

A. EFFECTIVE DATE :	November 8, 2016
B. PURPOSE :	To describe when PHI may be disclosed to individuals personally involved in a patient’s care or payment of that care.
C. POLICY :	<p>A patient has the right to agree to or object to a use or disclosure provided he/she is informed in advance of the use or disclosure and has the opportunity to agree to, prohibit, or restrict the use or disclosure. UConn Health relies on the methods outlined below to obtain patient agreement for communications of a treatment or billing nature that are directly relevant to the patient’s care or payment of that care.</p> <p>Permission to communicate <u>does not</u> replace procedures that would otherwise require the competent patient’s written request and/or authorization. <u>Neither</u> does it replace the patient’s opportunity to agree or object to any verbal disclosure when the competent patient is available and/or present.</p>
D. SCOPE :	<p>Applies to all patients receiving care within UConn John Dempsey Hospital (JDH), the University of Connecticut Medical Group (UMG), the School of Dental Medicine (SDM), and University Dentists (UD). This policy does not apply to Correctional Managed Health Care patients unless authorized by Connecticut Department of Correction (CDOC).</p> <p>The following staff must follow this policy:</p> <ul style="list-style-type: none"> Employees and Faculty Volunteers Students Residents and Fellows Credentialed Staff, Agency and Contracted Staff
E. DEFINITIONS :	PHI – Protected Health Information - any type of individually identifiable health information, whether electronically maintained, electronically transmitted, or in any other format (i.e. discussed orally, on paper or other media, photographed or otherwise duplicated).
F. PROCEDURE :	<p>The designation as an individual with permission to communicate does not automatically confer the rights of a personal or legal representative to that individual. UConn Health may not act solely on requests by the designated individual to view, copy, or disclose records or exclusively communicate without the patient’s awareness unless the conditions in section 3 below are met.</p> <ol style="list-style-type: none"> 1. Staff will use one of the following methods to obtain a patient’s agreement for use and/or disclosure of PHI to individuals personally involved in that patient’s care or payment for care without written authorization. The methods for obtaining patient’s agreement are described in the links below in “ATTACHMENTS Section G” of this policy. 2. In addition to using the “Permission to Communicate” Form or electronic medical record system notation, staff may also disclose PHI

	<p>when a patient is present in person and indicates that a family member or friend may remain with the patient during discussion of the patient’s medical and/or financial information.</p> <p>3. When the patient is not present or the opportunity to agree or object to the use or disclosure cannot be provided due to the patient’s incapacity or an emergency circumstance, and the patient has not given us prior approval to communicate, the staff may use their best judgment to determine whether the disclosure is in the patient’s best interest. In situations such as these, the specific situation as well as the information disclosed to family or friends must be documented in the medical or dental record.</p>
<p>G. ATTACHMENTS :</p>	<ol style="list-style-type: none"> 1. Hospital Administrative Manual 08-116 Communication with Family and Friends – Patient’s Assigned a bed in John Dempsey Hospital 2. Hospital Administrative Manual 08-118 Communication with Family and Friends – Outpatient Hospital and all UMG Ambulatory Care Settings 3. Communication with Family and Friends – Outpatient Psychiatry 4. Communication with Family and Friends – Dental Settings 5. HCH 1397 Permission to Communicate with Family and/or Others Involved in Your Care
<p>H. STAKEHOLDER(S) :</p>	<ol style="list-style-type: none"> 1. Privacy Officer 2. Hospital Administration 3. UMG Administration 4. Dental Administration
<p>I. REFERENCES :</p>	<ol style="list-style-type: none"> 1. 164.510 (b) Health Insurance Portability and Accountability Act of 1996 as amended by HITECH Rule 1/25/13 2. UConn Health Policy 2003-20: Verification of Individuals or Entities Requesting Disclosure of PHI
<p>J. SEARCH WORDS :</p>	<p>HIPAA ; Family and Friends ; Permission to Communicate</p>
<p>K. REVIEWED BY :</p>	<ol style="list-style-type: none"> 1. Iris Mauriello (Signed) Date 12/1/2016 Chair, UConn Health Executive Policy Committee Compliance Integrity & Privacy Officer 2. Anne Diamond (Signed) Date 12/8/2016 Chief Executive Officer John Dempsey Hospital 3. Anne Horbatuck (Signed) Date 12/16/2016 Interim Vice President University Medical Group 4. Steven Lepowsky (Signed) Date 12/22/2016 Senior Associate Dean, Education and Patient Care School of Dental Medicine



L. APPROVED BY :	5. Andrew Agwunobi M.D., M.B.A. (Signed) Date 12/27/2016 Chief Executive Officer Executive Vice President for Health Affairs
M. REVISION HISTORY :	1. New Policy: 04/14/03 2. Approved Revisions: 03/28/05, 11/01/05, 04/12/16, 06/14/16, 11/08/16