

CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL		Chapter:	1.4.2.16
Title:	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT	Page:	1 of 8
		Date Effective:	April 14, 2003
Subject:	Right to an Accounting of Disclosures	Date Revised:	October 14, 2011
		Authorizing Signature:	

AUTHORITY: Authorizing Source: RCW 70.02 45 CFR 164 (HIPAA)

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Inpatient Health Plan (CDRSN/PIHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: The Chelan-Douglas Regional Support Network, in compliance with the Privacy Rules of HIPAA's Administrative Simplification provisions, sets out in this policy, the process for providing consumers with an opportunity to receive an accounting of the disclosures made of their PHI.

DEFINITIONS: See 1.3.2.0

POLICY: The Chelan-Douglas Regional Support Network will consider all requests from consumers, or former consumers, to receive an accounting of certain disclosures of their PHI that have occurred in the six year period prior to their request, or from the effective date of the Privacy Rule, whichever is shorter. We will require that all requests for an accounting be in writing using the Request for Accounting form. (Should a consumer need assistance in completing the form, we will provide that assistance.) We will notify our consumers of our policies for requesting an accounting in our Privacy Notice.

It will be our policy to respond to requests for an accounting within 60 days from the date of the request. Should, in rare circumstances, we be unable to respond within 60 days, we will notify the individual, in writing during the initial 60-day period, and provide them with the reason(s) that we need additional time and give them the date (no more than 30 days beyond the original 60 days) by which we expect to complete action on their request.

The CDRSN must, at a minimum, document and track disclosures of PHI from consumer records made without consumer authorization by CDRSN and its Business Associates after April 14, 2003 as a part of:

1. Information released under a subpoena or order issued by an

- administrative law or court judge.
- 2. Records sent to law enforcement for alleged abuse or neglect.
- 3. Records disclosed for research purposes.
- 4. Reporting diseases, injuries, disabilities and vital events to public health authorities or others allowed to receive this information.

We will account for all uses and disclosures of our consumers' PHI except for those in the following categories:

1. disclosures made to individuals of protected health information about them;
2. disclosures made to carry out treatment, payment, or health care operations (this includes disclosures made by business associates for these purposes as well);
3. disclosures made for facility directory purposes and those made to person's involved in the consumer's care (relatives and/or friends), as set forth in the Opportunity to Agree or Object Policy;
4. disclosures made pursuant to an authorization;
5. disclosures for national security or intelligence purposes; and
6. disclosure to correctional institutions or law enforcement officials when the consumer is an inmate.
7. Incident to a use of disclosure otherwise permitted or required;
8. As a part of a limited data set;
9. That occurred prior to the compliance date of April 14, 2003.
10. for disclosures to the Secretary of HHS for compliance purposes and for any other disclosures allowed to be made without the individual's permission.

In those situations where we have made disclosures to a health oversight or law enforcement agency as permitted and the agency has provided us with a written statement that inclusion of such disclosures would be reasonably likely to impede with their activities and, the agency has provided a specific time period, our policy will be to exclude those disclosures from any accounting requested by the subject consumer. At the end of that period, our policy will be to include any disclosures made to the agency during that period in any future accountings. Should the health oversight or law enforcement agency provide us with an oral statement that a disclosure would be reasonably likely to impede their activities, our policy will be to withhold disclosures for a 30 day period after which we will include the disclosures in requested accountings unless a written statement requesting a longer time period has been provided during the 30 day period.

Our policy will be to include the following items in every accounting:

1. the date of the disclosure;
2. the name and address of the person or organization receiving the PHI;

3. a brief description of the PHI disclosed; and
4. a brief statement that reasonably informs the consumer of the purpose for the disclosure or in lieu of such statement a copy of a written request for a disclosure.

Our policy with respect to multiple disclosures of a consumer's PHI to the same person or entity for the same purpose will be to present all of the information listed above for the first disclosure in the accounting period. In addition, we will present the frequency, periodicity, or number of disclosures made during the accounting period and the date of the most recent disclosure.

