Name of Policy: Accounting and documentation of disclosures of protected health information other than treatment, payment or healthcare operations	THE UNIVERSITY OF TOLEDO 1872
Policy Number: 3364-90-11	
Approving Officer: President	**Effective date**: September 13, 2023
Responsible Agent: Privacy Officer and Director of Health Information Management	**Original effective date:** April 14, 2003
Scope: Hybrid and affiliated covered entity of University of Toledo	

Keywords:

	New policy		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A)   Policy statement

The university of Toledo (UToledo) is committed to ensuring the security and privacy of protected health information (PHI) of its patients. In line with this commitment, UToledo, through its health information management department (HIM), has developed and implemented a system of tracking, monitoring and documenting disclosures of PHI. This system of documentation will enable UToledo to respond to individual requests for accounting of disclosures in a timely and efficient manner as the law requires.

(B)   Purpose of policy

To ensure appropriate monitoring and documentation of disclosures of PHI in order to fully comply with individual requests for accounting of disclosures as required by law.

(C)   Procedure

(1)   Documentation of PHI disclosures. Generally all verbal and written disclosures of PHI made by the hybrid and affiliated covered entity must be documented and made available upon patient request except in the following instances:

(a)   Disclosures made in connection with treatment, including to those persons involved in the individual's care, payment and hospital operations.

(b)   Disclosures made to the patient directly or to a person for whom the patient has provided written authorization to use and disclose PHI.

    (c)   Disclosures made in UTMC's patient directory in accordance with law.

    (d)   Disclosures made pursuant to a lawful authorization by the individual.

    (e)   Disclosures made for national security, intelligence, or in some cases to correctional institutions and law enforcement agencies in custodial situations.

    (f)   Disclosures made more than six years prior to the date of request.

    (g)   Disclosure of PHI contained in a limited data set as allowed by law to be used in research, public health or for healthcare operations.

(2)   Format and content

    (a)   For each patient, all disclosures of PHI, both verbal and written, as applicable per this policy, will be entered into a computerized tracking system maintained by HIM. For each patient, the computerized tracking system for accounting of PHI disclosures will contain at a minimum the following:

        (i)   Date of disclosure
        (ii)   Name and address of the person or entity receiving the PHI
        (iii)   Brief description of the PHI disclosed
        (iv)   Brief statement of the purpose of the disclosure
        (v)   For disclosures for research, name of the specific protocol under which the protected information was released

    (b)   Disclosures made for research purposes for which authorization was either waived by an institutional review board or is not otherwise required by law including PHI for fifty or more individuals. In addition to (C)(2)(a) above, the disclosure must contain the following information:

        (i)   Name of research protocol
        (ii)   Description in plain language of the research protocol
        (iii)   Type of PHI disclosed
        (iv)   Date or period of disclosure including last date of disclosure
        (v)   Name, address and telephone number of the sponsor of the research
        (vi)   A statement that the PHI of the individual may or may not have been disclosed for a particular protocol or other research activity

        The hybrid and affiliated covered entity will assist the individual in contacting the sponsor of a research protocol at the request of the individual if it is reasonably likely that the individual's PHI was disclosed for the research protocol.

(3)   Reporting disclosures

Caregivers or business associates who release PHI either verbally or in writing for purposes outside of what is listed in (C)(1) above will be required to complete and submit a PHI disclosure form (copy attached to this policy) to HIM. Disclosures which will be tracked and must be reported include, but are not limited to, the following:

(a)   Suspected abuse reporting
(b)   Communicable disease reporting
(c)   Pre-research, research use/disclosures without patient authorization
(d)   Disclosures to law enforcement authorized by law
(e)   Cancer registry
(f)   Trauma registry
(g)   Heart registry
(h)   Life connection and other procurement agencies
(i)   Coroner
(j)   Disclosures to funeral homes
(k)   Reporting to the FDA, centers for disease control and prevention, drug enforcement administration, environmental protection agency, occupational safety and health administration, federal emergency management agency, national transportation safety board, U.S. department of justice
(l)   Reporting to any health oversight[1] agency (i.e., Ohio keyPRO, etc.)

