

**TITLE: Disclosures of Protected Health Information Required by Law**

**POLICY:**

Columbia University Medical Center will use, disclose, or release a patient's protected health information (PHI) as required by and in accordance with city, state, and federal law, even if the patient has not provided a written authorization.

**PURPOSE**

All PHI at Columbia University Medical Center, including any PHI maintained electronically, is confidential, and would not normally be used, disclosed, or released without the patient's written authorization. However, there are times when Columbia University Medical Center is required by law to report or provide PHI to state or federal agencies or authorities, or when it must respond to judicial or administrative requests for PHI. This Policy defines the agencies, authorities, and instances in which Columbia University Medical Center will use, disclose, or release PHI without the patient's authorization in order to comply with its responsibilities under city, state, or federal law.

**PROCEDURES:**

1. **Mandatory Reporting.** Columbia University Medical Center is required to and will report PHI to certain agencies and authorities. A patient's authorization is not required for this mandatory reporting, and Columbia University Medical Center will not grant a patient's request for restriction if the request would interfere with a mandatory reporting obligation. The list of agencies and authorities and the types of PHI that must be reported follows:

| <b><i>Agency/Authority Receiving</i></b>  | <b><i>Subject/Category of Required Report</i></b>   |
|---|---|
| City, County, or District Health Official | Suspected or confirmed cases of communicable diseases   |
| Local Health Official                     | Exposure to animal suspected of having rabies   |
| Local Health Official                     | Patients infected with tuberculosis who vacate an apartment or premises by death or removal from the premises |
| Local Health Official                     | Pregnant women who test positive for Hepatitis B  |
| Local Health Official                     | Syphilis tests on pregnant women  |

- 2.

| <b><i>Agency/Authority Receiving</i></b> | <b><i>Subject/Category of Required Report</i></b>                        |
|--|--|
| National Practitioner Data Bank          | Specified information regarding malpractice payments and adverse actions |

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|---|---|
| NY City Department of Health                              | All immunizations administered to any child age seven and under   |
| NY City Department of Health                              | Cases, carriers, and persons who at their time of death were affected by any of the communicable diseases   |
| NY City Department of Health                              | Deaths - caused by natural causes   |
| NY City Department of Health                              | HIV, HIV-related illness, and AIDS occurring within New York City   |
| NY City Department of Health                              | Deaths - not a result of natural causes   |
| NY City Department of Health                              | Tuberculosis  |
| NY City Department of Mental Health and Hygiene           | Births  |
| NY City Department of Mental Health and Hygiene           | Syndromic surveillance information (real-time reports of the chief complaint, home zip code, sex, age, and unique identifier of patients seen in the Emergency Room within the past 24 hours) |
| NY State Board of Medical Examiners                       | Specified information regarding malpractice payments and adverse actions  |
| NY State Central Register of Child Abuse and Maltreatment | Suspected child abuse or maltreatment; failure to immunize infants for Hepatitis B if the mother is Hepatitis B positive  |
| NY State Department of Health                             | Alzheimer's disease upon diagnosis or confirmation of presence of illness   |
| NY State Department of Health                             | Cardiac reporting   |
| NY State Department of Health                             | Cases of communicable diseases diagnosed after death  |
| NY State Department of Health                             | Habitual narcotics users  |

3.

| <b>Agency/Authority Receiving</b>         | <b>Subject/Category of Required Report</b>   |
|---|--|
| NY State Department of Health             | Hepatitis B test results for all women with newborn children                               |
| NY State Department of Health             | HIV, HIV-related illness, and AIDS occurring outside of New York City                      |
| NY State Department of Health             | Increased incidence of nosocomial infections or nosocomially acquired communicable disease |
| NY State Department of Health             | Radioactive cadavers   |
| NY State Department of Health             | Sexually transmissible diseases (STDs)   |
| NY State Department of Health             | Statewide Planning and Research Cooperative System - data specified                        |
| NY State Department of Health Area Office | Patient death due to an act of omission or commission by a member of the ambulance service |

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| NY State Department of Health's Bureau of Environmental Protection   | Persons who have clinical evidence of occupational lung disease  |
| NY State Department of Health's Wadsworth Center Laboratories        | Blood sample from every newborn to be tested for certain diseases  |
| NY State Office of Fire Prevention and Control                       | Burn injuries - Second or third degree burns to 5% or more of the body.  |
| NY State Office of Mental Health                                     | Aggregate data relating to incident reporting  |
| NY State Office of Mental Retardation and Developmental Disabilities | Aggregate data relating to incident reporting  |
| Occupational Safety and Health Administration (OSHA) - Area Office   | Death of an employee or multiple employee injuries   |
| Police   | Violent injury - Bullet wound, gunshot wound, powder burn, other injury caused by a gun or firearm. All injuries that are likely to or do result in death and appear to be caused by a knife, ice pick, etc. |

4.

| <b><i>Agency/Authority Receiving</i></b>                              | <b><i>Subject/Category of Required Report</i></b>  |
|---|--|
| Regional Health Director or Associate Commissioner for New York State | Nosocomial infections                              |
| US Department of Health & Human Services - CMS                        | Deaths - caused by restraint or seclusion          |
| US Department of Labor  | Death of an employee or multiple employee injuries |

5.

