



# SAINT LOUIS UNIVERSITY

## USES AND DISCLOSURES OF PHI FOR HEALTH OVERSIGHT REPORTING

**Policy Number: OUC-056**

**Version Number: 2.0**

**Effective Date: 04/14/2003**

**Responsible University Official: Privacy Officer**

**Approved By: Executive Staff**

Legal and Compliance Committee

### 1.0 INTRODUCTION

Saint Louis University (hereinafter the “University”) is committed to provide services in compliance with all state and federal laws governing its operations, incorporating the highest levels of business and professional ethics. The HIPAA Privacy Rule permits covered entities to disclose protected health information to health oversight agencies for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

### 2.0 PURPOSE

The purpose of this policy is to provide guidance to workforce regarding the use and disclosure of a patient's protected health information (PHI) for health oversight reporting.

### 3.0 PERSONNEL AFFECTED

This policy applies to all regular full-time and part-time faculty and staff and volunteers within all divisions of the University, including employees, professional staff members, residents, agents, representatives and consultants tasked with use or release of patient health information for health oversight purposes.

### 4.0 DEFINITIONS

**Disclosure:** The release, transfer, provision of access to, or divulgence in any other manner, of patient protected health information to any individual or organization outside of Saint Louis University.

**Use:** With respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within Saint Louis University.

**Authorization:** A document that gives permission for a specific disclosure of protected health information. Authorizations typically include the name of the person or entity authorized to disclose, name of the person or entity authorized for use or disclosure, purpose of the disclosure, expiration of the authorization, and the patient's signature.

**Protected Health Information (PHI):** Any individually identifiable health information transmitted or maintained in any form or medium, including oral, written, and electronic. Individually identifiable health information relates to an individual's health status or condition, furnishing health services to an individual or paying or administering health care benefits to an individual. Information is considered PHI where there is a reasonable basis to believe the information can be used to identify an individual.

**Workforce:** Employees, volunteers, trainees, contractors, and other persons under the direct control of the covered entity, whether or not paid by the covered entity.

## 5.0 POLICY

As a general rule, Saint Louis University personnel may not disseminate PHI, unless it is requested by the individual to whom the PHI belongs, and a valid authorization has been obtained. However, the University may disclose PHI without an authorization to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

- The health care system;
- Government benefit programs for which health information is relevant to beneficiary eligibility;
- Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
- Entities subject to civil rights laws for which health information is necessary for determining compliance.

### Exception to Health Oversight Activities

The following scenario is NOT to be considered health oversight activity:

The individual is the subject of the investigation or activity, and the investigation or other activity is NOT directly related to:

- The receipt of health care;
- A claim for public benefits related to health (e.g. claims for Food Stamps); or
- Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.

### Joint activities or Investigations

If a health oversight activity or investigation is related to a claim for public benefits not related to health, the joint activity or investigation shall be considered a health oversight activity for purposes of this policy.

## **Disclosures by Whistleblowers**

All Saint Louis University employees and workforce members are strongly encouraged to report conduct that is unlawful or otherwise violates professional standards to the Compliance Department or University Hot Line. The University is not considered to have violated the requirements of this policy if an employee or member of its workforce or a business associate discloses PHI, provided that:

- The workforce member or business associate believes in good faith that the University has engaged in conduct that is unlawful or otherwise violates professional standards, or that the care, services, or conditions provided by University potentially endangers one or more patients, employees, workforce members, associates or the public; and
- The disclosure is to:
  - A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of Saint Louis University;
  - An appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by Saint Louis University; or
  - An attorney retained by or on behalf of the workforce member or business associate for the purpose of determining the legal options of the workforce member or business associate with regard to the conduct described above.

## **Disclosures by University Personnel Who are Victims of a Crime**

Saint Louis University is not considered to have violated the requirements of this policy, with just cause, if an employee or workforce member who is the victim of a criminal act discloses PHI of the suspected perpetrator to a law enforcement official, provided that:

- The PHI disclosed is about the suspected perpetrator of the criminal act; and
- The PHI disclosed is limited to:
  - Name and address;
  - Date and place of birth;
  - Social security number;
  - ABO blood type and rh factor;
  - Type of injury;
  - Date and time of treatment;
  - Date and time of death, if applicable; and

- Description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars and tattoos.

## **6.0 SANCTIONS**

Individuals who fail to comply with this policy and the procedures associated with it will be subject to disciplinary actions guided by the University's Staff Performance Management Policy, Faculty Manual, or Student Guidelines.

Non-compliance in this Policy can result in disciplinary action, including but not limited to, restricted incentive payments, suspension or termination. It may also result in the enforcement of a corrective action plan, as well as notification of the suspected misconduct and/or violation to government regulatory agencies.

This Policy does not limit the University's ability to impose greater sanctions or impose immediate action against serious violations. Disciplinary actions appropriate to the severity of the infraction will be carried out as needed.

## **7.0 CHANGES TO THIS POLICY**

Changes to this policy may be necessary from time to time. At a minimum, the policy and all other program policies, procedures and guidelines will be reviewed on an annual basis.

### **REVISION HISTORY**

<b>EFFECTIVE DATE</b>	<b>VERSION NUMBER</b>	<b>MODIFICATION</b>
4/14/2003	1.0	New Policy
7/01/2008	1.1	Review & Change Format
3/01/2015	1.2	Review & Change Format
	2.0	Ownership Shifted from Provost to General Counsel