

ORGANIZATION POLICY

POLICY TITLE: ONSLOW MEMORIAL HOSPITAL DISCLOSURE OF
PATIENT INFORMATION FOR HEALTH OVERSIGHT ACTIVITIES

POLICY NUMBER: 1308

(1) **AUTHORITY:** This Policy is enacted pursuant to authority delegated to the management of Onslow Memorial Hospital, Inc. ("OMH") by its board of directors.

(2) **DEFINITIONS:** Certain terms having specific definitions are used in this Policy, and these terms and definitions are as follows:

- a. Individually identifiable health information means information that is a subset of health information, including demographic information collected from an individual, and:
 - i. Is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse; and
 - ii. 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 the past, present or future payment for the provision of health care to an individual; and
 1. That identifies the individual; or
 2. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.
- b. Protected health information means individually identifiable health information:
 - i. Except as provided in paragraph (ii) of this definition, that is:
 1. Transmitted by electronic media;
 2. Maintained in any medium described of *electronic media* at § 162.103; or
 3. Transmitted or maintained in any other form or medium.
 - ii. Protected health information excludes individually identifiable information in:
 1. Education records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. 1232g; and
 2. Records described at 20 U.S.C 1232g(a)(4)(B)(iv).
- c. Health oversight agency means an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or a Native

American tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is “authorized by law” to oversee the health care system (whether private or public) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant.

(3) **APPLICABILITY:** This Policy shall apply to all employees and agents of OMH. This Policy shall become effective when approved and signed by the President and Chief Executive Officer of OMH.

(4) **PURPOSE AND APPLICABLE LAW:** The purpose of this Policy is to establish OMH’s disclosure of patient information for health oversight activities.

It is the policy of OMH that it may disclose protected health information to a health oversight agency for oversight activities authorized by law, including: 1) audits; 2) civil, administrative or criminal investigations; 3) inspections; 4) licensure; 5) disciplinary actions; 6) civil, administrative or criminal proceedings or actions; 7) other activities necessary for appropriate oversight of:

- the health care system;
- government benefit programs for which health information is relevant to beneficiary eligibility;
- entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards;
- or
- entities subject to civil rights laws for which health information is necessary for determining compliance.

Investigation of Individuals

For purposes of this procedure, when an individual is the subject of an investigation, it is OMH’s policy that it may disclose protected health information to a health oversight agency ONLY IF such investigation or other activity “**arises out of**” and is “**directly related to**” either: (1) the receipt of health care; (2) a claim for public benefits related to health; or (3) qualification for, or receipt of, public benefits or services, when a patient’s health is integral to the claim for public benefits or services.

Where an individual is the subject of an investigation and such investigation or activity *does not* “arise out of” and is not “directly related to” the preceding activities described in (1)-(3), OMH may **NOT** disclose Patient Information under this procedure. In such case, the procedure governing Disclosure of Patient Information for Law Enforcement Purposes applies and should be followed.

Joint Activities or Investigations

If a health oversight activity or investigation is conducted *in conjunction with* an oversight activity or investigation relating to a claim for *public benefits* not related to health, the Provider may disclose health information to a health oversight agency in such instance.

PROCEDURE:

When a request for release or access to protected health information is received from a health oversight agency, such request should be directed to the attention of the Privacy Officer.

The Privacy Officer must first assess and confirm that the request is made by a “health oversight agency”.

Once the Privacy Officer confirms that the request is made by a “health oversight agency,” the protected health information may be released without having to obtain an authorization and without providing the patient with an opportunity to agree or object to the disclosure, provided that the disclosure is made in accordance with the policy above and the Privacy Officer:

- Verifies the identity and authority of the requestor in accordance with the procedure governing Verification of Identity of Individuals Requesting Patient Information; and
- Documents the disclosure in accordance with the procedure governing Accounting for Disclosures.

Documentation in connection with disclosures made under this procedure must be retained for a period of six (6) years.

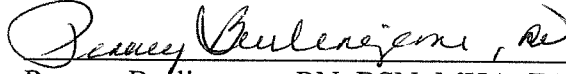
EFFECTIVE DATE: June 2005

REVISION DATE: January 12, 2009

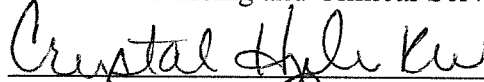
APPROVED BY: _____



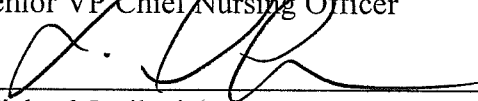
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