copies of signed Business Associate agreements will be maintained at each facility, and updated as needed.  Signed authorization forms are required for patients to complete when exercising their rights to copies of their medical records, requests for amendments to their medical records, requests for restrictions and/or amendments to PHI disclosures, and reports of disclosure of information other than for treatment, payment or health care operations. Signed disclosure consent forms will also be maintained to signify patient’s review and agreement with the organization’s privacy notice relative to routine uses and disclosures of PHI for the purposes of treatment, payment and/or healthcare operations. Specific signed authorizations are required for the use and disclosure of PHI for marketing and/or fundraising purposes, including the use of identifying photographs. (Specific processes are established for receiving requests to access or amend PHI. Refer to specific policies and procedures regarding authorizations and requests for disclosure and use of PHI).  In the event the use or disclosure of PHI is requested for deceased individuals, minors, or incapable patients, if, under applicable law, an executor, administrator, or other person has the authority to act on behalf of said individual or of the individual’s estate, the organization will treat such person as a personal representative and honor signed authorization from such representatives with respect to protected health information relevant to such personal representation.  In the event of conflicting Consents and Authorizations, the corporate Privacy Officer should be consulted for timely resolution of same.  The following are uses and disclosures of PHI for which documented Consent, Authorization, or Opportunity to Agree or Object are not required by the organization, in conformance with HIPAA requirements:   * Information that is required by law * Information used for public health activities, including for victims of abuse, neglect or domestic violence * Health or regulatory oversight (including Ombudsmen) | | | | | |
| Approved: | Effective Date: | Revision Date:  3/17 | Change No.: | | Page:  1 of 2 |

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| USES & DISCLOSURES OF PHI / DOCUMENTATION  REQUIREMENTS, continued | | | | NO. | |
| * Judicial and administrative proceedings * Law enforcement and legal processes * Subpoenas, Warrants, Summonses and Discovery Requests * Coroners, medical examiners and funeral directors * Organ and Tissue Donation * Research * Serious threat to health and Safety * Specialized governmental functions * Workers compensation | | | | | |
| Approved: | Effective Date: | Revision Date:  3/17 | Change No.: | | Page:  2 of 2 |