If, during the period covered by the accounting, the covered entity has made disclosures of protected health information for a particular research purpose in accordance with 164.512(i) for 50 or more people, the accounting may, with respect to such disclosures for which the protected health information about the individual may have been included, provide:

- (A) The name of the protocol or other research activity;
- (B) A description, in plain language, 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 protected health information that was disclosed;
- (D) The date or period of time during which such disclosures occurred, or may have occurred, including the date of the last such 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 state that the protected health information of the individual may or may not have been disclosed for a particular protocol or other research activity.

If the CDRSN provides an accounting for research disclosures and if it is reasonably likely that the protected health information of the individual was disclosed for such research protocol or activity, the CDRSN shall, at the request of the individual assist in contacting the entity that sponsored the research and the researcher.

It will be our policy to provide the first accounting in each 12-month period, beginning with the consumer's first request for an accounting, at no charge. Any additional request for accounting from the same consumer during their 12 month period will be made subject to the consumer's agreement to pay a reasonable, cost-based fee for the additional accounting. Our policy will be to inform the consumer of the

fee on the Request for Accounting form and obtain their written agreement to pay the fee prior to preparing the accounting. We will offer the consumer an opportunity to withdraw or modify their request in order to avoid or reduce the fee.

PROCEDURE: COMPLETING A PHI DISCLOSURE FORM

Disclosures of PHI that need to be accounted for may be made by multiple departments in the organization and by outside business associates. In order to organize and keep this information up to date, the attached form, "PHI Disclosure to be Included in Consumer's Accounting" will be completed each time there is a disclosure of the type listed in this policy.

1. The only exceptions to this are as follows:
 - a. Information disclosed electronically from an electronic database, consumer medical record, or billing record where a system exists for recording and accounting for the disclosure, including the date, to whom the disclosure is made, and for what purpose do not need to be recorded separately on the above form.
 - b. Business associates who are permitted to make disclosures on behalf of the CE do not need to complete a form for each disclosure, but must have an internal system for accounting for disclosures that are contained in the Business Associate Agreement as an addendum with a description of the procedure and updated as necessary.
2. If you are uncertain about whether or not a form needs to be completed, call the Privacy Officer or complete a form just in case.
3. The form once completed should be placed in the administrative section of the file, behind all authorization forms, in date order, with the most recent form on top.

REQUESTS FOR ACCOUNTING

1. If a consumer or their healthcare representative requests an accounting, they should complete the attached "Request for Accounting" form. In those cases where the consumer is not willing or able to do so, the staff should complete the form and ask them to sign it indicating that they have been informed of costs, etc.
2. The form should be sent immediately to the Privacy Officer. This is especially important because the Chelan-Douglas Regional Support Network must provide the accounting within the required deadline of 60 days from the date of the request. Remember that some information needed for the accounting may be in archived records or be held by business associates.

COMPLETING AN ACCOUNTING

1. The Privacy Officer upon receiving the Request for Disclosure form, will request (these activities may be delegated):

- a. The consumer's medical record, or copies of all "PHI Disclosure to be Included in Consumer's Accounting" forms for the appropriate dates located in the consumer's medical record.
 - b. The accountings located in any electronic database of the organization.
 - c. An accounting from any relevant business associate.
2. Once the material has been gathered the Privacy Officer will review each disclosure to determine if it is appropriate to include it in the accounting period, for example:
 - a. Does each disclosure meet the requirements for a disclosure that must be accounted for?
 - b. Is the disclosure to a health oversight or law enforcement agency and have they restricted any accounting to the consumer? See also below under "Disclosures Made to Law Enforcement or Health Oversight Agencies"
 - c. Is all required information available?
3. The Privacy Officer will then list the disclosures of PHI in writing in date order including the date of the disclosure, name of person and organization to whom the information was disclosed, a short summary of the information that was disclosed, and a short summary of the purpose of each disclosure. An exception to this is as follows:

