

# Beaumont®

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## **POLICY**

Beaumont Hospitals and all members of its work force (employees, volunteers, students and on-site agency employees under the direct control of a Beaumont employee) recognize and respect the privacy of patient's Protected Health Information (PHI). PHI is any information, in any form, that is created or received by a health care provider that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. In addition, a patient's social security number will also be managed as PHI according to the requirements of this policy, related policies (as defined below), and will only be obtained, used, or disclosed as necessary to achieve treatment, payment or health care operations.

PHI includes written documents, electronic files, verbal information and recordings (images, voice or video) created or received by a health care provider through its workforce. E-PHI is PHI that is transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Examples of PHI include completed health care claim forms, detailed claim reports, explanations of benefits (EOB), and notes documenting patient care/discussions, that also include the following examples of identifiers:

- name
- address
- phone number
- e-mail address
- birth date
- claim number
- medical record number
- social security number
- health plan beneficiary number
- images, videos, recordings (photographic, video or audio) of the patient

PHI will only be used or disclosed to the extent allowed by the Health Insurance Portability and Accountability Act, Privacy Rule (HIPAA - Privacy Rule), other federal, State or applicable case law and regulations.

The patient has the right to confidential treatment of PHI regardless of format (e.g., fiche, paper, film, electronic, verbal). A third party shall not have access to a patient's PHI without the patient's prior written authorization unless the third party is directly involved in the patient's treatment, payment, health care operations of Beaumont, or meets an exception under the Privacy Rule. Employees are prohibited from accessing, releasing, reading, copying or reproducing any patient PHI without the patient's prior written authorization or as required for performance of their job responsibilities.

## **RESPONSIBILITY**

1. It is every employee's responsibility to protect the confidentiality of patient information. Department Managers, in conjunction with the Privacy and Information Security Officers, are responsible for safeguarding a patient's PHI from improper access and/or release. Department Managers are responsible to limit employees' access of PHI to the minimum necessary

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## **RESPONSIBILITY** (Cont'd)

required to perform their job functions (as outlined in the Information Security Policy #358-1, Information Security Manual). Beaumont Health System is required to monitor user access to system that contain PHI. The monitoring process is described in 314-1.

2. Any improper access and/or release of patient information, in any form, are grounds for dismissal (refer to the Corrective Action Guidelines).
3. Department Managers are responsible for ensuring their employees/members of the workforce complete the mandatory confidentiality training on an annual basis. During the annual mandatory on-line training, employees will sign the most recent version of Form #4460, Code of Conduct, Confidentiality & Computer Systems Usage Agreement (Exhibit C). Human Resources is required to have all new-hires sign the confidentiality statement, Form #4460, during the **Onboarding** process.

## **PATIENT ACCESS TO HIS/HER PHI DURING HOSPITAL STAY**

Whenever a hospitalized patient requests his/her current medical record, notify the patient's attending physician and obtain approval within a reasonable time. DO NOT allow a patient to view the record alone. Refer any questions a patient may have to the attending physician or resident. These guidelines should also be followed for immediate family members authorized by a patient to view the chart or a court appointed guardian.

## **TELEPHONE AND VERBAL RELEASE OF PHI: INPATIENT GUIDELINES**

1. General information may be provided on the phone for **standard privacy** patients. Staff may acknowledge that the patient is in the hospital, give out bed and phone numbers, and use the following terms to describe patient conditions:

Patient Condition	Definition
Good	Vital signs are stable and within normal limits (WNL). Patient is conscious and comfortable; indicators are good.
Fair	Vital signs are stable and WNL. Patient is conscious but may be uncomfortable; indicators are favorable.
Serious	Vital signs are unstable and not WNL. Patient is acutely ill; indicators are questionable
Critical	Vital signs are unstable and not WNL. Patient may be unconscious; indicators are unfavorable.

