

UNIVERSITY OF PITTSBURGH POLICY 07-02-04

CATEGORY: PERSONNEL
SECTION: Confidentiality of Medical Information
SUBJECT: Accounting of Disclosures of Protected Health Information (PHI)
EFFECTIVE DATE: Revised September 23, 2013
PAGE(S): 4

I. SCOPE

This policy applies to all University Covered Components as defined and designated in Policy 07-02-01.

II. POLICY

It is the policy of the University and its Covered Components to comply with the Accounting of Disclosure requirements as set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the American Recovery and Reinvestment Act of 2009 (ARRA, commonly referred to as the federal Stimulus Bill).

III. PURPOSE

To establish consistent guidelines for responding to a patient's or prospective, current or former faculty, staff or student's and covered dependent's (Individual) requests for an accounting of the disclosure of an Individual's information.

IV. GUIDELINES

1. Generally

- a. The University's Covered Components shall provide to Individuals, upon receipt of a valid written request, an accounting of:
 - All disclosures of an Individual's Protected Health Information (PHI) in accordance with the regulations set forth in the Health Insurance Portability and Accountability Act (HIPAA) in the six (6) year period prior to the date on which the accounting was requested.
 - All disclosures of an Individual's electronic health record in accordance with the Privacy Rules contained in the American Recovery and Reinvestment Act (ARRA) for three (3) year period prior to the date on which the accounting was requested, Subject to a schedule set forth in the ARRA Privacy Rule.
- b. In accordance with the Privacy Rules contained in the ARRA, the University shall maintain on the <http://www.pitt.edu/hipaa/businessassociates> website a listing of all HIPAA Business Associates so that the Individual may contact the business associate directly to request an accounting of the business associate's uses and disclosures of the Individual's electronic health record.

2. Accounting of Disclosures as Required by HIPAA

- a. The University is required to track disclosures of PHI, except those related to the following:
 - Made for purposes of carrying out treatment, payment and health care operations;
 - Made pursuant to an Individual's authorization;

- To Individuals about whom the PHI pertains;
 - For a University Component's directory or to persons involved in the Individual's care or other notification purposes;
 - That are incidental to an otherwise permitted use or disclosure;
 - That are part of a limited data set;
 - For national security or intelligence purposes;
 - To correctional institutions or law enforcement officials;
 - Those that occurred prior to the compliance date.
- b. Any unauthorized disclosures that are identified shall be tracked and made available as necessary to satisfy the requirements set forth in this policy.
- c. The University will suspend an Individual's right to receive an accounting of disclosures made to a health oversight agency or law enforcement official, for the time period specified by the agency or official if such agency or official provides the University with a written statement that such an accounting to the Individual would likely impede the agency's or official's activities.

If the official statement from the health oversight agency or law enforcement official is made orally, proper documentation must be made which includes the identity of the agency or official making the statement and the University shall temporarily suspend the Individual's right to an accounting of disclosures subject to the statement. Oral limitations cannot exceed thirty (30) days. However, if written documentation is subsequently provided, then the date of the suspension would be based on the written request.

The accounting must be in written format and must be made within sixty (60) days of receipt of the request.

If the University cannot take action within the required sixty (60) day time frame, an extension - not to exceed thirty (30) days - may be obtained by providing the requestor with a written statement listing the reasons for the delay and the date by which a full accounting of disclosures will be made. Only one thirty (30) day extension is permitted per request.

The content of the accounting shall include (a) the disclosures of PHI that occurred during the subject time period, including disclosures to or by the University's business associates, (b) the date of the disclosure, (c) the name of the entity or person who received the PHI, (d) the address (if known) of such entity or person, (e) a brief description of the PHI disclosed and (f) a brief statement of the purpose of the disclosure that informs the Individual of the basis for the disclosure or, in lieu of such a statement, a copy of a written request for a disclosure (if any).

If, during the period covered by the accounting, the University has made multiple disclosures of PHI to the same person or entity for a single purpose, the accounting may provide (a) information on just the initial disclosure during the accounting period, (b) the frequency, periodicity or number of the disclosures made during the accounting period and (c) the date of the last such disclosure during the accounting period.

If, during the period covered by the accounting, the University has made disclosures of PHI for a particular research purpose for 50 or more Individuals, the accounting may provide (a) the name of the protocol or other research activity, (b) a plain language description of the research protocol or other research activity, including the purpose of the research and the criteria for selecting particular records, (c) a brief description of the type of PHI that was

disclosed, (d) the date or period of time during which the disclosures occurred or may have occurred, including the date of the last disclosure during the accounting period, (e) the name, address and telephone number of the entity that sponsored the research and of the researcher to whom the information was disclosed and (f) a statement that the PHI of the Individual may or may not have been disclosed for a particular protocol or other research activity. If the University provides an accounting for research disclosures and it is reasonably likely the Individual's PHI was disclosed, the University will, at the request of the Individual, assist in contacting the entity that sponsored the research and the researcher.

A copy of the accounting of disclosures statement provided to the Individual shall be signed by the person responsible for making the disclosure and shall be attached to the Individual's medical record.

The University shall provide the first accounting to an Individual in any 12 month period without charge. The University may then impose a reasonable, cost-based fee for each subsequent request provided the University informs the Individual in advance of the fee and provides them an opportunity to withdraw or modify the request in order to avoid or reduce the fee.

3. Accounting for Uses of Electronic Health Records as Required by the ARRA

- a. The University is required to track disclosures of all electronic PHI (including those made for purposes of carrying out treatment, payment and health care operations)
- b. Consistent with the ARRA Privacy Rules, information systems containing electronic health records shall be configured to collect user access log information and information indicating where an Individual's electronic health record information has been disclosed, based on the following schedule:
 - For systems implemented as of January 1, 2009 - on and after January 1, 2014.
 - For systems implemented after January 1, 2009 - on and after the later of the following: (i) January 1, 2011; or (ii) the date that it acquires the system.
- c. All systems described in section IV (3)(a) of this policy, shall be integrated into the identity management system (to provision user accounts) and log monitoring and management system (to aggregate log information) that are established by the University's Computer Systems and Services Department.

4. Business Associate Requirements

Each Covered Component shall provide a periodic extracts of its files to compile a list of business associates for the University's Office of General Counsel website at <http://www.ogc.pitt.edu/>. The list will include contact information, such as mailing address and phone number to the extent it is known to the University.

V. SERVICE LEVEL AGREEMENT

It shall be the responsibility of each University Covered Component to implement processes and procedures to meet the requirements set forth in this policy.

VI. NON-COMPLIANCE

An employee's failure to abide by this policy may result in disciplinary action up to and including termination of employment.

VII. REFERENCE

Attachment A – Patient Request for Accounting of Disclosures of Protected Health Information