AGENCY POLICY:
DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

SCOPE OF POLICY
This policy applies to all employees, trainees, volunteers, consultants, students, contractors and subcontractors at the agency.

STATEMENT OF POLICY
The Arc wants to make sure that we keep health information about the people we support private. You can’t share information about people we support with people who don’t have the right to get it.

IMPLEMENTATION OF POLICY
A. Definition of Protected Health Information:
“Protected health information” means information about someone we support that:

- Identifies who they are AND
- Has something to do with their health.

PHI can be in any form. This means spoken or written. Written includes on a computer.

Staff needs to make sure that information about the people we support is kept private. It can only be used to do your job. It can only be shared if you have permission. You can only use or share the least amount you need to do your job.

B. Treatment, Payment and Health Care Operations (TPO)
The Arc doesn’t need special permission to use or share PHI when we:

- Use it to support a person. This is called Treatment.
- Use it to get paid for the services we do. This is called Payment.
- Use it to make sure we’re doing things like we should. This means things like quality improvement and corporate compliance. This is called Health Care Operations.

Examples of treatment:
- Implementing a hab plan or staff action plan
- Taking data
- Giving someone medications
- Implementing a behavior support plan
- Reading someone’s IPOP

Examples of payment:
- Using someone’s name and Medicaid number to get paid for services
• Submitting claims to Medicaid or Medicare

Examples of health care operations:
• Using PHI to do a quality review
• Using PHI to file an incident
• Using PHI to investigate an incident
• Using PHI to do a compliance audit

The Arc can share PHI with other providers if they also work with the person. Example: we can share PHI with a person’s doctor in the community. We can also share PHI with a health plan so that they can bill properly.

We can always share PHI with the state surveyors. They need to see the PHI so that they can decide to recertify us.

Minimum necessary always applies. Please see that policy.

C. De-identified Information
De-identified Information means that you can’t tell who the person is when you read it. To make PHI de-identified, the following has to be removed:
• Names or initials;
• All location names smaller than a state. This includes street address, city, county, precinct, and zip code;
• Date information for dates directly related to the person, except the year. The year can be included unless the person is over 89 years old. This includes birth date, admission date, discharge date, and date of death.
• Telephone numbers;
• Fax numbers;
• E-mail addresses;
• Social Security numbers;
• Medical record numbers;
• Health insurance numbers;
• Account numbers;
• Certificate/license numbers;
• VIN and license plate numbers;
• Device identifiers and serial numbers;
• URLs that relate to the person
• IP address numbers that relate to the person
• Things like finger and voice prints;
• Full face photos or images like that; and
• Any other unique identifying number, characteristic or code that can be used to identify them.
De-identified information is not PHI. Because of that, HIPAA law doesn’t apply to it. The VP for Quality and Compliance should make sure that information is really de-identified. Please contact him for help.

D. Using or sharing PHI
Staff should talk with their supervisor if they aren’t sure whether they need permission to use or share PHI. Their supervisor can help them figure out if using or sharing is covered under treatment, payment or health care operations. They can also call the VP for Quality and Compliance. His number is 585-672-2234. His email is pdancer@arcmonroe.org.

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