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## **TELEPHONE AND VERBAL RELEASE OF PHI: INPATIENT GUIDELINES** (Cont'd)

2. Members of Beaumont's work force who provide direct patient care are allowed by their job duties and responsibilities to discuss PHI with the patient as necessary to meet the patient's care needs for which they are assigned, according to limitations regarding diagnostic tests listed below. In addition, licensed or registered health care professionals may share PHI with the individuals listed below if in the professional's judgment it can be reasonably inferred, based on discussions with the patient, that the patient does not object or unless otherwise directed by the patient or the physician not to disclose PHI, PHI may be disclosed to the following individuals:
- Next of kin in this order: spouse, if none, then adult children –all are considered equal – if none, then parents, if none, then adult siblings – all are considered equal
  - Durable power of attorney for health care/patient advocate
  - Guardian
  - Designated contact(s)

Contact	Definition
Next of Kin	Information can be given to any of the next of kin in this order: spouse, if none, then adult children –all are considered equal – if none, then parents, if none, then adult siblings – all are considered equal
Emergency Contact	Person who can be contacted when the next of kin or other legal representative is not available. This person will not have legal responsibility to make decisions unless he is a legal representative (e.g., legal guardian, durable power of attorney/patient advocate or next of kin).
Durable Power of Attorney	Durable Power of Attorney/Patient Advocate for Health Care: person who has been given power by the competent adult to make medical treatment decisions for the patient when the patient is unable to participate in treatment decisions. The adult designated by the patient is called the patient advocate.
Guardian	A person appointed by a court to represent the patient. The guardian has the authority to consent to or refuse medical/surgical treatment for the patient. If there is a difference of opinion between the family and the court appointed guardian, the guardian prevails.
Designated Contact(s)	Person(s) designated by the patient to receive PHI. Staff may share any PHI per the patient's direction, either verbal or written. The designated contact has no decision-making ability unless the person has the legal authority to do so (e.g., guardian, durable power of attorney/patient advocate or next of kin).

3. The physician or designees are the only individuals who may discuss the initial diagnostic results with the patient and the above individuals. Nursing may reinforce and assist in the explanation of the results following the physician's explanation. The nurse should ask the patient "What information has been communicated to you by your physician?"

## **DESIGNATED CONTACT**

1. The patient may identify a **designated contact** any time during the hospital admission. The nurse may provide limited patient information by phone to the designated contact (see suggested responses in Exhibit D).

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## **DESIGNATED CONTACT** (Cont'd)

2. Other callers should be referred to either the patient or the **designated contact** (see Exhibit D).
3. Staff may provide specific information to agencies/health care professionals who will be providing continuing care for the patient. The nurse should verify with the patient, family or care coordinator that continuing care is being planned and should obtain a call back number to verify the identification of the professional/agency.
4. Callers persistently asking for more information should be referred to the nurse manager.

## **WHITE BOARDS**

These guidelines apply to dry erase, electronic displays, bulletin and chalk boards that are visible to the public:

- PHI shall not be visible/available to the public (diagnosis and chief complaint must not be posted);
- First and last name and room number may be visible to the public; and
- If a patient expresses a concern about his or her name being posted, that concern should be addressed and the patient's wish honored whenever possible.

## **TELEPHONE AND VERBAL RELEASE OF PHI: OUTPATIENT GUIDELINES**

1. Departments that provide outpatient services may disclose PHI to the patient or the patient's authorized representative (as defined above) if safeguards are used to assure accuracy in and confidentiality of the information disclosed.
2. In addition, disclosure of PHI by telephone must follow the guidelines described above and under Exhibit D, and assure that the individual requesting the information is authorized to receive PHI.
3. Each Department is responsible to identify the type of PHI, specific to the service provided by the Department that will be disclosed by telephone to the patient or authorized representative. The Department must establish a Department procedure for release of PHI by telephone.

## **NOTICE OF PRIVACY PRACTICES**

1. The Notice of Privacy Practices describes patients' rights regarding PHI and Beaumont's responsibilities for use and disclosure of PHI.

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## NOTICE OF PRIVACY PRACTICES (Cont'd)

2. As outlined in Patient Care, Corporate Policy# 313—Patient's Rights and Responsibilities, patients have the right to: A) View or obtain a copy of their PHI; B) Amend their PHI; C) Receive an accounting of who has had access to their PHI; D) Place restrictions on who can receive their PHI; E) Request the method communication is made to them; and F) Complain if they feel their privacy rights have been violated
3. Beaumont's Notice of Privacy Practices (Notice) will be made available to each patient during the registration process. The Notice must also be permanently posted at each site where initial patient contact is made (i.e. Registration site). The Notice will be permanently posted on the consumer web page and on the employee web site under Corporate Compliance.
4. All patients will acknowledge receipt of the Notice when they sign the General Consent to Treatment document. A signed General Consent to Treatment document will remain effective until revoked or until medical practice policies dictate that a predetermined time period has passed requiring the practice to obtain an updated General Consent to Treatment from the patient.

