



Uses and Disclosures of PHI

Policy # 2.4

Permitted Uses and Disclosures of PHI

Original
Effective Date:
6/21/2016

Revised Date:
3/22/2022

Purpose: To define the purposes for which PHI may be accessed, used, or disclosed.

Policy: Workforce members access, use and disclosure of PHI are only allowable by HIPAA, State laws, and these Policies. Workforce members obtain an Individual's Authorization before accessing, using, or disclosing PHI for any purpose other than those purposes specifically exempt from such requirement by HIPAA, Federal or State law.

Process:

1. Workforce members ascertain the purpose of the access, use, or disclosure.
 - **Important:** This procedure is **critical** to complying with HIPAA because there are different procedures and legal requirements for different purposes.
 - Consult with the HIPAA Compliance and Privacy Officer when in doubt about whether-or-not you may acquire, access, use, or disclose PHI in a certain way.
2. Workforce members consult the tables below and follow the policy applicable to the specific purpose for which the PHI will be acquired, accessed, used, or disclosed. Where a Covered Component has adopted supplemental policies to safeguard PHI, workforce members consult such policies too.
3. The PHI is disclosed in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information. Examples of this are Confirmation Faxes; Certified Mail Requiring a Signature; Encrypted Work Emails; Hard Drives; USBs; approved Travis County Equipment.

Table 1: Disclosures for Treatment, Payment, and Operations Purposes

Type of Use or Disclosure	Policy and Procedures
<p align="center">Treatment</p>	<p>Policy: Covered Components may not disclose PHI for treatment purposes without authorization from an Individual. Treatment is defined as the provision, coordination, or management of health care and related services by Covered Components or other healthcare providers, including consultation between Covered Components and other health care providers about a patient and referrals of patients.</p> <p>Procedures:</p> <ol style="list-style-type: none"> 1. Disclosure is not subject to the “Minimum Necessary Standard” described in these policies. 2. Covered Components may use or disclose PHI to a business associate, if treatment falls within the scope of services that the business associate is to perform under the Business Associate Agreement it executed with the County. 3. Before disclosing the requested information to the health care provider, the Covered Component, through authorized workforce members, must verify the identity of the person making the request. See the Policy entitled “Verifying the Identity and Authority of a Person Requesting PHI.”
<p align="center">Payment</p>	<p>Policy: Covered Components may use or disclose PHI for payment purposes without authorization from an Individual. Payment activities include, but are not limited to:</p> <ul style="list-style-type: none"> • obtaining premiums, • determining eligibility or coverage, • coordinating benefits, • adjudicating or subrogating health benefit claims, • risk adjusting amounts, • billing, • claims management, • collection activities, • obtaining payment under a contract for reinsurance, • related health care data processing, • medical necessity or coverage review, • utilization review—regardless of when it is performed, and • disclosure of certain information to consumer reporting agencies.

Type of Use or Disclosure	Policy and Procedures
Payment (cont...)	<p>Procedures:</p> <ol style="list-style-type: none"> 1. Any use of disclosure of PHI for payment activities is limited to that described in the Minimum Necessary Standard policy unless the information is required to be transmitted as an electronic transaction, pursuant to 45 CFR 160.102 and 45 CFR 164.502(b)(2)(vi). 2. Before disclosing the requested information to the health care provider, the Covered Component, through its authorized workforce members, must verify the identity of the person making the request. See the Policy entitled “Verifying the Identity and Authority of a Person Requesting PHI.”
<p>Health Care Operations:</p> <p>(**SPECIAL NOTE)</p>	<ul style="list-style-type: none"> • “Health care operations” are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment. These activities, which are limited to the activities listed in the definition of “health care operations” at 45 CFR 164.501, include: <ul style="list-style-type: none"> ○ Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, and case management and care coordination; ○ Reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care and non-health care professionals, accreditation, certification, licensing, or credentialing activities; ○ Underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to health care claims; ○ Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs; ○ Business planning and development, such as conducting cost-management and planning analyses related to managing and operating the entity; and ○ Business management and general administrative activities, including those related to implementing and complying with the Privacy Rule and other Administrative Simplification Rules, customer service, resolution of internal grievances, sale, or transfer of assets, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity. General Provisions at 45 CFR 164.506.

