

LOS ANGELES GENERAL MEDICAL CENTER POLICY

Subject: PROTECTED HEALTH INFORMATION: INCIDENTAL USES AND DISCLOSURES OF		Original Issue Date: 4/14/03	Policy # 400.8
		Supersedes: 5/9/17	Effective Date: 8/17/23
Policy Owner(s): Director Health Information Management Executive Sponsor(s): Chief Operations Officer			
Departments Consulted: Health Information Management HIPAA Compliance Office Health Information Committee	Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: Chief Operations Officer	
		Chief Executive Officer	

PURPOSE

To outline appropriate uses and disclosures of protected health information by the Los Angeles General Medical Center that are incidental to uses and disclosures otherwise made in accordance with the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996, (HIPAA).

POLICY

Los Angeles General Medical Center will take steps to ensure that all incidental uses and disclosures of protected health information (PHI) are in accordance with HIPAA.

DEFINITIONS

Protected Health Information (PHI)

Individually identifiable information relating to 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.

Disclose or Disclosure

With respect to PHI, the release of, transfer of, provision of access to, or divulging in any manner PHI outside of the Medical Center's internal operations or to other than its workforce members.

Use or Uses

With respect to PHI, the sharing, employment, application, utilization, examination, or analysis of such information within the Medical Center's internal operations.

Incidental Use or Disclosure

Use or disclosure of PHI that is incidental to or a byproduct of a use or disclosure otherwise appropriate under or permitted by HIPAA.

Workforce or Workforce Members

Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the Medical Center, is under the direct control of the Medical Center, whether or not they are paid by the County.

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	Chief Executive Officer's Initials:		

PROCEDURE

Medical Center workforce members may make uses or disclosures of PHI that are incidental to or a byproduct of a use or disclosure permissible under HIPAA and under DHS' and the Medical Center's HIPAA-related policies and procedures without an authorization under the following circumstances:

- A. Workforce members must comply with Medical Center Policy 400.9, "Protected Health Information: Minimum Necessary Requirements For Use And Disclosure Of," and
- B. Workforce members must apply reasonable safeguards to limit the incidental use or disclosure of PHI (see DHS and Medical Center policies on Safeguards). Examples of reasonable safeguards include taking appropriate precautions to avoid being overheard when discussing an individual's PHI with that individual; his or her family members; or other workforce members, housestaff, or attending staff.

The Medical Center shall be responsible for training Workforce Members on Incidental Uses and Disclosures in compliance with this policy and HIPAA.

REFERENCES

- 45 Code Of Federal Regulations, Parts 160 And 164
- DHS Policy No. 361.9, "Incidental Uses and Disclosures of Protected Health Information (PHI)"
- DHS Policy No. 361.8, "Minimum Necessary Requirements For Use And Disclosure Of Protected Health Information (PHI)"
- DHS Policy No. 361.4, "Use and Disclosure of Protected Health Information (PHI) Requiring Authorization"
- DHS Policy No. 361.23, "Safeguards For Protected Health Information"
- Medical Center Policy No. 400.9 "Protected Health Information: Minimum Necessary Requirements For Use And Disclosure Of"
- Medical Center Policy No. 454.1, "Protected Health Information Safeguards"

REVISION DATES

March 01, 2007; September 25, 2008; November 12, 2013; May 9, 2017; August 17, 2023