## ACCOUNTING FOR DISCLOSURE OF PHI

1. The Privacy Rule establishes and enforces patients' rights to receive an accounting of all disclosures of PHI about them other than for payment, treatment or health care operations. The accounting is required to include disclosures during the prior six years from the date of the request.
2. Accounting and tracking is not required for disclosures made:
  - A) For payment, treatment, or healthcare operations;
  - B) To the patient;
  - C) For Hospital Directory purposes;
  - D) For national security or intelligence purposes;
  - E) Prior to the required compliance date of April 14, 2003;
  - F) To Business Associates (see General Management policy #159 – Purchasing Policy regarding requirements associated with disclosing PHI to a Business Associate); and
  - G) Any disclosure authorized by the patient.
3. Accounting and tracking is required for the following disclosures:
  - A) Required by law;
  - B) For public health activities;
  - C) About victims of abuse, neglect or domestic violence. (Accounting is not required if the patient/parent/ guardian is aware of the disclosure);
  - D) For health oversight activities;
  - E) For judicial and administrative activities (not authorized by the patient);
  - F) For law enforcement purposes;

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## **ACCOUNTING FOR DISCLOSURE OF PHI (Cont'd)**

3. Accounting and tracking is required for the following disclosures: (Cont'd)
- G) About decedents;
  - H) For cadaver organ, eye or tissue donation purposes; and
  - I) For research purpose pursuant to Human Investigation Committee Waiver.

## **TRACKING FOR DISCLOSURE OF PHI**

The required accounting of PHI disclosures must be communicated to the Medical Information Services Department (MISD) or the appropriate holder of the record using Form #961 – Accounting Disclosure of Protected Health Information (PHI). Any patient requesting an accounting of disclosure of their PHI must be directed to Beaumont's Privacy Officer.

## **DISCLOSURE OF PHI**

1. Release of patient information must follow the guidelines outlined in this Policy. Specifically, in accordance with the Privacy Rule and State law (Medical Records Access Act), all requests for patient information must be responded to within 30 days for onsite medical records and 60 days for offsite storage records.
2. In addition, the response time for onsite or offsite records may be extended for an additional 30 days if written notice indicating the reason for delay is provided to the patient or representative during the initial response period. Good customer service practice requires completing requests for information as promptly as possible. Questions regarding this Policy should be directed to the Medical Information Services Department.
3. Authorization for Release of Patient Medical Information, Form #3835 should be used to document the patient's written authorization to release medical information. If Form #3835 is not received, the authorization should:
  - 1) Be written.
  - 2) Specifically authorize the release of information regarding alcohol and drug abuse covered under Title 42 of the Code of Federal Regulations, Psychiatric/Psychological Services and any communicable diseases, including venereal disease, tuberculosis, HIV, Aids or ARC if applicable.
  - 3) Be signed and dated by the patient or authorized representative before release of the information. The date of the patient's or authorized representative's signature on the Authorization Form must be no more than 60 days before received, old and should be after the date of care for which the request is being made. If the patient is currently an inpatient the record is not released until after discharge.

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## **DISCLOSURE OF PHI (Cont'd)**

