

	PCHP HIPAA Privacy and Confidentiality Piedmont Community Health Plan	
	Name:	PCHP.PV.123 Members Right to Accounting of Disclosures of PHI
	ID Number:	PCHP.PV.123
	Start Date:	02/02/2016
	Approval Date:	07/16/2016
	Review Date:	07/16/2017
	Approved By:	Garland Morton/CentraNotes

Body

Policy Name: Member's Right to Accounting of Disclosures of PHI

Scope: Entire Piedmont workforce

Purpose: To provide a process for responding to a member's request for an accounting of disclosures of Protected Health Information (PHI) in accordance with the HIPAA Privacy Rule.

Definitions & Acronyms:

CMS: Centers for Medicare & Medicaid

CFR: Code of Federal Regulations

PBM: Pharmacy Benefit Manager

HIPAA: Health Insurance Portability and Accountability Act of 1996

HITECH: Health Information Technology for Economic and Clinical Health Act

PHI: Protected Health Information

DRS: Designated Record Set

Piedmont: "Piedmont" collectively refers to Piedmont Community Health Plan (PCHP), Piedmont Community HealthCare (PCHC) and any future entities that are owned, affiliated with and/or operated by Piedmont.

Policy:

1. Upon written request, Piedmont may supply to an individual an accounting of known instances where PHI about them is disclosed, except for the following instances:
 - A. To carry out treatment, payment and health care operations (164.506)
 - B. Pursuant to an authorization (164.508)
 - C. To the individuals about their own protected health information (164.502)
 - D. To persons involved in the individual's care or other notification purposes (164.510)
 - E. For national security or intelligence purposes (164.512)
 - F. To correctional institutions or law enforcement officials (164.512)
 - G. Incidental to a use or disclosure otherwise permitted or required (164.502)
 - H. That occurred prior to the compliance date of April 14, 2003
 - I. When the right has been temporarily suspended by a health oversight agency or law enforcement official (164.512)
 - J. As part of a limited data set (164.514)
2. Unless authorized by the member; Piedmont will log disclosures of PHI:
 - A. To Health and Human Services;
 - B. If required by law;
 - 1). If related to child abuse, neglect or domestic violence;
 - 2). For judicial and administrative proceedings pursuant to a subpoena or court order;
 - 3). For law enforcement purposes, unless suspended;
 - C. For certain public health activities (e.g. reporting communicable diseases or births/deaths);
 - D. For health oversight activities such as Food and Drug Administration, unless suspended;

- E. For certain research purposes;
 - F. To avert a serious threat to health or safety;
 - G. For specialized government functions;
 - H. For Worker's Compensation;
 - I. For certain marketing or fundraising;
 - J. About decedents or for cadaveric organ donation;
 - K. Disclosures not permitted by law.
3. Piedmont will maintain a database of the information recorded on Disclosure Reports, including reports from business associates (see Policy PCHP.PV.136).
 4. **Piedmont's Compliance Officer will provide timely responses to member requests for accounting of disclosures.**
 5. **Piedmont will temporarily suspend a member's rights to accounting of disclosures when requested by a health oversight agency or law enforcement official per 45 CFR 154.528(a)(2)(i).**
 6. **Documentation: Piedmont must retain the documentation associated with requests for accounting of disclosures for a period of six years, including:**
 - A. **the information required to be included in an accounting for disclosures**
 - B. **the written notifications to the member; and**
 - C. **the titles of the persons or offices responsible for receiving and processing requests for an accounting.**

Procedures:

