

HARBOR-UCLA MEDICAL CENTER

SUBJECT: ACCOUNTING OF DISCLOSURES

POLICY NO. 726

PURPOSE:

To establish a policy and procedure applicable to Harbor-UCLA Medical Center, programs and Workforce Members regarding the accounting of disclosures of Protected Health Information.

POLICY:

Harbor-UCLA Medical Center shall recognize and accommodate the right of an individual to receive an accounting of disclosures concerning their Protected Health Information (PHI).

DEFINITIONS:

Disclose or Disclosure means, with respect to PHI, the release of, transfer of, provision of access to, or divulging in any manner of PHI outside of Harbor-UCLA Medical Center’s internal operations or to other than its Workforce Members.

Protected Health Information (PHI) means individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

Workforce or Workforce Members means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for Harbor-UCLA Medical Center, is under the direct control of Harbor-UCLA Medical Center, whether or not they are paid by Harbor-UCLA Medical Center.

PROCEDURE:

I. Individual’s Right to Accounting of Disclosure of PHI

- A. An individual has a right to receive an accounting of Disclosures of PHI made by Harbor-UCLA Medical Center (and its business associates) during a time period specified up to six (6) years prior to the date of the request for an accounting **except** for disclosures:
 - To carry out Treatment, Payment, or Health Care Operations (“TPO”);
 - To the individual about his or her own PHI;
 - For the facility directory, to persons involved in the individual’s care, or other notification purposes (e.g., disaster relief assistance) permitted under law;
 - Pursuant to the individual’s authorization;
 - For national security or intelligence purposes;

EFFECTIVE DATE: 04/14/03

SUPERSEDES:

REVISED:

REVIEWED: 01/14, 07/17

REVIEWED COMMITTEE: N/A

APPROVED BY:

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Patricia Soltero Sanchez, RN, BSN, MAOM
Chief Nursing Officer

Signature(s) on File.

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- To correctional institutions or law enforcement officials having lawful custody of individuals;
 - That are incidental to Uses and Disclosures permitted by the HIPAA Privacy Rule;
 - Of limited data sets, as described in DHS Policy No. 361.19 “De-Identification and Re-Identification of Protected Health Information/Limited Data Sets”, and
 - That occurred prior to April 14, 2003.
- B.** Have the individual/patient complete and submit a **Request for Accounting of Disclosures form (Attachment A)**.
- C.** Enter the Request for Accounting of Disclosure in the MRC/Correspondence Log of Affinity/HIS.
- D.** Harbor-UCLA Medical Center will temporarily suspend an individual’s right to receive an accounting of disclosures if a health oversight agency or law enforcement official provides a written statement that such accounting would reasonably likely to impede their activities. The written statement must also specify the amount of time for which such as suspension of rights is required. If a health care oversight or law enforcement official provides such as request orally, Harbor-UCLA Medical Center must (1) document the statement and the identity of the agency or individual making the request; (2) temporarily suspend the individual’s right to accounting; and (3) limit the suspension to 30 days, unless a written statement is submitted during that time period.
- II. Content Requirements:**
- A.** Other than as excepted above, the accounting must include disclosures of PHI that occurred during the six (6) years (or such shorter time period as is specified in the request) prior to the date of the request, including disclosures by or to business associates;
- B.** The accounting for each disclosure must include:
- Date of disclosure;
 - Name of entity or person who received the PHI, and if known, the address of such entity or person;
 - A brief description of the PHI disclosed;
 - A brief statement of the purpose of the disclosure that reasonably informs the individual or the request for a disclosure;
- C.** If, during the time period for the accounting, multiple disclosures have been made to the same entity or person for a single purpose, or pursuant to a single authorization, Harbor-UCLA Medical Center may provide the individual with (1) the information as set forth above for the first disclosure during the accounting period, (2) the frequency, periodicity, or number of disclosures made during the accounting period; and (3) the date of the last such disclosure during the accounting period.
- D.** If, during the period covered by the request for an accounting, Harbor-UCLA Medical Center makes Disclosures of PHI for research involving 50 or more individuals, the accounting may provide:
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1. The name of the protocol or other research activity;
2. A description, in plain language, of the research protocol or other research activity, including the purpose of the research and the criteria for selecting particular records;
3. A brief description of the type of PHI Disclosed;
4. The date or period of time during which the Disclosures occurred, or may have occurred, including the date of the last such known Disclosures during the accounting period;
5. The name, address, and telephone number of the researcher and sponsoring organization to whom the PHI was Disclosed; and
6. A statement that the PHI of the individual may or may not have been Disclosed for a particular protocol or other research activity.

If Harbor-UCLA Medical Center provides an accounting for research-related Disclosures, and if it is reasonably likely that the individual's PHI was Disclosed for a research protocol or activity, Harbor-UCLA Medical Center shall, upon the individual's request, assist in contacting the researcher and sponsoring organization.

