

UConn HEALTH

Administrative Policy

2023-03 Identification and Protection of Protected Health Information (PHI)

Title	Identification and Protection of Protected Health Information (PHI)
Policy Owner and Contact Information	Office of Healthcare Compliance & Privacy (OHCP) ohcp@uchc.edu
Campus Applicability	All UConn Health campuses, including John Dempsey Hospital
Applies to	UConn Health Workforce Members
Effective Date	June 12, 2023

PURPOSE:

This document describes the circumstances under which UConn Health identifies, treats, and handles Protected Health Information (PHI) in accordance with applicable provisions of 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”), and applicable Connecticut law.

POLICY STATEMENT:

1. Identifying PHI

In addition to the information meeting the definition of PHI herein, Workforce Members shall treat demographic information received by UConn Health, or otherwise disclosed to UConn Health, by another healthcare provider as PHI even if the demographic information does not include other or specific healthcare information because it reveals that an individual received some type of healthcare.

2. Patient Authorization

2.1 Obtaining Authorization

- a. Workforce Members shall not require a patient to provide an Authorization and shall not condition treatment on obtaining an Authorization, except in the event (i) the patient is participating in research and the Authorization is sought in connection with that research; or (ii) the patient has requested an examination or other treatment in order to disclose that information to a third party, such as a request for an employment physical conducted for the purposes of giving that information to the patient’s employer. In this case, Workforce Members may refuse to conduct the examination unless the patient signs an appropriate Authorization form.
- b. Workforce Members shall obtain an Authorization prior to using or disclosing a patient’s PHI unless such use or disclosure is otherwise permitted or required under HIPAA or other applicable law (see UConn Health policy **2023-05 Use and Disclosure of PHI**). Workforce Members shall obtain patient Authorization on a form containing the following:
 - A specific and meaningful description of the PHI to be used or disclosed;

- The name of the person, organization, or class of persons or organizations that will be making the use or disclosure of PHI;
- The name or other identification of the person, organization, or class of persons or organizations to whom UConn Health may make the requested use or disclosure of PHI;
- A description of the purpose of the use or disclosure of PHI (if the patient has requested the use or disclosure, the description may be “at the request of the patient”);
- An expiration date or event of the Authorization that relates to the individual or the purpose of the use or disclosure;
- A statement that the patient has a right to revoke the Authorization, the exceptions to the right to revoke, and a description of how the individual may revoke the Authorization;
- A statement that UConn Health cannot condition treatment on whether the patient signs the Authorization;
- A statement that the patient’s PHI may be re-disclosed by the recipient and no longer be protected by federal privacy regulations;
- Specific language addressing use and disclosure of PHI relating to care for psychiatric conditions, substance abuse, HIV-related testing and treatment, reproductive health, and/or gender-affirmation as required by special protections under Federal and State law.
- The patient’s signature and date of signature; and
- If executed by a legally authorized representative, a description of that person’s authority to act on behalf of the patient.

NOTE: If the patient signed an Authorization, release, or other permission form before April 14, 2003, that does not comply with the Authorization requirements set forth in this section, Workforce Members may continue to use or disclose the patient’s PHI collected or received before April 14, 2003, following the terms of that previous Authorization, release or other permission; however, to use or disclose PHI collected or received after April 14, 2003, from the same patient, a new patient Authorization must be obtained that complies with the requirements of this section.

If the patient signed an Authorization form before September 23, 2013, that was HIPAA-compliant at the time of signature but that does not comply with all of the Authorization requirements set forth in this section, Workforce Members may continue to use or disclose the patient’s PHI collected or received before September 23, 2013, following the terms of that previous Authorization; however, to use or disclose PHI collected or received after September 23, 2013, from the same patient, a new patient Authorization must be obtained that complies with the requirements of this section.

- c. Workforce Members shall provide the patient with a copy of the signed Authorization.
- d. UConn Health shall retain copies of all patient Authorizations in the patient’s medical record and in accordance with policy **2003-02 Documentation and Retention of HIPAA Compliance Records**.

2.2 Utilizing Authorization

- a. Workforce Members shall not combine Authorizations for different purposes with the single exception that, subject to IRB approval, if the Authorization is for the use and disclosure of PHI for treatment involved in a research study, the informed consent to participate in the study may be combined with the Authorization to use and disclose the PHI for the same or

another study; however, if UConn Health conditions the provision of research-related treatment on one of the Authorizations, any compound Authorization created must clearly differentiate between the conditioned and unconditioned components and must provide the individual with an opportunity to opt into the research activities described in the unconditioned Authorization.