(4)   Patient requests for accounting of PHI disclosures

(a)   Generally, individuals have a right to request an accounting of disclosures of their PHI for a maximum period of 6 years prior to the date of the request. Disclosures of PHI which have occurred in the time period specified in the individuals request which are allowed by law will be provided to the individual except where a law enforcement exception applies.
(b)   Law enforcement exception. The university of Toledo will suspend a patient's right to receive an accounting of disclosures at the request of a law enforcement official or agency or health oversight agency. If there is a written statement that providing access would impede the activities of the agency and the agency specifies the length of time for the suspension of access, UToledo will comply with such a request for the length of time specified. If the request is made orally, UToledo will document the statement and the identity of the official making the request and will

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[1] Health oversight agency- an agency or authority of the U.S. State, or public agency that is authorized by law to oversee the health care system, either public or private to determine compliance or to enforce Civil Rights laws.

temporarily suspend access for no more than 30 days from the date the oral request was made unless a written request from the agency is received during this period.

(c)   Request for accounting. Patients who would like to request an accounting of disclosures of their PHI should be referred to HIM. Patients will be asked to complete and submit a "Request for an accounting of PHI disclosures" form to HIM.

(d)   Timelines and notifications. HIM will respond to a request for accounting within sixty days from the date of the request. If a response cannot be provided within the sixty day period, the patient will be notified in writing of the delay including the reason for the delay. The patient will be given an expected response date which will not exceed thirty additional days.

(e)   Form of accounting. HIM will provide the individual with a printout of disclosures for the time period specified in the request as captured by the computerized tracking system

(f)   Fees. The first accounting will be provided free of charge to an individual patient in any twelve month period. All subsequent requests for the same individual within the twelve month period will be fifteen dollars per request. Patients will be advised of this fee prior to processing any subsequent requests for accounting.

(g)   Documentation.   Each accounting request along with a copy of the computerized tracking system for accounting of PHI disclosures printout provided to the patient will be recorded.

Approved by:	Policies superseded by this policy:
	• *7-9-11*
/s/	**Original effective date:**
Gregory Postel, MD President	*April 14, 2003*
	Review/revision date:
Date: September 13, 2023	*August 9, 2006*
	November 15, 2010
Review/revision completed by:	*September 1, 2013*
• *Privacy and Security Committee*	*September 1, 2016*
• *Senior Leadership Team*	*October 6, 2020*
	September 13, 2023
	Next review date:
	September 13, 2026

Phone Number (419) 383-4982
Fax Number (419) 383-3001

Mailing Address: Health Information Mgmt- Release of Information
University of Toledo Medical Center
1015 Research Drive, Toledo Ohio 43614

REQUEST FOR AN ACCOUNTING OF PROTECTED HEALTH INFORMATION DISCLOSURES

Date of Request _____   **Recipient Address:**
Patient Name _____
DOB_____ **Medical Record #** _____   _____
SS# _____ **Phone #** _____   _____
Address _____   _____
_____   _____
_____

Dates Requested:

I would like an accounting of all disclosures for the following time frame. (Please note: Maximum 6 years prior to date of request.) This accounting will cover all release of protected health information other than that which was done for treatment, payment, operations or excused by law.
From: _____To: _____

FEES: **First request in a 12-month period: Free**
Subsequent Requests: $15.00 per request.   The fee for this request will be: _____

I understand that there is a fee for this accounting and wish to proceed. I also understand that my request for an accounting will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

_____
Name of Requestor

_____   _____
Signature of Patient or Legal Representative   Date

_____
Relation to the Patient if other than the Patient

For UTMC Use Only:
Date Received: _____Date Sent: _____   Staff Member Processing Request: _____
Extension Requested: ___NO   ____Yes-Reason_____
Patient notified of extension in writing on this date: _____