III. Provision of the Accounting of Disclosures

- A. A written response to an individual's request for an accounting of disclosures must be provided to the individual within 60 days after receipt of the request.
 1. Use the *Response to Request for Accounting of Disclosures form (Attachment B)* which is subject to the exceptions set forth in Section I(A) above, within 60 days after receipt of the request.
- B. If the MRI staff is unable to provide the accounting within the initial 60 days, send the individual a written statement of the reason(s) for the delay and the date by which the accounting will be provided. Only one extension of 30 days is allowed.
- C. There will be no charge for the first accounting of disclosures in any 12-month period.
- D. A fee may be charged for additional accounting within the same 12 month period.
 1. Individuals/patients must be informed of the fee in advance, **and**
 2. The individual/patient shall be given the opportunity to withdraw or modify the request in order to avoid or reduce the fee.

IV. Documentation Requirements for an Accounting of Disclosures

- A. Harbor-UCLA Medical Center shall maintain a record of all individuals requesting an accounting of disclosure and the disposition of those requests and will document in the HIS/Correspondence Log and retain the following:
 1. All information listed above in Section II that is required to be included in an accounting;

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2. The written accounting provided to an individual pursuant to the individual's request for an accounting of disclosures;
 3. The title of the persons or offices responsible for receiving and processing requests for an accounting by individuals.
- B.** MRI staff will receive and process requests for accounting of disclosures, Monday through Friday from 8:00 a.m. to 4:30 p.m. in PCDC, room 101.
- C.** Harbor-UCLA Medical Center will retain the documentation of the accounting of disclosures in written or electronic format for a minimum of six (6) years.

REFERENCES:

Code of Federal Register 45, part 160 and 164; sections 164.528 "Accounting of Disclosures of Protected Health Information."

DHS Policy No. 361.19, "De-identification and Re-identification of Protected Health Information/Limited data Sets"

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ATTACHMENT A

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES



REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Date: _____
Medical Record Number _____

Last Name First MI Date of Birth (month/day/year)

I would like an accounting of how my protected health information has been disclosed by Department of Health Services (DHS). I understand that DHS does not have to tell me about the following types of disclosures:

- Disclosures for purposes of treatment, payment and health care operations
- Disclosures to me
- Disclosures for use in the hospital's directory
- Disclosures to persons involved in my care
- For notification purposes (to notify a family member, personal representative or other person of the individual's location, general condition or death)
- For national security or intelligence purposes
- To correctional institutions or law enforcement officials
- Disclosures made prior to April 14, 2003
- Disclosures made pursuant to an authorization
- Incidental disclosures that occur as a by-product of a permitted disclosure
- Disclosure of a limited data set for research, public health or health care operations purposes

I also understand that the government under limited circumstances may suspend my right to an accounting of disclosures.

I want an accounting of disclosures that covers the following time period:

_____ to _____
(Note: The time period must be no longer than six years and may not include dates before April 14, 2003.)

I want the accounting of disclosures in the following form:

- On paper
- Electronically

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- Please send my accounting to the following address or provide an e-mail address if you are requesting to receive the information electronically

- I want to pick up the accounting of disclosures. Please call me at the following phone number when it is ready: (_____) _____

I understand that DHS must give me the accounting of disclosures within 60 days of receiving request, or tell me that it needs an extra 30 days (or less) to prepare it. I am entitled to one free accounting of disclosures in any 12-month period. Reasonable fees will be charged for additional lists within the 12-month period. I understand that I have the right to take back or change my request by writing to DHS in order to avoid or lower the charges.

For more information about your health privacy rights, ask a facility staff member for a copy of our **Notice of Privacy Practices**. You may also obtain a copy by visiting our website <http://www.dhs.co.la.ca.us/> or by sending a written request to:

If you believe your privacy rights have been violated, you may file a complaint with us, Los Angeles County or the Federal Government. You will not be penalized or retaliated against for filing a complaint. To file a complaint with us, or if you have comments or questions regarding our privacy practices, contact facility administration or any of the following offices:

Los Angeles County Department of Health Services
 DHS Privacy Officer
 313 N. Figueroa Street, Room 708
 Los Angeles, CA 90012
 800-711-5366

Los Angeles County Chief Information Office
 Chief Information Privacy Officer
 500 West Temple Street, Suite 493
 Los Angeles, CA 90012
 (213) 974-2164
 Email: CIPO@cio.co.la.ca.us

Thank you for providing us with this opportunity to assist you and we look forward to continuing to serve your health care need.

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ATTACHMENT B

USE OFFICIAL COUNTY/FACILITY LETTERHEAD FOR OUTSIDE CORRESPONDENCE

**LETTER RESPONDING TO REQUEST
FOR ACCOUNTING OF DISCLOSURES**

{Date}

{Patient's name}

{Address}

Medical Record #: _____

Dear {Mr./Ms.}

Thank you for submitting your *Request for Accounting of Disclosure*.

We received your written request on _____.

- Your request has been granted, and the Accounting of Disclosures is enclosed.
- The cost for this service is \$ _____.

Note: You are entitled to one free Accounting of Disclosures in any twelve (12) month period. Fees will be charged for additional accountings within a twelve (12) month period.

- Your request has been granted, and you may pick up the Accounting of Disclosures on:

Date: _____

Time: _____

Location: _____

If you have any questions or need to reschedule, please contact us at (PHONE NUMBER).

Thank you for providing us with this opportunity to serve you. We look forward to continuing to serve your health care needs.

Sincerely,

{Facility Representative}

Program / Unit Manager

Facility Address