

UNIVERSITY OF WYOMING

HIPAA POLICY 3.3 (A)

PERMITTED DISCLOSURES WITHOUT INDIVIDUAL'S AUTHORIZATION

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS

- I. **PURPOSE:** The purpose of this policy is provide for uses and disclosures of PHI without an individual's authorization as provided for treatment, payment or health care operations as defined pursuant to the HIPAA. This policy applies to UW Covered Components that provide direct healthcare.

- II. **TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS:** Although the Privacy Rule allows for disclosures (outside of the UW Covered Component) of PHI for treatment, payment or healthcare operations without authorization, each UW Covered Component may elect through best practices to require its workforce to attempt to obtain consent from individuals for treatment, payment and healthcare operations. However, an individual's refusal to sign the consent form shall not affect the UW Covered Component's willingness to treat the patient or the quality and nature of their care.
 - a. **Disclosure of PHI within UW Covered Component:** A UW Covered Component may use or disclose PHI for its own treatment, payment, or health care operations.
 - b. **Treatment Activities of Healthcare Providers:** A UW Covered Component may disclose PHI for treatment activities of a health care provider.
 - c. **Payment Activities of Covered Entity or Healthcare Provider:** A UW Covered Component may disclose PHI to a covered entity or a health care provider for the payment activities of the entity that receives the information.
 - d. **Healthcare Operations of Covered Entity or Healthcare Provider:** A UW Covered Component may disclose PHI to another Covered Entity for health care operations activities of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subject of the PHI being requested, the PHI pertains to such relationship, and the disclosure is for the purpose of conducting quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating provider performance and conducting training programs, or health care fraud and abuse detection or compliance.
 - e. **Treatment:** Treatment is defined as a health care provider's provision, coordination and management of health care and related services. These health care services cross the continuum of care and include, but are not limited to, primary and specialty outpatient care, inpatient hospitalization, step-down and extended facility care, emergency medicine, and referral activities.
 - i. Examples include: Using PHI about a patient to provide health care to the patient, including at times consulting with other health care professionals about the patient's treatment; sending a copy of a patient's medical record to a specialist who needs the information to treat the patient; and Sending a

patient's health care instructions to another care facility to which the patient is transferred

- ii. When accessing, using and/or sharing PHI for purposes of treatment, workforce members are only permitted access to use/share PHI for: specific patients under their direct care or to the degree necessary based on their role in the organization.
- f. **Payment:** These include activities undertaken by the covered entity to obtain reimbursement for treatment that has been provided.
- i. Examples include: Check-in and registration process; eligibility determination for coverage; coordination of benefits among third parties and patience for cost-sharing responsibilities; adjudication or subrogation of health benefits claims; preparing claims for payment for services; submitting a claim for payment to a health plan; and healthcare data processing which supports billing, claims management and collection.
 - ii. Minimum Necessary: Only the Minimum Necessary PHI shall be disclosed for payment functions.
 - 1. Persons accessing, viewing and/or sharing PHI in a payment context shall limit access and disclosure to only the PHI as is required based on the person's job functions and duties.
 - 2. Persons accessing, viewing and/or sharing PHI in a payment context shall limit access and disclosure to those data elements required for payment and collections and will limit disclosures to communications required for the billing and collections process.
 - 3. This policy shall apply to checks collected, credit or debit receipts, envelopes, statements and invoices sent to consumers.
- g. **Health Care Operations:** These are the types of functions required for managing and delivering health and medical services.
- i. Business Focused Activities: These include check-in and registration process; management and general administrative functions (e.g. HIPAA compliance), business planning and development (e.g. cost management analyses, planning-related analyses, formulary development, payment methods and coverage policies); disclosure of PHI for legal and regulatory purposes such as internal grievance resolution, Accreditation, certification, licensing or credentialing activities; health insurance contracting; medial review, legal services and auditing functions (e.g. fraud and abuse detection and compliance programs).
 - ii. Clinically Focused Activities: These include Quality Assessment, outcomes evaluation, clinical guidelines and clinical protocol development, case management and care coordination; patient contact regarding treatment alternatives; performance evaluation for health care professionals; and training programs for students, practitioners and non-health care professionals.
 - iii. Examples include: A teaching physician reviewing patient information with medical students or residents; 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; business planning and development, such as conducting cost-management and planning analyses related to managing and operating the entity; conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, and case management and care coordination; and disclosing PHI to another healthcare provider, facility or third-party payor for that party's health care operations if both parties have a or had a relationship with the patient who is the subject of the PHI requested, the PHI pertains to such relationship AND the disclosure is made for the purpose of health care operations.

- iv. Minimum Necessary: Only the minimum necessary information shall be accessed, viewed, shared and/or viewed, based on a need to know and an individuals' role within the covered entity.

III. REFERENCES/APPLICABLE LAW:

- a. 45 C.F.R. Section 164.506

Revised August 2015