- 4) The authorization for release of patient information expires upon disclosure of the information or upon the date or event identified by the patient.
- 5) Authorizations should be dated after the date of care for which the request is being made. If the patient or authorized representative stipulates an expiration date or identifies an event, all dates of service up to and including the stipulated date, may be released provided the authorization was received within 60 days.
4. If the patient has been declared incompetent by the Probate Court, the patient's legal guardian must sign the authorization.
5. **Minor Patient**  
If the patient is a minor, a parent or legal guardian must sign the authorization unless the minor patient is emancipated, or is consenting to the release of information related to pregnancy and prenatal care, venereal disease, HIV or substance abuse treatment. In those cases the minor may sign the authorization on his/her own behalf.
6. **Deceased Patient**  
If the patient is deceased (decedent), any of the following individuals, under Michigan's Medical Record Access Act, may access the decedent's PHI/records (1) personal representative of estate; (2) heirs at law/next of kin; or (3) beneficiary of decedent's life insurance policy by signing the authorization for release of PHI/record.
7. Under Michigan law the next of kin are as follows:
  - Spouse,
  - Adult children,
  - Parents; and
  - Siblings.
8. There are other legal situations defined by State law which allow release of a deceased patient's PHI/records to another person, for example, a contest of the patient's Will. Staff are to contact Legal Affairs as needed to review personal representative and heirs at law/next of kin status; and obtain guidance on release of PHI/records under other legal situations e.g. contest of Will or descendant's beneficiary of life insurance policy.

## **Department of Human Services Disability Determination Service**

- 1). Authorization is valid for 12 months from date of signature regardless of date received or upon the date or event identified by the patient or authorized representative.
- 2). The electronic signature on the authorization is valid for release of information.

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<b>9. Release without written Authorization</b>		
<p>Patient Information may be released <u>without</u> a patient's written authorization in the following circumstances:</p> <ol style="list-style-type: none"> <li>1) To a Beaumont Hospital employee or physician who is authorized to review the patient's record as part of their job responsibilities.</li> <li>2) Completion of continuing patient care Form(s) to another facility/agency/Physician/Physician's office for continuation of care pursuant to one of the following:             <ol style="list-style-type: none"> <li>i) Written order of treating physician.</li> <li>ii) Continuing Patient Care Forms.</li> <li>iii) Patient's signature on the General Consent to Treatment document.</li> </ol> </li> <li>3) When emergency release of information is required by another hospital or clinician and verification of the authenticity of the emergency and the request have been documented.</li> <li>4) To a third party payer pursuant to the patient's signature on the General Consent to Treatment document.</li> <li>5) Upon receipt of a proper, written request from:             <ol style="list-style-type: none"> <li>i) Michigan Department of Community Health;</li> <li>ii) A prosecuting attorney who submits a written request for the blood analysis of the driver of a vehicle in a motor vehicle accident for use in a criminal prosecution; and</li> <li>iii) Regulatory/State and Federal Review agencies.</li> <li>iv) Medical Examiner</li> </ol> </li> <li>6) Pursuant to a search warrant, court order, worker's compensation subpoena, or the order of an administrative law judge.</li> <li>7) When a patient expires at Beaumont Hospital:             <ul style="list-style-type: none"> <li>▪ A copy of the patient's final expiration record may be provided to the medical examiner to whom the body is released; and</li> <li>▪ Information contained in items 1-25 of the death certificate may be provided to the funeral director who takes custody of the patient's body.</li> </ul> </li> </ol>		
<p>10. In addition, Public Relations Department is responsible to disclose/release information to the news media or law enforcement according to General Management Policy #191 – Release of Information to the News Media and Police.</p>		
<p><b><u>MEDICAL RECORD COPY FEES</u></b></p> <ol style="list-style-type: none"> <li>1. The maximum paper copy fee, allowed under Michigan's Medical Records Access Act that can be charged to requesters of PHI is updated annually by the Department of Community Health. The current fee structure is located on the Compliance web page under HIPAA information.</li> </ol>		

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## **MEDICAL RECORD COPY FEES** (Cont'd)

2. Requesters may be charged the actual cost of shipping and postage. All requesters excluding patients may be charged a base (retrieval) fee. Additional actual costs may be charged if records are older than 7 years AND they are maintained off-site. If the request is for microfilm or any medium other than paper, requesters can be charged the actual cost to reproduce the copies. Departments have the right to require pre-payment of copy fees.
3. Michigan law requires providers to waive all fees for medically indigent persons or authorized representative. A provider may request proof of medically indigent status which includes receiving; (1) Family Independence Program Benefits; (2) Supplemental Security Income (SSI); State supplementation; or Medicaid.
4. There are different copy fee rules regarding requests from the State of Michigan Family Independence Agency Disability Determination Service and Worker's Compensation (Mich. Dept of Consumer and Industry Services). Please contact Medical Information Services regarding these rules.