- b. Workforce Members shall not use or disclose PHI if the Authorization is invalid based on one or more of the following:
 - The Authorization expiration date passed or the expiration event occurred;
 - The Authorization form lacks a required element or has not been filled out completely with respect to a required element;
 - UConn Health is aware that the patient or the patient's legally authorized representative revoked the Authorization;
 - UConn Health knows that the Authorization form contains materially false information;
 - The Authorization is conditional and is not for the use and disclosure of PHI for treatment involved in a research study or for the use and disclosure of a patient requested examination or other treatment for the purposes of disclosing that information to a third party, such as a request for an employment physical conducted for the purposes of giving that information to the patient's employer; or
 - The Authorization is combined with another Authorization and is not subject to an IRB-approved combination of informed consent and Authorization as described in Section 2.2.(a).

2.3 Revocation of Authorization

- a. A patient may revoke Authorization at any time by submitting a written request to the Health Information Management Department.
- b. Upon revocation of Authorization, Workforce Members shall stop using or disclosing the patient's PHI for the purposes covered by the revoked Authorization.
- c. UConn Health shall retain copies of Authorization revocations in the patient's medical record.

3. Verification of the Identity and Authority

- 3.1 Workforce Members shall verify patient and/or requestor identity using as many identifiers as necessary to ensure identification of the correct individual, but no less than name and date of birth. Identity shall be verified whenever interacting with PHI, including, but not limited to, scheduling, checking-in, registering, admitting a patient for service, or when responding to PHI-related queries or requests.
- 3.2 Workforce Members shall rely on reasonable judgment, the **UConn Health Procedures for Verifying the Identity and Authority of Individuals Requesting PHI**, and any other available means or resources to verify the identity and authority of an individual requesting PHI.

4. Safeguarding PHI

- 4.1 UConn Health shall identify, implement, and maintain appropriate administrative, physical, and technical safeguards to protect PHI from impermissible access, use, and disclosure. Such safeguards shall include policies, standards, guidance, and procedures comprehensively articulating expectations for protecting electronic PHI.
- 4.2 UConn Health shall reasonably safeguard PHI from any intentional or unintentional use or disclosure that violates policy or law.

- 4.3 UConn Health shall comply with the privacy and security standards for the electronic sharing of PHI pursuant to applicable law and regulation.
- 4.4 Workforce Members shall encrypt all emails containing PHI in accordance with policy **2011-04: Electronic Communication of Confidential Data**. If no encryption technology is available for transmission of an email containing PHI outside of a secure network, Workforce Members shall not transmit PHI through email.
- 4.5 UConn Health data, including PHI, may be stored or processed on a Mobile Computing Device in accordance with the requirements specified in policy **2008-03: Mobile Computing Device (MCD) Security**.
- 4.6 Workforce Members shall send all facsimiles by or on behalf of UConn Health with a cover sheet containing a confidentiality statement that addresses the same or similar to the following:
- “This information is intended for the use of the person or entity to which it is addressed and contains information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this fax is not the intended recipient, or the employee or agent responsible for the delivery of this information to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this fax in error, please contact the UConn Health Office of Healthcare Compliance & Privacy at 860.679.6060 and the sender immediately.”
- 4.7 Prior to faxing, mailing, or hand-delivering a document containing PHI, Workforce Members shall:
- (i) review all pages of the document to ensure that each page pertains to the correct patient; and
 - (ii) verify that the fax/document is being sent/delivered/emailed to the correct recipient at the correct fax number.
- 4.8 When using a window envelope, Workforce Members ensure that no PHI is, or can be made, visible in the window except for the intended recipient’s name and mailing address.
- 4.9 Where appropriate, Workforce Members shall make reasonable efforts to speak quietly and avoid using patient names or other information that could be used to identify a specific patient to prevent impermissible disclosures of PHI.
- 4.10 Workforce Members shall limit information left on a patient’s voicemail to include the Workforce Member’s name, that the Workforce Member is calling from UConn Health, and a call back number, unless the patient has requested or agreed to receive a detailed message.
- 4.11 UConn Health shall prohibit members of the media, including film crews, from accessing 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, or legally authorized representative of 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). UConn Health shall always require prior Authorization from the patient or legally authorized representative.
- 4.12 Workforce Members shall dispose of/destroy PHI in any format in accordance with policy **2008-01 Disposal of Protected Health Information (PHI) and Disposal and Re-use of Hardware and Electronic Media Containing Electronic Protected Health Information (ePHI)**.
- 4.13 Workforce Members shall promptly report any suspected or known incident that raises concerns about the privacy or security of PHI and/or Personal Information to the Office of Healthcare

Compliance & Privacy, UConn Health IT Security, or the University REPORTLINE (see **2003-09 Responding to Breaches of Privacy or Security of Protected Health Information (PHI) and/or Personal Information**).