Policy: Covered Components may use and disclose PHI for [health care operations](#) without authorization from an Individual. Health care operation activities may include, **but are not limited to:**

- A hospital may use protected health information about an individual to provide health care to the individual and may consult with other health care providers about the individual's treatment.
- A health care provider may disclose protected health information about an individual as part of a claim for payment to a health plan.
- A health plan may use protected health information to provide customer service to its enrollees.

Procedures:

- Any use or disclosure of PHI for health care operation activities is limited to the [Minimum Necessary Standard](#) policy.
- Before disclosing the requested information to another covered entity, the Covered Component, through its authorized workforce members, must comply with the policy "[Verifying the Identity and Authority of a Person Requesting PHI.](#)"
- Disclosures in Table 2 below require that the workforce member who discloses the PHI, appropriately documents the request and delivery of the PHI on the tracking log provided by the HIPAA Compliance and Privacy Officer OR in the software in which medical records are kept. Such tracking will be completed as described in the policy [Accounting of Disclosures.](#)
- The person who discloses the PHI, either an authorized workforce member or the HIPAA Compliance and Privacy Officer, appropriately documents the request and delivery of the PHI on the tracking log provided by the HIPAA Compliance and Privacy Officer. Such tracking log will be completed as described in the policy [Accounting of Disclosures](#) (called "Tracking" in this table).

****SPECIAL NOTE:**

- **FOR PLANS:** If an individual had been enrolled in a health plan of Covered Entity A and switches to a health plan provided by Covered Entity B, Covered Entity A can disclose PHI to Covered Entity B for Covered Entity B to coordinate the individual's care, without the individual's authorization...Although such disclosures are permitted, they are subject to the minimum necessary standard. [45 CFR 164.502\(b\).](#) <https://www.hhs.gov/hipaa/for-professionals/faq/3014/uses-and-disclosures-for-care-coordination-and-continuity-of-care/index.html>
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Table 2: Non-routine Permitted Disclosures

Type of Use or Disclosure	Policy and Procedures
<p>Response to judicial and administrative requests, including subpoenas</p>	<p>Policy: Covered Components comply with all lawful and appropriate requests from regulatory and judicial authorities and may disclose PHI necessary to respond to:</p> <ul style="list-style-type: none"> • a subpoena; • a discovery request or other lawful process that is not accompanied by an order of a court or administrative tribunal (subject to certain restrictions discussed below), or • a discovery request or other lawful process that is accompanied by or contained within an order of a court or administrative tribunal. • Any Legal Demands must be filled out entirely and signed by authorizing agent. <p>An Individual’s authorization is not required for such disclosures.</p> <p>Procedures:</p> <ol style="list-style-type: none"> 1. All subpoenas issued by a court, grand jury, governmental or tribal inspector, or administrative body must be processed according to Covered Component protocol, HIPAA Compliance and Privacy Officer and Legal Counsel. 2. For discovery requests or other lawful processes, including investigative demands, that are NOT accompanied by a court order or an order of an administrative tribunal, the Covered Component alerts the HIPAA Compliance and Privacy Officer. 3. The HIPAA Compliance and Privacy Officer determines whether the disclosure is appropriate and should be made. Disclosure is only made if the HIPAA Compliance and Privacy Officer obtains evidence that provides satisfactory assurances that: <ul style="list-style-type: none"> • Reasonable efforts have been made to notify the Individual who is the subject of the request to allow for the Individual to object to the disclosure (the “Notice Method”), OR • Reasonable efforts have been made to obtain a “qualified protective order*” for the information (the “QPO Method”). <p style="text-align: center;"><u>Notice Method</u></p> <ol style="list-style-type: none"> 1. The HIPAA Compliance and Privacy Officer must obtain a written Statement from the requestor that demonstrates that notice has been given (or a good faith effort to notify the Individual has been made) and that such notice contained enough detail about the litigation or proceeding for the Individual to be able to raise an objection to the disclosure.

**Response to
judicial and
administrative
requests,
including
subpoenas
(cont...)**

2. The HIPAA Compliance and Privacy Officer must also obtain a written Statement and documentation demonstrating that:
 - enough time was given to the Individual to object, and that this time has elapsed;
 - either no objections were filed, or any objections raised have been resolved by the entity deciding the case; and
 - the disclosures sought are consistent with the entity’s resolution about any objections.

