

## **Accounting of Disclosures of a Patient's Protected Health Information**

**Effective Date:** August 2018

### **Policy Statement**

Columbia University Healthcare Component (CUHC) will comply with all applicable requirements regarding Patient Rights as granted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and in accordance with applicable city, state, and federal laws and regulations.

### **Reason(s) for the Policy**

The HIPAA Privacy Rule provides individuals with specific rights related to their Protected Health Information (PHI), including the right to request and receive an accounting of certain disclosures of their PHI.

### **Primary Guidance to Which This Policy Responds**

Privacy Rule 45 CFR 164.528

### **Responsible University Office & Officer**

Health Information Management (HIM) Department, HIM Manager

### **Revision History**

Issued: December 2003  
Reviewed: October 2007  
Revised: December 2009  
August 2018

### **Who is governed by This Policy**

All CUHC workforce members

### **Who Should Know This Policy**

All CUHC workforce members

### **Policy Text**

1. **Responsibility to document disclosures.** Workforce members who disclose a patient's PHI will document those disclosures that must be included on an Accounting of Disclosures.

- a. Disclosures of a patient's PHI that ***do not need to be documented*** are disclosures:
  - 1. made prior to April 14, 2003;
  - 2. made to carry out treatment, payment, or healthcare operations;
  - 3. incident to a use or disclosure otherwise permitted or required;
  - 4. made to the patient;
  - 5. made pursuant to a valid and effective authorization signed by the patient;
  - 6. made to persons involved in the patient's care or for other notification and location purposes;
  - 7. to federal officials for national security or intelligence purposes;
  - 8. to a correctional institution or law enforcement official that has custody of a patient; and
  - 9. that are part of a Limited Data Set.
  
- b. The CUHC may temporarily suspend a patient's right to receive an accounting of disclosures to a health oversight agency or law enforcement official for the time specified by the agency or official, if the agency or official provides the CUHC with a written statement that such an accounting would be reasonably likely to impede the agency's or official's activities and specifying the time for which such suspension is required.
  
- c. Disclosures that ***must be documented*** include disclosures:
  - 1. required by law, including mandatory reporting to local, state, and federal agencies and authorities;
  - 2. for purposes of public health activities (e.g., for preventing or controlling disease, injury, or disability, for reporting of disease, injury, birth, or death, and for conducting public surveillance, public health investigations, and public interventions);
  - 3. about victims of abuse, neglect, or domestic violence;
  - 4. for health oversight activities,
  - 5. for judicial and administrative proceedings;
  - 6. for law enforcement purposes pursuant to process and for identification and location purposes;
  - 7. to coroners, medical examiners, and funeral directors;
  - 8. for cadaveric organ, eye, or tissue donation purposes;
  - 9. for research purposes pursuant to an IRB or privacy board waiver of patient authorization;

10. to avert a serious threat to health or safety;
  11. for specialized government functions; and
  12. for workers' compensation.
- d. The information that must be documented for each disclosure includes:
1. the date of the disclosure;
  2. the name of the entity or person who received the PHI and, if known, the address and contact information;
  3. a brief description of the PHI disclosed (e.g., records for visit on June 7, 2003, all radiology reports related to broken wrist, etc.); and
  4. a brief statement of the purpose of the disclosure that reasonably informs the patient of the basis for the disclosure.
- e. For multiple disclosures to the same person or entity for a single purpose, the accounting may provide the above information for the first disclosure in addition to:
1. The frequency, periodicity, or number of the disclosures made during the accounting period; and
  2. The date of the last such disclosure during the accounting period.
- f. In accordance with HIPAA, the CUHC may provide a different, more general accounting for certain eligible research disclosures.
- g. Documentation should be maintained so it can be retrieved quickly upon a request.
- h. Questions about what types of disclosures must be documented may be directed to the Privacy Officer.

## **2. Patient Responsibility**

If a patient requests an Accounting of Disclosures, the individual receiving the request must ask the patient to complete a Request for an Accounting of Disclosures form. The request for an Accounting of Disclosures form is available on the [HIPAA website](#) under Patient Forms.

## **3. Health Information Management's Responsibility**

When Health Information Management (HIM) receives a Request for an Accounting of Disclosures from a patient, HIM will coordinate compiling the accounting of disclosures.

- a. HIM will contact the appropriate departments to obtain a list of disclosures subject to the accounting requirement.
  1. Each department will provide the requested list of disclosures to HIM.
  2. The list of disclosures will include all the information required for complete documentation as specified above.
  3. HIM will document that an Accounting of Disclosures was requested by the patient.
  4. When responding to a request from HIM for a list of disclosures the department will also include the date of any requests for Accountings for that patient within the past twelve (12) months.
  5. Each department will retain all documentation relating to disclosures made and requests for a minimum of six (6) years.
  6. HIM will respond to the request for accounting disclosures within thirty (30) days.

### **Responsibilities**

CUHC workforce members must comply with this policy.

### **Definitions**

**Protected Health Information (PHI)** is individually identifiable health information:

(1) Except as provided in section (2) of this definition, that is: (i) Transmitted by electronic media; (ii) Maintained in electronic media; or (iii) Transmitted or maintained in any other form or medium (*includes paper and oral communications*).

(2) Protected Health Information excludes individually identifiable health information: (i) In education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g; (ii) In records described at 20 U.S.C. 1232g(a)(4)(B)(iv); (iii) In employment records held by a covered entity in its role as employer; and (iv) Regarding a person who has been deceased for more than 50 years.

**Workforce** includes faculty, staff, students and other individuals whose conduct, in the performance of work for CUHC is under the direct control of the organization.

### **Contacts**

Health Information Management (HIM)

Tel: (212) 305-6280

Email: [ColumbiaDoctors-HIM@cumc.columbia.edu](mailto:ColumbiaDoctors-HIM@cumc.columbia.edu)



Effective Date: April 14, 2003

**Request for an Accounting of Disclosures**

As a patient of a Columbia University Medical Center provider you may receive an accounting of disclosures of your health information for purposes other than treatment, payment for care, or administrative activities. To request such an accounting, you must complete this form and return it to: **The Health Information Management Department, 630 West 168<sup>th</sup> Street, Box 123, New York, N.Y. 10032.** This request applies only to the health care provider office that you indicate below. If you would like to receive an accounting from one more than one office, you must complete a separate form for each office. There is no charge for a requested accounting in any 12-month period. However, we will charge you a reasonable fee based upon our costs for any subsequent request within the 12-month period.

Please provide the following information:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Please specify the health care provider office from which you are requesting an accounting of disclosures

\_\_\_\_\_  
Please specify the dates to which the accounting applies. You may not request an accounting of disclosures made before April 14, 2003 or disclosures made more than six years prior to the date of your request. We will provide only disclosures occurring after the date of your last request for an accounting.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
If personal representative, authority to act on behalf of patient