DEFINITIONS:

Alcohol and Drug Abuse Records: Any information relating to a patient, whether or not recorded, created by, received, or acquired by a Part 2 program, as defined in 42 CFR § 2.11, for the purposes of treating alcohol or drug abuse, making a diagnosis for that treatment, or making a referral for that treatment, if that information identifies a patient as an alcohol or drug abuser either directly, by reference to other publicly available information, or through verification of such an identification by person.

Authorization: Permission from the patient or patient's legally authorized representative to use or disclose protected health information to an individual or entity for purposes other than treatment, payment, healthcare operations, or those allowed by law.

Covered Entity: Health plans, health care clearinghouses, or health care providers who electronically transmit any health information in connection with transactions for which the Department of Health and Human Services (HHS) has adopted standards.

Personal Information: Pursuant to Connecticut state law, an individual's (A) first name or first initial and last name in combination with any one, or more, of the following data: (i) Social Security number; (ii) taxpayer identification number; (iii) identity protection personal identification number issued by the Internal Revenue Service; (iv) driver's license number, state identification card number, passport number, military identification number or other identification number issued by the government that is commonly used to verify identity; (v) credit or debit card number; (vi) financial account number in combination with any required security code, access code or password that would permit access to such financial account; (vii) medical information regarding an individual's medical history, mental or physical condition, or medical treatment or diagnosis by a health care professional; (viii) health insurance policy number or subscriber identification number, or any unique identifier used by a health insurer to identify the individual; or (ix) biometric information consisting of data generated by electronic measurements of an individual's unique physical characteristics used to authenticate or ascertain the individual's identity, such as a fingerprint, voice print, retina or iris image; or (B) user name or electronic mail address, in combination with a password or security question and answer that would permit access to an online account. "Personal information" does not include publicly available information that is lawfully made available to the general public from federal, state or local government records or widely distributed media.

Protected Health Information (PHI): Any information, including payment information, whether oral or recorded, transmitted, or retained in any form or medium, including demographic information collected from an individual, that:

- Is created or received by UConn Health;
- Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
- Identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Protected Health Information excludes 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 UConn Health in its role as an employer, or healthcare records related to individuals who have been deceased for more than 50 years.

Workforce Members: 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:

[UConn Health Procedures for Verifying the Identity and Authority of Individuals Requesting PHI](#)

HCH551: Authorization to Obtain and/or Disclose Health Information

REFERENCES:

HIPAA Privacy Rule: §164.508 Uses and disclosures for which an authorization is required. January 25, 2013.

HIPAA Privacy Rule: §164.514 Other requirements relating to uses and disclosures of protected health information. January 25, 2013.

HIPAA Privacy Rule: §164.530 Administrative requirements. August 24, 2009.

Conn. Gen. Stat. § 19a-583 Limitations on disclosure of HIV-related information. (Rev. 2016).

Conn. Gen. Stat. § 19a-585 Requirements for disclosure of HIV-related information (Rev. 2009).

Conn. Gen. Stat. § 19a-490b Furnishing of health records and veterans' information. Access to tissue slides or blocks. Certified document re storage of and access to health records upon cessation of operations (Rev. 2016).

Conn. Gen. Stat. § 20-7c Access to medical records. Notification to patient of certain test results. Authority of provider to withhold information (Rev. 2022).

Conn. Genn. Stat. § 52-146e Disclosure of communications (Rev. 1982).

Conn. Genn. Stat. § 52-146i Labeling of confidential records (1969).

Conn. Genn. Stat. § 52-146w Disclosure of patient communication or information relating to reproductive health care services by covered entity prohibited. Exceptions. (2022).

Conn. Genn. Stat. § 52-146x. Disclosure of patient communication or information relating to gender-affirming health care services or reproductive health care services by covered entity prohibited. Exceptions. (2022).

42 C.F.R. Part 2: Part 2 - Confidentiality of Substance Use Disorder Patient Records. July 15, 2020

RELATED POLICIES:

2023-05: Use and Disclosure of PHI

2003-02: Documentation and Retention of HIPAA Compliance Records

2011-04: Electronic Communication of Confidential Data

2008-03: Mobile Computing Device (MCD) Security

2008-01: Disposal of Protected Health Information (PHI) and Disposal and Re-use of Hardware and Electronic Media Containing Electronic Protected Health Information (ePHI)

2003-09: Responding to Breaches of Privacy or Security of Protected Health Information (PHI) and/or Personal Information

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)
Bruce Liang
Interim Chief Executive Officer, UConn Health
Executive Vice President for Health Affairs

6/10/2023
Date

Elle Box (Signed)
Elle Box
Chief Healthcare Compliance & Privacy Officer
Administrative Policy Committee Co-Chair

6/7/2023
Date

Janel Simpson (Signed)
Janel Simpson
Chief Administrative Officer
Administrative Policy Committee Co-Chair

6/7/2023
Date

POLICY HISTORY:

New Policy Approved: 06/23

Reviewed Without Changes:

Revised: