

UConn HEALTH

POLICY NUMBER 2003-24

November 18, 2014

POLICY: TELEPHONE/VOICEMAIL/ANSWERING MACHINE DISCLOSURE OF PHI (Privacy & Security of Protected Health Information)

PURPOSE:

This policy is written to describe safeguards for PHI when it is communicated via telephone, voice-mail or answering machine.

SCOPE:

Applies to all UConn Health workforce:

Employees (including faculty and staff)

Volunteers

Students and residents

Temporary staff

Agency and contracted staff

Credentialed staff

Members of the Board of Directors

POLICY STATEMENT:

- 1) Except in circumstances where it can be reasonably inferred, patient agreement will be obtained prior to disclosure of PHI to family/friend/support person involved in the patient's care. This includes disclosures over the telephone. (See: Policy #2003-25 Use and Disclosure Involving Family and Friends).
- 2) When a patient communicates by telephone, staff will verify identity of the patient by comparing patient responses to information available in the medical record and/or registration system, for example, last four digits of the social security number and date of birth. The verification requirements are met if UConn Health relies on the exercise of professional judgment or acts on a good faith belief in making a disclosure. (See: Policy #2003-20 Verification of Individuals or Entities Requesting Disclosure of PHI).
- 3) Messages with PHI cannot be left on voicemail/answering machines. Information left on answering machines/voicemail should be generic in nature. Messages should not reference the services being performed or name of the provider.

There are two exceptions:

- a. when a patient makes a specific request for a detailed message including PHI. The request and the specific PHI disclosed will be documented in the medical record.
 - b. when the patient is informed via our Notice of Privacy Practices that we provide appointment reminders and the patient does not restrict these reminders.
- 4) Staff must also abide by the following parameters when disclosing PHI on the phone, on voicemail or answering machine:
- a. limit disclosure to information not requiring patient authorization
 - b. do not exceed the minimum necessary to meet the purpose of the call/request
 - c. assure a confidential environment for telephone conversation
 - d. develop scripts and/or training to guide routine telephone tasks involving disclosure of information.
- 5) Management staff is responsible to monitor their staff's compliance with this policy.

REFERENCES:

§164.510(b); §164.520(b); Health Insurance Portability and Accountability Act
UConn Health Policy #[2003-25 Use and Disclosure Involving Family and Friends](#)
UConn Health Policy #[2003-20 Verification of Individuals or Entities Requesting Disclosure of PHI](#)

Iris Mauriello (Signed)

12/17/14

Iris Mauriello
Compliance Integrity/Privacy Officer

Date

Andrew Agwunobi (Signed)

1/14/15

Andrew Agwunobi, M.D., MBA
Interim Executive Vice President for Health Affairs

Date

New Policy: 4/14/03

Revised: 3/28/05, 03/20/09, 11/18/14