Administrative Policy

2021-04 Disclosures of Protected Health Information to the Media

Title: Disclosures of Protected Health Information to the Media

Policy Owner and Contact Information: Office of Healthcare Compliance and Privacy
privacyoffice@uchc.edu

Campus Applicability: UConn Health

Applies to: UConn Health Workforce

Effective Date: October 6, 2022

PURPOSE:
To ensure that disclosures of Protected Health Information (PHI) to the media are made in accordance with 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”).

POLICY STATEMENT:
University Communications is responsible for disseminating and publishing stories involving UConn Health, responding to media inquiries, arranging interviews and visual productions, and handling requests for distribution of information on behalf of the University’s main campus in Storrs, UConn Health and all campus locations and programs. The University’s institutional policy on communication with external media can be viewed at: https://policy.uconn.edu/2017/05/17/communication-with-external-media-policy-on/

All requests for patient information from the media must be referred to University Communications. University Communications is the only department allowed to disclose patient information to the media, unless otherwise designated by senior leadership.

University Communications will consult with the Office of Healthcare Compliance and Privacy, along with the Office of the General Counsel prior to disclosing PHI to the media.

UConn Health may not disclose PHI, which includes basic demographic information about the patient, to the media without the patient’s authorization, except as specified below:

1. Pursuant to certain Media Inquiries

   UConn Health may disclose the patient’s Directory Information (as defined below) in accordance
with Policy 2021-05 Uses and Disclosures of Directory Information under HIPAA only when the following conditions are met:

- The patient has not opted out of the Directory or objected to disclosure of their Directory Information; and
- The media asks about the patient by name.

Directory Information pertains to inpatients, patients on observation status, and patients in the Emergency Department at John Dempsey Hospital whose Directory Information is included in the Hospital. Any information disclosed to the media must be limited to patient name and location in the Hospital. The patient’s condition must not be disclosed. (See Policy 2021-05 Uses and Disclosures of Directory Information under HIPAA).

2. Under Emergency/Disaster Circumstances

UConn Health may disclose minimum necessary PHI when necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual’s care about the individual’s location, general condition, or death, provided the following conditions are met:

- The patient has provided verbal permission (if possible), or if the patient is incapacitated, it is determined to be in the best interest of the patient to disclose minimum necessary PHI for the above purpose;
- The Office of Healthcare Compliance and Privacy and/or the Office of the General Counsel has determined that disclosure to a non-media entity (e.g., police, other individuals) is insufficient and approves disclosure to the media or public at large; and
- The PHI disclosed is limited to that which is minimally necessary in order to identify, locate, and notify family members, guardians, or others responsible for the care of the individual.

Other Disclosures to the Media

All other disclosures of PHI to the media require an Authorization (see HCH2714: Authorization to Use and/or Disclose Protected Health Information for Publicity Purposes).

Media Presence in Areas Where PHI is Accessible

Members of the media, including film crews, are not permitted in treatment or other areas where patients are present and/or PHI in any form (i.e., written, electronic, oral or other visual or audio form) is visible or accessible unless UConn Health has obtained an Authorization from each patient who will be present or whose PHI may be viewed or accessed. It is not sufficient for UConn Health to require the media to mask patients’ identities when airing recorded video (such as by blurring, pixelation, or voice alteration), after the fact (e.g., in post-production). Prior Authorization from the patient is always required.

DEFINITIONS:

Privacy Definitions

Directory Information: Directory Information consists of patient name and patient location within John Dempsey Hospital. With respect to the use or disclosure of PHI by or to clergy members, Directory Information also includes a patient’s religious affiliation.
Protected Health Information (PHI): Any type of Individually Identifiable Health Information, whether electronically maintained, electronically transmitted, or in any other format or medium (i.e., discussed orally, on paper or other media, photographed or otherwise duplicated). PHI excludes Individually Identifiable Health Information in education records covered by the Family Educational Right and Privacy Act (FERPA), records described in 20 USC 1232g(a)(4)(B)(iv), employment records held by a Covered Entity in its role as employer, or related to individuals who have been deceased for more than 50 years.

Workforce: Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for UConn Health, is under the direct control of UConn Health, whether or not they are paid by UConn Health.

PROCEDURES/FORMS:
Procedures for 2021-04 Disclosures of Protected Health Information to the Media
HCH2714: Authorization to Use or Disclose Protected Health Information for Publicity Purposes

REFERENCES:
45 CFR §§ 164.510(a) and 164.510(b)(1)(ii) (HIPAA Privacy Rule)

RELATED POLICIES:
University of Connecticut Policy on Communication with External Media
UConn Health Notice of Privacy Practices
2014-03 Visual, Audio or Recording of Patient Data Obtained through Any Medium
2021-05 Uses and Disclosures of Directory Information under HIPAA
2003-25 Uses and Disclosures of PHI Involving Family, Friends, and Others
2012-05 Legal Representative for Health Care Decisions

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:

Bruce Liang (Signed)  10/6/2022
Bruce Liang
UConn Health Chief Executive Officer

Kiki Nissen (Signed)  10/4/2022
Kiki Nissen
Administrative Policy Committee Vice-Chair

Janel Simpson (Signed)  10/4/2022
Janel Simpson
Administrative Policy Committee Chair

POLICY HISTORY:
New Policy Approved: 1/81
Reviewed Without Changes: 8/09, 11/12, 3/18
Revised: 1/86, 10/88, 12/91, 4/94, 5/97, 2/00, 10/02, 5/03, 11/03, 03/05, 6/15, 2/22, 10/22