QPO Method

****Qualified protective order (QPO) means a court order or order of an administrative tribunal or an agreement by the Individual and the requestor that prohibits them from using or disclosing the PHI for any purpose other than the purpose for which it was requested, and that requires the PHI to be returned or destroyed at the end of the proceeding.***

1. The HIPAA Compliance and Privacy Officer must obtain a written Statement from the requestor that demonstrates that:
 - The parties to the judicial or administrative proceeding have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or
 - The party seeking the PHI has requested a qualified protective order from such court or administrative tribunal.
2. The Covered Component may skip Procedure 3 if the Covered Component makes reasonable efforts to provide notice to the Individual sufficient to meet the requirements of Procedure 2(a) or 2(b).

**Public
health
activities**

Policy: Covered Components may disclose PHI to public health authorities, entities, and persons authorized by law to receive such information for public health activities.

Procedures:

1. The Covered Component must verify the authority and identity of the person or entity seeking a disclosure per the appropriate policy for the purpose of:
 - preventing or controlling disease, injury, or disability;
 - conducting public health surveillance;
 - conducting public health investigations;
 - conducting public health interventions;
 - reporting child abuse or neglect, certain injuries, or birth or death; or
 - notifying a person exposed to a communicable disease or at risk of contracting or spreading them.
2. Once the identity and authority of the person requesting PHI is confirmed, the Covered Component alerts the HIPAA Compliance and Privacy Officer of the request.

Public health activities (cont...)

3. The HIPAA Compliance and Privacy Officer determines whether the disclosure is appropriate and should be made. The HIPAA Compliance and Privacy Officer may rely on the word of the public health authority to state what information is needed to carry out the lawful purpose and disclose that information.

Report abuse, neglect, or domestic violence

Policy: Covered Components may disclose PHI to a public health authority or other appropriate government authority authorized by law to receive reports of abuse, neglect, or domestic violence. An Individual's authorization is not required.

Procedures:

1. If a workforce member reasonably believes that an Individual is the victim of abuse, neglect or domestic violence, the workforce member will tell a supervisor, or the Privacy Liaison or HIPAA Compliance and Privacy Officer about his or her suspicions.
 - "Abuse" means harm or threatened harm to an Individual's health, safety, or welfare. "Neglect" means a failure to provide (i) adequate food, clothing, shelter, medical care, and supervision; (ii) special care which is necessary because of the physical or mental condition of the child; or (iii) abandonment.
2. The workforce member authorized to make such report (based on department policy), a supervisor, the Privacy Liaison or the HIPAA Compliance and Privacy Officer reports the abuse, neglect or domestic violence to the public health authority or other appropriate government authority authorized by law to receive such reports, including a social service or protective service agency. The report may disclose PHI, but only:
 - To the extent that disclosure complies with and is limited to the relevant requirements of the law that requires reporting;
 - The Individual agrees to the disclosure; or
 - To the extent that the disclosure is expressly authorized by law and
 - Workforce members in the Covered Component believe disclosure is necessary to prevent serious harm to the Individual or others, or
 - The Individual cannot agree because of incapacity and a law enforcement or other public official authorized to receive the report represents that
 - the PHI will **NOT** be used against the Individual
 - an immediate enforcement activity that depends on the disclosure would be materially and adversely affected by waiting until the Individual is able to agree to disclosure.

Report abuse, neglect, or domestic violence (cont...)

3. The disclosure limitations set forth in Procedure 2 **do not apply** when the victim of the abuse or neglect is a child. Clinical notes, x-rays, photographs, and those portions of previous or current medical records relevant to the abuse or neglect may be disclosed without restriction to the public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect.
4. The Supervisor or HIPAA Compliance and Privacy Officer must promptly inform the Individual (or the Individual’s personal representative if the Individual is incapacitated) of the disclosure, unless:
 - it is believed that informing the Individual would place the Individual at risk of serious harm.
 - it is reasonably believed that the personal representative to whom notification would be made is the person responsible for the domestic violence, abuse, or neglect.

Law Enforcement Purposes

Policy: Covered Components may disclose PHI to a **Law Enforcement Officer*** in certain circumstances, as set forth in the procedures below.

* ***“Law Enforcement Officer”*** means an officer or employee of any agency or authority of the United States, State, Indian tribe, county, city, town or municipality, who is empowered by law to (i) investigate or conduct an official inquiry into a potential violation of law; or (ii) prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law.

Procedures:

1. Covered Components, excluding Covered Components that operate correctional facilities, inform the HIPAA Compliance and Privacy Officer of oral or written requests from law enforcement officials. Correctional facilities process requests in accordance with processes described in Correctional Institutions and other law enforcement custodial situations.
2. The HIPAA Compliance and Privacy Officer determines whether the disclosure is appropriate and should be made. Disclosure is appropriate:
 - to assist the official in the identification or location of a suspect, fugitive, material witness, or missing person (Class I);
 - when the PHI concerns a patient who is or is suspected to be a victim of a crime (Class II);
 - if the workforce member believes the PHI requested constitutes evidence of criminal conduct that occurred on the premises of the Covered Component (Class III); and
 - to alert law enforcement of the death of the Individual (Class IV);

**Law
Enforcement
Purposes
(cont...)**

- in emergency situations, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime (Class V).

Class I - To assist the official in the identification or location of a suspect, fugitive, material witness, or missing person.

Authorized workforce members may disclose limited PHI in response to a law enforcement official's request for Class I information. The information to be disclosed include the Individual's:

- Name and address
- Date and place of birth
- Social Security Number
- ABO blood type and rh factor
- Type of injury
- Date and time of treatment
- Date and time of death
- Description of distinguishing characteristics (such as height, weight, race, hair and eye color, scars, tattoos)

Authorized workforce members **do not** disclose any PHI related to DNA or DNA analysis, dental records or typing, samples or analysis of body fluids or tissue.

Class II - When the PHI concerns a patient who is or is suspected to be a victim of a crime.

Authorized workforce members disclose PHI about a suspected victim of a crime only when:

- The Individual agrees to the disclosure, or
- The Individual cannot agree because of incapacity and a law enforcement official represents that
 - the information will be used to establish whether a crime has been committed,
 - the information will not be used against the Individual.
 - immediate law enforcement activity depends on the disclosure and would be materially and negatively impacted by waiting until the Individual is able to agree to disclosure, and
 - the workforce members, in the exercise of their **professional judgement**, determine the disclosure is in the best interest of the Individual.

Class III- If the workforce member believes the PHI requested constitutes evidence of criminal conduct that occurred on the premises of the Covered Component.

Authorized workforce members disclose PHI to a law enforcement official if the workforce member believes, in good faith, that the PHI constitutes evidence of criminal conduct that occurred on the Covered Component's property.

Class IV - To alert law enforcement of the death of the Individual.

Authorized workforce members disclose PHI about an Individual who has died if they have a suspicion that the Individual's death may have resulted from criminal conduct.

**Law
Enforcement
Purposes
(cont...)**

Class V - In emergency situations, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

1. Authorized workforce members providing emergency health care in response to a medical emergency, other than an emergency predicated by suspected abuse or domestic violence, may disclose PHI to a law enforcement official if the disclosure appears necessary to alert law enforcement to:
 - The commission and nature of the crime.
 - The location of this crime or the victims of the crime.
 - The identity, description, and location of the person responsible for the crime

2. PHI is also disclosed on the Covered Component's own initiative to:
 - Report certain types of wounds or other physical injuries not associated with abuse, neglect, or domestic violence, or
 - Court orders and court-ordered warrants;
 - Summons issued
 - **court**
 - **grand jury**
 - **governmental or tribal inspector;** or
 - Administrative request, including an administrative subpoena or summons a civil or authorized investigative demand, or similar process authorized under the law, provided that:
 - The PHI sought is relevant and material to a legitimate law enforcement inquiry;
 - The request is specific and limited in scope; and
 - De-identified information could not reasonably be used

**Correctional
Institutions and
other law
enforcement
custodial
situations**

Policy: Covered Components may disclose PHI to a correctional institution or a law enforcement official that has lawful custody of a person provided that:

- i. the individual is currently in custody and is not on parole, probation, or supervised release, or otherwise not in lawful custody; and
- ii. the institution or law enforcement official represents to the Covered Component that the requested PHI is necessary for any of the following:
 - Providing health care to the individual
 - The health and safety of the individual or other inmates
 - The health and safety of the officers or employees or of others at the correctional institution
 - The health and safety of such individuals or other persons responsible for transporting or transferring inmates
 - Law enforcement on the premises of the correctional institution

****Special Note**

The administration and maintenance of the safety, security, and good order of the correctional institution

**Correctional
Institutions and
other law
enforcement
custodial
situations
(cont...)**

Procedures:

Covered Components that are correctional institutions

1. Workforce members make disclosures based on department policy and/or operating procedures. Questions regarding the appropriateness of particular disclosures may be directed to supervisors or the HIPAA Compliance and Privacy Officer.

Covered Components that are not correctional institutions

Requests of an urgent nature. An urgent request is a request that requires immediate processing. When an urgent request is made, Covered Components may disclose PHI without the Privacy Liaison or HIPAA Compliance and Privacy Officer's involvement, provided that the Covered Component:

1. Documents the law enforcement official's representation that disclosure of PHI is necessary for any of the purposes described in the policy Statement set forth above and must be made immediately.
2. Verifies the identity and authority of the officer in accordance with the policy "[Verifying the Identity and Authority of a Person Requesting PHI.](#)"
3. Determines disclosure is appropriate under the circumstances. Disclosure is not appropriate if workforce members are:
 - Unable to verify the identity or authority of the requestor
 - Uncertain about the Individual's lawful custody status
 - Concerned that the scope of the information requested is overly broad or subject to stricter privacy regulations. In this instance, workforce members may choose to limit the amount of information disclosed.
4. Gives the requesting law enforcement official's contact information to the HIPAA Compliance and Privacy Officer.

Requests that are not of an urgent nature. Workforce members direct requests of a non-urgent nature to the Covered Component's HIPAA Compliance and Privacy Officer.

1. The HIPAA Compliance and Privacy Officer verifies the identity and authority of the law enforcement official in accordance with policy "[Verifying the Identity and Authority of a Person Requesting PHI.](#)"
2. He or she then determines what PHI is appropriate to release pursuant to the request.
3. He or she then informs the workforce member of the decision and authorizes the release of the information or releases it directly to the law enforcement official or correctional institution.

****SPECIAL NOTE:**

- **RULE DIFFERENCE FOR CORRECTIONS:** Correctional institutions and other law enforcement custodial situations -

(i) Permitted disclosures. A covered entity may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual, if the correctional institution or such law enforcement official represents that such protected health information is necessary for:

- (A) The provision of health care to such individuals;
- (B) The health and safety of such individual or other inmates;
- (C) The health and safety of the officers or employees of or others at the correctional institution;
- (D) The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
- (E) Law enforcement on the premises of the correctional institution; or
- (F) The administration and maintenance of the safety, security, and good order of the correctional institution.

(ii) Permitted uses. A covered entity that is a correctional institution may use protected health information of individuals who are inmates for any purpose for which such protected health information may be disclosed. [45 CFR § 164.512 \(k\)\(5\)](#).

Federal Officials for National Security and Intelligence Purposes

Policy: Covered Components may disclose PHI to Federal Officials for the conduct of certain national security and intelligence activities, for the conduct of protective services by Federal officials to the president and persons as authorized by Federal law. Requests of this nature are prioritized by Covered Components and the HIPAA Compliance and Privacy Officer.

Procedures:

1. The Covered Component follows appropriate policies and procedures for [verifying the identity and authority of individuals requesting PHI](#) requesting PHI.
 2. Covered Components collect detailed information relating to the request, then forwards the request to the HIPAA Compliance and Privacy Officer for review.
 3. The HIPAA Compliance and Privacy Officer ensures that the statutory authority for the request is provided, and, in consultation with legal counsel **as necessary**, approves the request for PHI.
 4. Covered Components provide the requested PHI in the format requested by the Federal official.
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Coroners or Medical Examiners, and Funeral Directors

Policy: Covered Components are permitted to disclose PHI to coroners, medical examiners, and funeral directors without an Individual's authorization.

