



<b>P&amp;P AOS #3</b>	<b>Revision Date:</b> 12/26/2019	<b>Prepared by:</b> D. Hamilton, RHIA, CHPS
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### 3 PRIVACY

Italicized policy statements are direct quotes from the Code of Federal Regulations.

#### 3.1 Use and Disclosure of Protected Health Information

##### 3.1.1 Policy

**Alpine Orthopaedic and Spine (AOS)** *may not use or disclose protected health information, except as permitted or required* below. AOS will not require individuals to waive their rights as a condition of treatment, payment of healthcare operations.

##### 3.1.2 Applicable Regulation

45 C.F.R. §§ 164.502, 164.506, 164.508, 164.512, 164.532

#### 3.2 Authorization to Use or Disclose Protected Health Information

##### 3.2.1 Policy

AOS will obtain an individual's authorization to use or disclose protected health information in accordance with HIPAA and its regulations. Generally, designated covered components do not need to obtain an individual's authorization when using and disclosing protected health information for routine purposes (e.g. treatment, payment, or health care operations), or for other limited purposes, as described in section 5.1. Otherwise, designated covered components must obtain an individual's valid authorization for the use or disclosure of protected health information.

##### 3.2.2 Procedure

###### Authorization Form

1. The authorization shall be written in plain language and shall contain the following information:
  - a. A description of the PHI to be used/disclosed that identifies the information in a specific and meaningful fashion.
  - b. The name of the person or organization authorized to disclose the PHI.
  - c. The name of the person or organization authorized to receive the PHI.
  - d. A description of each purpose of the requested use or disclosure, for example, the statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.
  - e. An expiration date (or expiration event.)



- f. The signature of the individual and date (or the signature of an individual's personal representative.)
  - g. A statement that the individual has the right to revoke the authorization in writing.
  - h. A statement listing the exceptions to an individual's right to revoke.
  - i. A statement that the covered component will not condition treatment, payment, enrollment or eligibility for benefits in a health plan, based on the individual providing authorization for the requested use or disclosure.
  - j. A statement that the individual may refuse to sign the authorization; and
  - k. A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer protected.
2. **AOS** must provide the individual with a signed copy of the authorization.

#### Revocation of Authorization

1. An individual may revoke an authorization at any time, provided that the revocation is in writing.
2. If **AOS** has already taken action in reliance on the authorization, **AOS** will stop providing the protected health information based on the revoked authorization with a reasonable period of time.

#### Documentation

**AOS** must document and retain any signed authorizations under this section.

### **3.2.3 Applicable Regulations**

45 C.F.R. §§ 164.508, 164.512, 164.514(f)



### **3.3 De-Identification of Protected Health Information**

#### **3.3.1 Policy**

AOS may use or disclose de-identified PHI without obtaining an individual's authorization. PHI shall be considered de-identified if the procedure set forth below is followed.

#### **3.3.2 Procedure**

##### Removal of Identifiers

1. For information to be de-identified the following identifiers must be removed:
  - a. Names.
  - b. All address information except for the state.
  - c. Names of relatives and employers.
  - d. All elements of dates (except year), including date of birth, admission date, discharge date, date of death; and all ages over 89 and all elements of dates including year indicative of such age except that such ages and elements may be aggregated into a single category of age 90 or older.
  - e. Telephone numbers.
  - f. Fax numbers.
  - g. E-mail addresses.
  - h. Social security numbers.
  - i. Medical record numbers.
  - j. Health plan beneficiary numbers.
  - k. Account numbers.
  - l. Certificate/license numbers.
  - m. Vehicle identifiers, including license plate numbers.
  - n. Device ID's and serial numbers.
  - o. URLs.
  - p. Internet Protocol (IP) addresses.
  - q. Biometric identifiers.
  - r. Full face photographic images and other comparable images.
  - s. Any other unique identifying number characteristics (except as otherwise permitted for re-identification purposes.)

##### Re-identification

A covered component may assign a code or other means of record identification to allow information de-identified under this section to be re-identified by the covered component, provided that (a) the code or other means of record identification is not derived from or related to information about the individual and (b) the covered component does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification.

#### **3.3.3 Applicable Regulations**

45 C.F.R. §§ 164.502(d), 164.514(a) and (b)



## 3.4 Limited Data Sets

### 3.4.1 Policy

**AOS** may use and disclose a limited data set without an individual's authorization for the purposes of research, public health, or health care operations if entered into a Data Use Agreement with the intended recipient of the limited data set. We may use protected health information to create a limited data set, or to disclose protected health information to a Business Associate to create a limited data set on our behalf.

### 3.4.2 Procedure

#### Limited Data Set

1. A limited data set is PHI that excludes the following direct identifiers of the individual or relatives, employers, or household members of the individual:
  - a. Names.
  - b. Addresses, including city, county, precinct, full zip codes.
  - c. Dates: birth, admit/discharge, death.
  - d. Telephone numbers.
  - e. Fax numbers.
  - f. Electronic mail addresses.
  - g. Social security numbers.
  - h. Medical record numbers.
  - i. Health plan beneficiary numbers.
  - j. Account numbers.
  - k. Certificate/license numbers.
  - l. Vehicle identifiers and serial numbers (including license plate number.)
  - m. URLs.
  - n. Internet Protocol (IP) address numbers.
  - o. Biometric identifiers, including finger and voiceprints.
  - p. Full face photographs and comparable images.
  - q. Any other characteristic that would uniquely identify the individual.

#### Data Use Agreements

1. Data use agreements must:
  - a. Establish the permitted uses and disclosures of the limited data set.
  - b. Establish who is permitted to use or receive the limited data set.
  - c. Provide that the recipient of the information will:
    - i. Not use or further disclose the information other than as permitted by the agreement.
    - ii. Use appropriate safeguards to prevent use or disclosure other than as permitted by the agreement.
    - iii. Report to **AOS** any uses or disclosures that recipient is aware of that is not provided for by the agreement.
    - iv. Ensure that the recipient's agents who have access to the information agree to the same restrictions as imposed on the recipient.
    - v. Not identify the information or contact the individuals.



### 3.4.3 Applicable Regulation

45 C.F.R. § 164.514(e)

## 3.5 Minimum Necessary Use and Disclosure of Protected Health Information

### 3.5.1 Policy

**AOS** must make a reasonable effort to limit itself to the minimum amount of protected health information necessary to accomplish the intended purpose of the use, disclosure or request. **AOS** is not required to apply the minimum necessary standard under the following circumstances:

- For Treatment. Disclosure to or requests by a health care provider for purposes of diagnosing or treating an individual.
- To the Individual. Uses or disclosures made to the individual.
- Pursuant to Patient’s Authorization. Uses or disclosures pursuant to a valid authorization.
- To the HHS. Disclosures to the Office for Civil Rights of the U.S. Department of Health and Human Services for HIPAA compliance purposes.
- Required by Law. Uses or disclosures that are required by law (*i.e.*, a mandate that is contained in law that compels **AOS** to use or disclose protected health information and that is enforceable in a court of law, *e.g.*, court orders, court---ordered subpoenas, civil or authorized investigative demands).

### 3.5.2 Procedure

1. Obtain an Authorization to Release Information for any reason, other than those listed above.
2. For any type of disclosure that it makes on a routine and recurring basis, limit the protected health information disclosed to the amount reasonably necessary to achieve the purpose of the disclosure.
3. For all other disclosures, limit the protected health information disclosed to the information reasonably necessary to accomplish the purpose for which disclosure is sought and review requests for disclosure on an individual basis in accordance with such criteria.

### 3.5.3 Applicable Regulations

45 C.F.R. §§ 164.502(b) and 164.514(d)

## 3.6 Revision History

Revision	Date	Description of Changes	Approved By
1	11/10/2015	Initial Release	Christine Sitton
2	12/26/2019	Reformatted, updated	D. Hamilton, RHIA, CHPS