

UConn HEALTH

POLICY NUMBER 2014-07
December 16, 2014

POLICY: USE OF PROTECTED HEALTH INFORMATION (PHI) IN EDUCATION

PURPOSE:

This policy will describe the criteria for permitted uses of Protected Health Information (PHI) specific to educational and training purposes.

SCOPE:

The following individuals are collectively referred to as “teachers” in this policy:

- Faculty
- Staff (including without limitation the following roles: nurses, nurse practitioners, physician assistants, pharmacists, social workers, department managers and any other role when serving in a teaching capacity)

The following individuals are collectively referred to as “learners” in this policy:

- Residents
- Fellows
- Students of all disciplines

POLICY STATEMENT:

Clinical education and training activities of learners are fundamental to the UConn Health - mission. The HIPAA Privacy Rule allows use of PHI without a patient's written authorization for health care operations which includes "conduct of training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers." 45 C.F.R. 164.501.

UConn Health considers HIPAA compliance and respect of patient privacy priorities. All learners must be knowledgeable about UConn Health HIPAA policies and abide by such. Access, use and disclosure of any patient records, both paper and electronic, is highly regulated by laws, including HIPAA, which applies to PHI. PHI includes all medical, dental, social, demographic, laboratories, imaging, and any other patient data in the UConn Health medical record system. These laws carry civil and criminal penalties for individuals who break them as well as sanctions or penalties for institutions that fail to protect PHI. HIPAA allows the **minimum necessary** information to be accessed and used in the academic setting for the purpose of education of learners. The following document guides the teacher and learner about the appropriate use of PHI in the educational setting. Information that is de-identified in accordance with HIPAA standards is no longer considered PHI and therefore is not subject to this policy.

See UConn Health Policy [2003-29 Creation, Use and Disclosure of De-Identified Protected Health Information](#).

MINIMUM NECESSARY INFORMATION

The PHI used to conduct the education / training must be the minimum necessary needed to accomplish the purpose. Minimum necessary PHI is not required if patient authorization is given or the information is required for treatment. 45 C.F.R. 164.502(b) (1).

- A. UConn Health faculty and staff teachers who are performing a required teaching role may access and use the minimum necessary PHI for those teaching purposes, without obtaining a patient's written authorization.
- B. UConn Health faculty and staff teachers who access the minimum necessary PHI of patients not under their care but for a teaching purpose must be able to verify that the access was used for teaching purposes.
- C. Learners at UConn Health may access and use the minimum necessary PHI consistent with clinical assignments or educational work under the supervision of an authorized faculty or staff teacher.

All access and use of PHI for education and training purposes are subject to the guidelines below in addition to all applicable HIPAA Privacy and Security policies:

1. INTERNAL USE

Only the minimum necessary PHI required to achieve the learning objectives in the clinical environment may be shared within UConn Health to UConn Health-affiliated learners. Also, UConn Health teachers and learners must use discretion when discussing a patient's condition during rounds, speaking quietly and avoiding conversations in public areas where patients, families and other persons are present.

2. EXTERNAL USE

Disclosure of PHI external to UConn Health is not permitted for any reason, including for professional meetings, conferences and lectures, etc. absent a patient's written authorization [HCH-551](#) for this specific use. Patient identifiers must be removed in external educational presentations (such as in-house case presentations attended by non-affiliated physicians, visiting clinicians, non-enrolled students, etc.) rendering it acceptable for use in these settings (i.e. it is no longer PHI once de-identified). See UConn Health Policy [#2003-29 Creation, Use and Disclosure of De-identified PHI](#).

3. PHOTOS, VIDEO, OTHER PATIENT IMAGES (radiological, ultrasound) and Non-Textual Patient Data (physiologic tracings, slides, etc.)

Written consent from the patient is required using consent form [HCH-375](#) if either of the following criteria applies:

- 1) The patient data is determined to be data that a patient would recognize as their own

OR

- 2) The patient data has NOT been de-identified under HIPAA standards. See UConn Health Policy [2014-03 Visual, Audio or Recording of Patient Data Obtained through any Medium](#)

Case Study Example:

1. An on-campus formal lecture or prepared in advance educational offering, where only UConn Health faculty and staff teachers, and learners are present includes a radiologic image of a patient who ingested a foreign body. The patient's name, medical record number, or other identifying information is not necessary to conduct the educational training, so this PHI should be removed or redacted. Individuals not directly treating the patient may not request identifying information to access the images subsequent to the lecture. On the other hand if this case is presented while immersed in clinical care, an example being viewing radiology films in the reading room, identifying information may be portrayed to facilitate the learning experience.

Allowable educational access/use

The following list includes types of educational uses for which a teacher or learner may access PHI.

- Teaching Rounds
- Educational assessments
- Multidisciplinary Rounds
- Retrospective Record/Data Reviews for quality improvement projects in the educational context
- Case Presentations
- Patient Logs

Iris Mauriello (Signed)

1/13/15

Iris Mauriello
Compliance Integrity/Privacy Officer

Date

Andrew Agwunobi (Signed)

2/11/15

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

Date

New Policy: 12/16/14