Procedures:

1. Authorized workforce members may disclose PHI to coroners, and medical examiners for purpose of
 - identifying a deceased person,
 - determining the cause of death and,
 - to carry out their other lawful duties.
 2. Workforce members may disclose PHI to funeral directors to carry out their lawful duties, and, where necessary, may disclose PHI prior to, and in reasonable anticipation of, the Individual's death.
-

Employer Compliance with OSHA or Workers' Compensation requirements

Policy: Covered Components may disclose PHI as authorized by and to comply with laws relating to workers' compensation, occupational safety, or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

**Employer
Compliance with
OSHA or Workers'
Compensation
requirements
(cont...)**

Procedures:

1. The Covered Component follows appropriate policies and procedures for [verifying the identity and authority of individuals requesting PHI](#) requesting PHI, for health oversight activities.
2. Once the identity and authority of the Individual requesting PHI is confirmed, the Covered Component alerts the HIPAA Compliance and Privacy Officer.
3. The HIPAA Compliance and Privacy Officer determines whether the disclosure is appropriate and should be made. Disclosure is appropriate to workers' compensation insurers, State administrators, employers, and other persons or entities involved in workers' compensation systems, without the individual's authorization if:
 - Health care is being provided to an Individual at the request of the employer to evaluate:
 - workplace medical surveillance for compliance with occupational health and safety laws (OSHA requirements) or
 - whether the Individual has a work-related illness or injury
 - the PHI to be disclosed relates to findings about workplace-related medical surveillance or a work-related illness or injury; or
 - the requestor is an employer who needs PHI to comply with worker's compensation laws, or occupational health and safety laws.
4. When a disclosure is made, the Covered Component must provide the Individual whose PHI was disclosed with written notice of the disclosure. Notice must be given either:
 - at the time the PHI is disclosed to the employer OR
 - by posting a notice in a prominent place where the health care is provided.

**Compliance with
the Texas Public
Information Act**

Policy: Covered Components may disclose PHI to the Travis County Attorney's Office or departmental staff assigned to handle Public Information Act requests without Individual authorization to comply with the Texas Public Information Act.

Procedures:

1. The Covered Component provides documents responsive to the Public Information Act request to the County Attorney or authorized department staff, such as in-house legal counsel or paralegals. Covered Components will not redact PHI from these documents unless directed to do so by the County Attorney or department counsel.
2. The County Attorney or authorized department staff processes the PIA. If the release of any PHI is compelled by the law, the County Attorney or department staff notifies the Covered Component. The Covered Component then logs the disclosure in accordance with the Accounting of Disclosures policy.

Health oversight activities

Policy: Covered Components may disclose PHI without Individual authorization for health oversight activities. Covered Components ensure that any disclosure of PHI for health oversight release is in compliance with the HIPAA Privacy Rules.

Procedures:

1. The Covered Component, through its authorized workforce members, will follow appropriate policies and procedures for [verifying the identity and authority of individuals requesting PHI](#), for health oversight activities.
2. Once the identity and authority of the Individual requesting PHI is confirmed, workforce members alert the HIPAA Compliance and Privacy Officer.
3. The HIPAA Compliance and Privacy Officer determines whether the disclosure is appropriate and should be made. Disclosure is appropriate to a health oversight agency for oversight activities authorized by law including audits, civil, administrative, and criminal investigations, inspections, licensure or disciplinary actions, certain civil, administrative and criminal proceedings, and activities necessary for appropriate oversight of the following:
 - the health care system;
 - government benefit programs for which health information is relevant to beneficiary eligibility;
 - entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
 - entities subject to civil rights laws for which health information is necessary for determining compliance.
4. Disclosure is not appropriate if an investigation or other activity relates to an Individual but does not arise out of and is not directly related to:
 - the receipt of health care; or
 - a claim for public benefits related to health; or
 - qualification for or receipt of public benefits; or
 - services when an individual's health is integral to the claim for public benefits or services.

Other Disclosures Required by law

Policy: Covered Components disclose PHI as required by law, to lawful authorities. PHI disclosed is to the extent required by such law.

Procedures:

1. Workforce members alert the HIPAA Compliance and Privacy Officer to requests for PHI that are represented as required by law or that the workforce member believes is required by law and is not addressed in these policies.
2. Workforce members provide any written documentation provided by requestors to the HIPAA Compliance and Privacy Officer.

