

UCONN HEALTH
JOHN DEMPSEY HOSPITAL
ADMINISTRATIVE MANUAL

SECTION: PATIENT CARE

NUMBER: 08-116

SUBJECT:
COMMUNICATION WITH FAMILY AND FRIENDS –
PATIENT’S ASSIGNED A BED IN JOHN DEMPSEY HOSPITAL

PAGE 1 OF 2

PURPOSE: To define the process for obtaining a patient’s permission to share PHI with Family and/or Others when the patient is assigned a bed in UConn JDH hospital nursing units.

POLICY: A “Permission to Communicate with Family and/or Others Involved in Your Care” (HCH 1397) form must be completed by all patients or their authorized representatives who wish to share their health information with family and or another individual involved in their healthcare. This policy does not apply to the following patients:

- Inpatient Psychiatry and Correctional Managed Healthcare Patients
- Patients requesting to “Opt Out” of the JDH Directory, also known as “Confidential” patients.

PROCEDURE:

1. Upon admission the form “Permission to Communicate with Family and/or Others Involved in Your Care” (HCH 1397) will be completed by the patient or their authorized representative. The form is retained in the patient’s medical record.
2. Staff must check the “Permission to Communicate” Form for verification of persons authorized to receive PHI prior to disclosing.
3. The “Permission to Communicate with Family and/or Others Involved in a Patient’s Care” form is not a substitute for legal authorization to make healthcare decisions.
4.
 - a. In emergent situations or patient incapacity, the patient’s expressed preference at last UConn Health encounter will be consulted via GE Registration (IDX) “Permission to Communicate” screen. The decision whether or not to disclose information will be consistent with this prior preference if it is in the best interest of the patient. If there is no prior preference on record, professional judgment shall be exercised.
 - b. When the patient condition allows, JDH will provide the patient the form “Permission to Communicate with Family and/or Others Involved in Your Care” (HCH 1397).

UCONN HEALTH
JOHN DEMPSEY HOSPITAL
ADMINISTRATIVE MANUAL

SECTION: PATIENT CARE

NUMBER: 08-116

SUBJECT:
COMMUNICATION WITH FAMILY AND FRIENDS –
PATIENT’S ASSIGNED A BED IN JOHN DEMPSEY HOSPITAL

PAGE 2 OF 2

5. For Inpatient Psychiatry – Patients are asked to sign the “Authorization to Obtain and/or Disclose Health Information Form” (HCH 551) to allow for any communications with family and friends.

Reference:

UConn Health Policy [2003-25 “Use and Disclosure Involving Family and Friends”](#)
(Privacy and Security of Protected Health Information (PHI))

UConn Health Policy [2003-16 “Authorization for Release of Information”](#)
(Privacy and Security of Protected Health Information (PHI) and associated form
[HCH 551: Authorization to Obtain and/or Disclose Health Information](#))

UConn Health Policy [2012-05 “Legal Representative for Health Care Decisions”](#)

HAM 08-117 [Directory Information: Disclosure of a Patient’s Information](#)

APPROVAL:

Anne Diamond, JD, CNMT
Chief Executive Officer

Richard H. Simon, MD
Chief of Staff

NEW PROCEDURE: 4/12/16

ISSUED: 4/12/16

REVIEWED:

REVISED: