



Harris County Hospital District

POLICY AND REGULATIONS MANUAL HIPAA ADMINISTRATIVE POLICY

Use and Disclosure of
Protected Health
Information for Facility
Directories

Policy No: 3.11.201
Page Number: 1 of 7

Effective Date: 041403
Board Motion No:

**TITLE: USE AND DISCLOSURE OF PROTECTED HEALTH
INFORMATION FOR FACILITY DIRECTORIES**

PURPOSE:

The purpose of this policy is to outline the process for Use and Disclosure of Protected Health Information (PHI) in facility directories and to describe the procedure for allowing patients to agree or object to such Use and Disclosure.

This policy supports Harris County Hospital District's (HCHD) HIPAA policy and may require development of department specific procedures.

[Key Words: Use, Disclosure, Facility Directory, Authorization, Protected Health Information (PHI), Provider, Administrator, Workforce, Clergy]

POLICY STATEMENT:

Pursuant to Federal and state Privacy laws, Harris County Hospital District may Use and Disclose certain Protected Health Information in the facility directories without obtaining a patient's Authorization, as long as the patient has an opportunity to agree or object to such Use or Disclosure. Harris County Hospital District will honor his/her request.

POLICY ELABORATION:

I. DEFINITIONS

- A. Administrator – includes the CEO, COO, CFO, CIO, VP, CNO, Administrator, Associate Administrators, designated Administrator on-call or designee.
- B. Authorization - A signed written document that allows use and disclosure of PHI for purposes other than Treatment, Payment or Healthcare Operations.



Harris County Hospital District

POLICY AND REGULATIONS MANUAL HIPAA ADMINISTRATIVE POLICY

Use and Disclosure of
Protected Health
Information for Facility
Directories

Policy No: 3.11.201
Page Number: 2 of 7

Effective Date: 041403
Board Motion No:

- C. Clergy – Ordained or equivalent religious representatives of the community’s faith groups who are not members of the Workforce.
- D. Disclosure – The release of information outside the facility.
- E. Facility Directory – A publication (in electronic or hard copy format) that contains a patient’s PHI such as name, location in the facility (room number), patient’s general condition, and religion. This information is routinely used by facility staff members and is commonly made available for public inquiries.
- F. Individually Identifiable Health Information (IIHI) – Information, including demographic information, that:
 - 1. Is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse; and
 - 2. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and
 - 3. Identifies the individual; or
 - 4. There is a reasonable basis to believe the information can be used to identify the individual.
- G. Personal Representative - a person with authority under the law to act on behalf of the patient.
- H. Protected Health Information - Individually Identifiable patient Health Information in any form, including demographic information, that is created or received by a



Harris County Hospital District

POLICY AND REGULATIONS MANUAL HIPAA ADMINISTRATIVE POLICY

Use and Disclosure of
Protected Health
Information for Facility
Directories

Policy No: 3.11.201
Page Number: 3 of 7

Effective Date: 041403
Board Motion No:

healthcare provider, and relates to the patient's healthcare condition, provision of healthcare, or payment for the provision of healthcare.

- I. Provider – Harris County Hospital District and its Workforce.
- J. Use – With respect to Individually Identifiable Health Information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.
- K. Workforce – Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

II. PHI TO BE USED AND DISCLOSED IN FACILITY DIRECTORIES

- A. Only the following PHI may be listed in the Facility Directory and disclosed without obtaining a patient's Authorization:
 - 1. The patient's name;
 - 2. The patient's location in the facility;
 - 3. The patient's condition described in general terms that does not communicate specific medical information about the patient (e.g., undetermined, good, fair, serious, and critical)
 - 4. The patient's religious affiliation.



Harris County Hospital District

POLICY AND REGULATIONS MANUAL HIPAA ADMINISTRATIVE POLICY

Use and Disclosure of
Protected Health
Information for Facility
Directories

Policy No: 3.11.201
Page Number: 4 of 7

Effective Date: 041403
Board Motion No:

- B. The PHI listed in II. A above may be disclosed to members of the Clergy. The Clergy need not ask for the patient by name.
- C. The PHI listed in II. A 1, 2, and 3 above may be disclosed to other persons who ask for the patient by name.

III. PATIENT'S OPPORTUNITY TO OBJECT TO USE AND DISCLOSURE OF PHI IN FACILITY DIRECTORIES

The patient must be given an opportunity to object to being listed in the Facility Directory at the time of the patient's admission. Attachment A will be used to document the patient's preference to permit or prohibit use and disclosure of PHI in the Facility Directory.

- A. Harris County Hospital District staff is responsible for obtaining a patient's preference to be listed or not listed in the Facility Directory. Harris County Hospital District staff will inform a patient of the PHI that may be used in the Facility Directory and to whom such PHI may be disclosed (including Disclosures to Clergy regarding religious affiliation).
- B. Harris County Hospital District staff will provide the patient with the opportunity to agree to or prohibit some or all use and disclosure of the patient's PHI in the Facility Directory.
- C. The patient's, or patient's personal representative's, request to opt out of the Facility Directory may be written or orally expressed and documented on Attachment A by the Workforce member who communicated with the patient, or his/her representative.



Harris County Hospital District

POLICY AND REGULATIONS MANUAL HIPAA ADMINISTRATIVE POLICY

Use and Disclosure of
Protected Health
Information for Facility
Directories

Policy No: 3.11.201
Page Number: 5 of 7

Effective Date: 041403
Board Motion No:

- D. Completed Attachment A will be placed in the patient's medical record and patient's selection entered into HCHD's electronic information systems.

IV. EMERGENCY SITUATIONS

Emergency situations may arise in which the patient cannot be given the opportunity to object to being listed in the Facility Directory, and the patient has no Personal Representative available to assist in decision-making.

- A. If the opportunity to object to being listed in the Facility Directory cannot practically be provided because of the patient's incapacity or an emergency treatment circumstance, Harris County Hospital District may list the patient in the Facility Directory, if such listing is:
1. Consistent with a prior expressed preference of the patient, if any, known to Harris County Hospital District; and
 2. In the patient's best interest as determined by a responsible Administrator or designee in the exercise of his/her professional judgment.
- B. When it becomes practical to do so, Harris County Hospital District must inform the patient, or Patient's Representative, of the PHI included in the Facility Directory and to whom such PHI may be Disclosed and provide the patient with an opportunity to object to being listed in the Facility Directory.



Harris County Hospital District

POLICY AND REGULATIONS MANUAL HIPAA ADMINISTRATIVE POLICY

Use and Disclosure of
Protected Health
Information for Facility
Directories

Policy No: 3.11.201
Page Number: 6 of 7

Effective Date: 041403
Board Motion No:

REFERENCES/BIBLIOGRAPHY:

- Policy 3.11.000, HCHD HIPAA Policy

OFFICE OF PRIMARY RESPONSIBILITY:

Office of Privacy Administration.

REVISION HISTORY:

Record revisions below:

Effective Date	Version	Approved by:

Permission to Use and Disclose Patient Information
For
**HARRIS COUNTY HOSPITAL DISTRICT
IN-PATIENT DIRECTORY**

I am exercising my right to permit or prohibit inclusion of my health information in a patient directory published by Harris County Hospital District throughout the course of this admission.

(Check the box that applies and sign at the bottom of the page)

I wish the following information to be included in the Patient Directory:

- All information**
- My name
- My location in the facility (room number)
- My condition (fair, good, etc.)
- Religious affiliation – for members of the clergy only

- None of the above information**

Signature _____ Date: _____

Printed Name _____

Relationship if not Patient _____

If option is communicated orally, recorded by facility representative named below:

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Department/Title: _____

(Imprint of Patient Plate below)