- a. The person providing PHI in response to a mandatory reporting requirement is responsible for documenting the name, title, and contact information of the individual to whom the PHI was provided, the agency name and address (if known), the date the PHI was provided, and a brief summary of the PHI provided (e.g., demographic information about the patient, copy of face sheet showing diagnosis, etc.) for each patient whose PHI is reported or released.
- b. The person providing PHI to an individual, agency, or authority in response to a mandatory reporting requirement will take reasonable steps to confirm and verify the identity and authority of the individual, agency, or authority prior to providing the PHI. "Reasonable steps" may include, but are not limited to the following:
  1. Obtaining the contact name, title, and telephone number of the individual making the request.
  2. Recognizing the requester's voice, if the request or report is made in person or over the telephone.
  3. Recognizing the requester's telephone or fax number or address if the report is made by fax or delivery.

- c. Documentation of releases and disclosures that are required as part of a mandatory report may be maintained in each individual patient's file (for easy retrieval if the patient requests an Accounting of Disclosures) or on a log in the Department. If documentation is included in the patient's file, the entry will not be considered part of the patient's designated record set.
- d. A list of the mandatory reporting disclosures for a single patient, a group of patients, or all patients must be provided to the HIPAA Privacy Officer upon his/her request within ten (10) days of his/her request.

**6. Responding to Law Enforcement Inquiries.**

- . Columbia University Medical Center will provide PHI to a law enforcement official without first obtaining the patient's written authorization:
  - 1. to assist in the identification or location of a suspect, fugitive, material witness, or missing person;
  - 2. regarding a patient who is or is suspected to be a victim of a crime;
  - 3. to alert law enforcement of the death of the individual;
  - 4. if Columbia University Medical Center believes the PHI requested constitutes evidence of criminal conduct that occurred on the premises of Columbia University Medical Center; and
  - 5. 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.
- a. If the law enforcement official requests PHI via a court order, subpoena, warrant, summons, or other similar document, Columbia University Medical Center will provide the requested PHI if:
  - 1. the PHI sought is relevant and material to the law enforcement inquiry;
  - 2. the request is specific and limited in scope to the extent reasonably practicable;
  - 3. de-identified PHI could not be used; and
  - 4. the court order, subpoena, warrant, summons, or other similar document complies with New York law which in some cases requires patient authorization to release.
- b. If a Columbia University Medical Center employee is presented with a court order, subpoena, warrant, summons, or other similar document,
  - 1. the employee should immediately notify his/her department Administrator of the document; and
  - 2. either the employee who received the initial document or the department Administrator should immediately contact the HIPAA Privacy Officer to discuss and evaluate the document and determine whether and how the disclosure will be made.
- c. No PHI should be disclosed in response to a court order, subpoena, warrant, summons, or other similar document prior to discussing the

document with either the General Counsel's Office or the HIPAA Privacy Officer.

- d. The person providing PHI in response to a court order, subpoena, warrant, summons, or other similar document is responsible for documenting the name, title, and contact information of the individual to whom the PHI was provided, the agency name and address (if known), the date the PHI was provided, and a brief summary of the PHI provided (e.g., demographic information about the patient, copy of face sheet showing diagnosis, etc.) for each patient whose PHI is reported or released.
- e. Documentation of releases and disclosures that are made in response to a court order, subpoena, warrant, summons, or other similar document may be maintained in each individual patient's file (for easy retrieval if the patient requests an Accounting of Disclosures) or on a log in the Department. If documentation is included in the patient's file, the entry will not be considered part of the patient's designated record set.

**7. Responding to Inquiries from National Security, Intelligence, and Protective Services Officials.**

- . Columbia University Medical Center will provide PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities without first obtaining the patient's written authorization.
  - a. Columbia University Medical Center will also provide PHI to authorized federal officials so they may conduct special investigations and provide protection to the President, other authorized persons, and foreign heads of state without first obtaining the patient's written authorization.
  - b. If a federal official requests PHI from a Columbia University Medical Center employee, the employee should immediately contact his/her supervisor and the HIPAA Privacy Officer.
  - c. The person providing PHI to authorized federal officials for national security and intelligence activities and protective services is responsible for documenting the name, title, and contact information of the individual to whom the PHI was provided, the agency name and address, the date the PHI was provided, and a brief summary of the PHI provided (e.g., demographic information about the patient, copy of face sheet showing diagnosis, etc.) for each patient whose PHI is reported or released.
  - d. Documentation of releases and disclosures that are made to authorized federal officials for national security and intelligence activities and protective services may be maintained in each individual patient's file (for easy retrieval if the patient requests an Accounting of Disclosures) or on a log in the Department. If documentation is included in the patient's file, the entry will not be considered part of the patient's designated record set.

**8. Specially Protected PHI.** An employee who receives a request from a federal, state, local, national security, or law enforcement official for PHI that includes HIV/AIDS information, mental health information, or substance abuse and treatment records

must immediately contact his/her supervisor and the HIPAA Privacy Officer. Under no circumstances should PHI that includes HIV/AIDS information, mental health information, or substance abuse and treatment records be released to the requesting official unless the disclosure is approved by the HIPAA Privacy Officer.

9. **Document Retention.** All documentation relating to requests for a patient's PHI will be maintained for a minimum of six (6) years.

#### 10. **Definitions**

***Protected Health Information (PHI)*** means information that 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 or could reasonably be used to identify the individual.

**RESPONSIBILITY:** HIPAA Privacy Officer, Department Administrators

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| <b>ISSUED:</b>   | <b>December 2003</b> |
| <b>REVIEWED:</b> | <b>October 2007</b>  |
| <b>REVIEWED:</b> | <b>December 2009</b> |