PURPOSE:
To comply with certain provisions of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and the associated regulations (collectively “HIPAA”) and Connecticut law concerning disclosures of Protected Health Information (PHI) by either a whistleblower or a Workforce Member crime victim.

POLICY STATEMENT:
UConn Health obtains an Authorization prior to using or disclosing PHI, unless such use or disclosure is otherwise permitted or required under HIPAA or other applicable law. Whistleblowers and Workforce Member crime victims may use and disclose PHI without an Authorization for certain purposes as specified in HIPAA and this policy.

A. DISCLOSURES BY WHISTLEBLOWERS

For purposes of this policy a whistleblower may be a Workforce Member or a Business Associate.

A whistleblower may disclose PHI without an Authorization in connection with whistleblower activity, provided the following conditions are met:

1. The whistleblower believes in good faith:
   a. that UConn Health has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or
   b. that the care, services, or conditions provided by UConn Health potentially endangers one or more patients, workers, or the public;

   AND

2. The disclosure is to:
   a. a health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of UConn Health (e.g., Department of Public Health); or
   b. to an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct
by UConn Health; or

(b) an attorney retained by or on behalf of the whistleblower for determining the legal options of the whistleblower regarding the conduct described above.

B. DISCLOSURE OF PHI BY WORKFORCE MEMBER CRIME VICTIMS

A Workforce Member who is the victim of a crime may disclose PHI to a law enforcement official without an Authorization, provided that the PHI disclosed pertains to the suspected perpetrator of the crime and is limited to the following:

1. Name and address;
2. Date and place of birth;
3. Social Security number;
4. ABO blood type and rh factor;
5. Type of injury;
6. Date and time of treatment;
7. Date and time of death, if applicable; and
8. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence of absence of facial hair (beard or mustache), scars, and tattoos.

C. NON-RETALIATION

UConn Health shall not retaliate against a Workforce Member or Business Associate who in good faith discloses PHI without an Authorization pursuant to this policy.

DEFINITIONS:
Privacy Definitions

PROCEDURES/FORMS:
None.

REFERENCES:
45 C.F.R §§ 160.316 and 164.502(j) (HIPAA Privacy Rule)
Conn. Gen. Stat. § 4-61dd (State whistleblowing statute)

RELATED POLICIES:
Non-Retaliation (University-wide Policy)
2014-04: Sanctions for Privacy and Security Violations

ENFORCEMENT:
Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.
APPROVAL:

Andrew Agwunobi (Signed)  
_____________________________  
Andrew Agwunobi  
UConn Health Chief Executive Officer  
9/29/21  
_____________________________  
Date

Kiki Nissen (Signed)  
_____________________________  
Kiki Nissen  
Administrative Policy Committee Vice-Chair  
9/28/21  
_____________________________  
Date

Janel Simpson (Signed)  
_____________________________  
Janel Simpson  
Administrative Policy Committee Chair  
9/27/21  
_____________________________  
Date

POLICY HISTORY:
New Policy Approved: 4/14/03  
Reviewed Without Changes: 1/29/08  
Revised: 3/28/05, 9/8/15, 9/29/21