1. Piedmont will allow an individual to request an accounting of disclosures of protected health information in writing to the Compliance Officer.
2. When a disclosure is requested by someone other than the individual or **any under any circumstances listed in Policy 2 above**, the employee will notify their department manager and/or Compliance Officer to fill out a Disclosure Report (see attached). The Disclosure Report will be given to the Compliance Officer, **and the data will be entered in the Accounting of Disclosures Log.**
3. **Upon receipt of a request for Accounting of Disclosures from a member or representative**, the Compliance Officer will:
 - A. Check the Accounting of Disclosures Log **for any entries associated with the member within the time period of the request, which should not exceed six years.** If there are no entries for the individual, then **skip to procedure 4 below.**
 - B. Check the Suspension of Disclosures Log (see **procedure 5** below).
 - C. Check the Member Request for Accounting Log for previous requests by the individual. If it is the first **request for accounting in the previous 12-month period**, there is no charge. If **it is the second request for accounting in a 12-month period**, there will be a charge. The charge is based on the cost of providing the accounting
 - D. Contact the requester to verify, clarify date range, and discuss charge, if any. Allow the requester an opportunity to withdraw or modify the request. Enter the data into the Member Request for Accounting Log.
4. Piedmont's Compliance Officer will respond in writing to the request for accounting no later than 60 days after the receipt of the request. **If necessary, the Compliance Officer may write a letter notifying the member that Piedmont has extended the deadline to provide the accounting, which should not exceed more than 30 days from the original 60 day deadline. The extension letter will include the reason for the delay and the date by which Piedmont will provide the accounting.** Piedmont will not extend the time to provide accounting more than once.
5. The accounting of disclosures can be obtained from the Accounting of Disclosures Log, **which** includes:
 - A. Date of the disclosure;
 - B. Name of the person or entity who received the PHI and the address, if known;
 - C. Brief description of the PHI disclosed;
 - D. Purpose of the disclosure that reasonably informs the individual of the basis for disclosure;
 - E. If report refers to a written request, provide a copy of the written request for the disclosure along with the report.
6. Temporary suspension – Request from a health oversight agency or law enforcement official
 - A. If Piedmont receives a written request for temporary suspension of an individual's right to receive an accounting, it must include a statement of why providing the accounting to the individual would be reasonably likely to impede the agency's activities and specify the time for which such a suspension is required.

B. If Piedmont receives an oral request for temporary suspension of an individual's right to receive an accounting, the Compliance Officer must:

- 1). Document the statement, including the identity of the agency or official making the statement;
- 2). Temporarily suspend the individual's right to an accounting of disclosures subject to the statement; and
- 3). Limit the temporary suspension to no longer than 30 days from the date of the oral statement, unless a written statement is submitted during that time.

C. After verifying and accepting a temporary suspension, the Compliance Officer will:

- 1). File temporary suspension documentation in Suspension of Disclosure file,
- 2). Extend any temporary suspension only pursuant to a written request from the agency or official during the timeframe of the original suspension (5.B.3.).

Equipment: None

Forms and Letters: None

Reference(s): 45 CFR §164.528 – Accounting of disclosures

Interdisciplinary Review: None

-

Policy History:

-

Date	Revision No.	Reason for Change	Sections Affected
04/14/2003	NEW		All
09/23/2013	1.0	<ul style="list-style-type: none"> • Updated policy to new format. • Provided more detailed clarification and included changes/updates from the HIPAA Omnibus Rule effective 9/23/13. 	All
02/01/2016	1.1	<ul style="list-style-type: none"> • Converted to Centra format 	
07/14/2016	2.0	<ul style="list-style-type: none"> • Reviewed for compliance with Phase 2 Audit Protocol • Reviewed for compliance with NCQA standards 2016 • Added suspension language to policy • Clarified language in procedures 	

-

Piedmont Community Health Plan

HIPAA Disclosure Report

Member ID:	Member Name:
Date disclosure requested/identified:	
Date disclosure made:	
Entity or Person Requesting /Receiving PHI: Name: _____ Address: _____ _____	
Describe PHI disclosed (DRS, Referral, EOB, other):	
Purpose PHI disclosed (<i>circle one</i>): Request for Disclosure Report of Error (Attach Request) Describe purpose or how error occurred:	
<i>Complete this section if Error was reported:</i> Employee or Dept. who initiated communication: Comment: Follow-up action taken regarding retrieval/destruction: Cause of error (<i>circle one</i>): Mechanical System Person Business Associate Other (specify) _____ Remediation: Was member contacted (<i>circle one</i>): Yes No (see Mitigation P&P)	
Incident Report filled out by:	Date:
Incident Report logged into database by:	Date:

Document Link Manager	Protect Customer Health Privacy
No Documents Linked No Documents Linked	

--

Attachment Manager

No Attachments