Multiple disclosures made to the same person or organization for the same purpose will be accounted for with one complete entry for the first disclosure and a summary that includes the frequency or actual numbers of disclosures in the time period requested by the consumer and the date of the most recent disclosure.
4. The accounting will be delivered to the consumer in person or sent by mail.
 - a. No fee will be charged for the first accounting in a 12-month period.
 - b. For the second and subsequent requests for an accounting in a 12 month period the consumer will be asked to sign the additional paragraph at the bottom of the "Request For Accounting" form indicating that they understand they will be charged and will be responsible for paying, a reasonable cost-based fee for this service, and provide an opportunity to withdraw or modify the request to avoid or reduce the fee.
 - c. The Privacy Officer will reserve the right subject to applicable rules to request that the appropriate staff person collect the fee from the consumer prior to handing over the accounting or to hold the accounting from mail until the fee has been paid.
5. In all cases, every effort shall be made to complete and deliver the accounting to the consumer within 60 days from the date of the request. If this is not possible, the Privacy Officer shall send a written notice to the consumer, within the 60 day period, stating

that:

- a. There will be a delay
- b. The reason for the delay
- c. The date the accounting is expected to be completed for delivery or for mailing. (In no case can this date be more than 30 days from the date the accounting was originally due.)

DISCLOSURES MADE TO HEALTH OVERSIGHT OR LAW ENFORCEMENT AGENCIES

If a disclosure is made to a health oversight or law enforcement agency in accordance with the No Permission Policy, the following procedures for accounting for this disclosure will apply:

1. If the health oversight or law enforcement agency makes an oral request to withhold the disclosure this will be noted on the “PHI Disclosure to be Included in Consumer’s Accounting” form as follows:
 - a. Date of request
 - b. Name of agency representative requesting the withhold
 - c. Contact phone number for agency Representative
 - d. Name of agency requesting the withhold
2. The person who receives the request for withhold is responsible for documenting the above on the form.
3. The person who receives the request for the withhold must inform the agency Representative that the oral request will be honored for 30 days only and that any further withhold requires a written request.
4. If the health oversight or law enforcement agency requests a withholding of accounting in writing, the request will be stapled to the “PHI Disclosure to be Included in Consumer’s Accounting” form and will be included as an attachment to any copy of the form requested by the Privacy Officer or other person delegated to assist with compliance with this policy and procedure.

SEE ALSO: The Designated Record Set
No Permission
Agree or Object
Administrative requirements – documentation retention

Request for Accounting of PHI Disclosed by

**Chelan-Douglas Regional Support Network
636 Valley Mall Parkway, Suite 200
East Wenatchee, WA 98802
509-886-6318**

I request an accounting of all of my PHI disclosed by Chelan-Douglas Regional Support Network pursuant to the requirements of the Privacy Rule. I understand that this accounting will not include disclosures that were:

1. made to me of protected health information about me;
2. made to carry out my treatment, payment, or health care operations;
3. made for facility directory purposes and those made to person's involved in my care (relatives and/or friends), as set forth in the Opportunity to Agree or Object Policy;
4. made for notification purposes to my family or personal representatives;
5. for national security or intelligence purposes; and disclosure to correctional institutions or
6. law enforcement officials when and if I was an inmate.
7. Incident to a use or disclosure otherwise permitted or required and exempt by law from accounting;
8. Pursuant to my authorization;
9. As a part of a limited data set;
10. That occurred prior to the compliance date of April 14, 2003.

The period of time I am requesting the accounting for is from:

_____ to _____

I understand that this period of time can be for no longer than 6 years and cannot include any time period before April 14, 2003; the date the Privacy Rule became effective.

I also understand that the first accounting I request in any 12 month period will be given to me for no charge.

Signed:

_____ Date: _____

Print Name Below

For a consumer requesting more than one accounting in a 12-month period the following additional signature should be obtained:

I understand that because I have requested more than one accounting in a 12-month period that I will be charged a reasonable cost-based fee incurred by the **Chelan-Douglas Regional Support Network** for completing this accounting. I understand that this cost will be _____ and that payment must be made at the time I receive the accounting or prior to the accounting being mailed to me.

Agreed and accepted: _____ Date: _____

Print Name Below

I elect to

- a. _____ withdraw
- b. _____ modify this request in order to reduce the cost. _____

PHI Disclosure to be Included in Consumer's Accounting

Date of disclosure: _____

Name of person and organization receiving disclosure:

Address of person/organization receiving this disclosure:

Description of what information was disclosed:

Brief statement of purpose of disclosure:

Signature of staff person making disclosure: _____

Date of Disclosure: _____

Send completed form to Privacy Officer for entry into Disclosure Accounting database.