**Other Disclosures
Required by law
(cont...)**

3. The HIPAA Compliance and Privacy Officer contacts requestors for documentation that satisfies the requirements of the policy entitled "[verifying the identity and authority of individuals requesting PHI.](#)"
4. The HIPAA Compliance and Privacy Officer or Privacy Liaison consult legal counsel, **as necessary**, to determine whether the disclosure should be made.
5. The HIPAA Compliance and Privacy Officer approves the disclosures.
6. The HIPAA Compliance and Privacy Officer obtains the relevant PHI, and reviews against the request prior to making a disclosure.

The HIPAA Compliance and Privacy Officer directs authorized workforce members to note the disclosure in the Accounting of Disclosures log.

Refer to policy entitled "[Disclosing PHI for Research.](#)"

Research Purposes

**Cadaveric organ,
eye, or tissue
donation**

Policy: Covered Components may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation. An Individual's authorization to the disclosure is not required.

Procedures:

1. The Covered Component, through its authorized workforce members, follows appropriate policies and procedures for [verifying the identity and authority of individuals requesting PHI.](#)
2. Once the identity and authority of the Individual requesting PHI is confirmed, the Covered Component alerts the HIPAA Compliance and Privacy Officer. STARFlight workforce members alert the STARFlight privacy representative.
3. The HIPAA Compliance and Privacy Officer or STARFlight makes the determination as to whether the disclosure is appropriate and should be made.

Whistleblowers

Policy: Workforce members or business associates of Travis County may disclose PHI when workforce members have a good faith belief that a Covered Component has engaged in a conduct that is unlawful or that otherwise violates professional or clinical standards OR when a Covered Component provides conditions that could endanger a patient or patients, workers, or the public. Workforce members may disclose this PHI to:

- A health oversight agency; or
- A public health authority authorized by law to investigate or oversee the conduct the employee has good faith to believe is unlawful; or
- An appropriate health care accreditation organization to report allegations of failure to meet professional standards or misconduct by a Covered Component; or

**Whistleblowers
(cont...)**

- An attorney retained by or on behalf of the workforce member or a business associate to determine legal options for those parties with respect to this policy and [45 C.F.R. 164.502 \(j\)\(1\)\(i\)](#).

Procedures:

1. Workforce members make reasonable efforts to limit the disclosure to the minimum amount necessary.
2. Workforce members are not required to track these disclosures.

**Workforce
members who are
victims of a crime**

Policy: Workforce members who are victims of a criminal act may disclose PHI to a law enforcement official when:

- The PHI disclosed is about the suspected perpetrator of the act; and
- The PHI disclosed is limited to the following information:
 - Name and address
 - Date and place of birth
 - Social Security Number
 - ABO blood type and rh factor
 - Type of injury
 - Date and time of treatment
 - Date and time of death
 - Description of distinguishing characteristics (such as height, weight, race, hair and eye color, scars, tattoos)

Authorized workforce members do not disclose any PHI related to DNA or DNA analysis, dental records or typing, samples or analysis of body fluids or tissue.

Procedures:

Workforce members may seek the assistance of the HIPAA Compliance and Privacy Officer when making such disclosures.

Special PHI Disclosure

1. The requested PHI will be reviewed before disclosure to the requesting party. If the PHI to be disclosed includes genetic information, HIV-related information, mental health information, or substance abuse treatment records, more specific procedures apply:

HIV/AIDS Information

1. Covered components **do not** disclose HIV/AIDS-related information unless required by law or pursuant to an Individual's authorization. Where PHI contains HIV/AIDS-related information, the HIPAA Compliance and Privacy Officer is alerted, and the HIPAA Compliance and Privacy Officer consults with the Legal Counsel.

Mental Health Information

1. Covered components **do not** disclose mental health information unless authorized by [Chapter 611 of the Texas Health & Safety Code](#). Where PHI contains mental health information, the HIPAA Compliance and Privacy Officer is alerted, and the HIPAA Compliance and Privacy Officer consults with the Legal Counsel.

Genetic Information

1. Covered components **do not** disclose genetic information without the written authorization of the Individual or as allowed by law. Where PHI contains genetic information, the HIPAA Compliance and Privacy Officer is alerted, and the HIPAA Compliance and Privacy Officer may choose to consult with the Legal Counsel.

Substance Abuse Treatment Records

1. Covered components **do not** disclose substance abuse treatment records without the written authorization of the Individual. Where PHI contains substance abuse treatment records, authorization must be obtained from an Individual.