## **DESIGNATED RECORD SET**

The Privacy Rule requires a definition of what records are included in our Designated Record Set. "Designated Record Set" is a group of records maintained by or for Beaumont that includes:

- (a) The medical records and billing records about individuals;
- (b) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a Beaumont health plan; or
- (c) Used, in whole or in part, by or for Beaumont to make decisions about individuals.

## **MINIMUM NECESSARY**

Responses to requests for information should be limited to the minimum information necessary to respond to the request. For example, if a requestor is worker's compensation, the information releases should be strictly related to the worker's compensation claim.

## **GROUP INSURANCE ARRANGEMENT OF WELFARE PLANS**

Beaumont Employee Health Plan (BEHP) participates in an Organized Health Care Arrangement with William Beaumont Hospitals. This arrangement includes the relationship between William Beaumont Hospital, the employer, provider and Plan. A process has been established to assure that access to employees PHI is protected and only released as necessary to fulfill treatment, payment or health care operations as defined within the Health Plan Notice of Privacy Practices. These "fire wall" protections are in place to keep employee PHI from employment review.

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## **FAXING GUIDELINES**

1. Accept a faxed authorization for the release of information in emergencies as long as the authorization is valid. PHI may be faxed pursuant to a faxed authorization. Do not fax PHI relating to AIDS, HIV, venereal disease, substance abuse, or mental health.
2. Verify all signatures against the medical record before releasing information. MISD can assist with this verification.
3. Verify the request by checking sender's location and/or fax number printed on each page. If neither the sender's location nor fax number appears, call the requesting party to verify.
4. Fax pertinent requested documents only.
5. When faxing information to requesting party always use a cover letter (Exhibit B), which includes a Confidentiality Statement. File the cover letter in the medical record. Special arrangements for secured systems must be approved by Beaumont's Information Security Officer.

## **E-MAIL**

1. External e-mail is not a secure method of transmitting data. Because text messaging systems are not fully secure only minimal confidential or proprietary information should be sent via this method. Social security numbers should NEVER be used.
2. Refer to the Electronic Communication Standard, #7202.

## **RECORDINGS**

1. See Exhibit F for detailed guidelines regarding recordings by staff, patient and visitors.

## **INQUIRIES**

Questions regarding this Policy may be directed to Medical Information Services, Legal Affairs or the Privacy Officer.

## **DETAILED PROCEDURES**

- 1) 314-1: Protected Health Information Monitoring Review and Attestation Process

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## EXHIBITS

- A) Authorization for Release of Patient Medical Information, Form #3835.
- B) Fax Cover Letter, Form #1364.
- C) Code of Conduct, Confidentiality & Computer Systems Usage Agreement, Form #4460.
- D) Telephone Response Guidelines.
- E) Accounting of Disclosure of PHI, Form #961.
- F) Recording Guidelines

## RELATED POLICIES

- 1) General Management Policy 103: Release of Information to Outside Agencies
- 2) General Management Policy 111: Destruction of Records with PHI
- 3) General Management Policy 112: Conducting Marketing Research
- 4) General Management Policy 113: Medical Record Scanning
- 5) General Management Policy 159: Purchasing Policy
- 6) General Management Policy 188: Record Retention
- 7) General Management Policy 191: Release of Information to the News Media and Police
- 8) Corporate Compliance Policy 350: Code of Business and Ethical Conduct
- 9) Corporate Human Resources Policy 240: Mandatory Education
- 10) Corporate Human Resources Policy 282: Performance Management Program
- 11) Corporate Human Resources Policy 297: Social Media
- 12) Corporate Human Resources Policy 296: Communications Systems
- 13) Information Technology Policy 358: Information Security Policy
- 14) Information Technology Policy 358-1: Information Security Manual
- 15) Information Technology Policy 358.11: Security Incident Management Standard
- 16) Information Technology Policy 7202: Electronic Communication Standard
- 17) Information Technology Policy 7206: Mobile Device Standard
- 18) Information Technology Policy 7403: Payment Card Standard
- 19) Patient Care- Corporate Policy 304: Informed Consent
- 20) Patient Care- Corporate Policy 313: Patient Rights and Responsibilities

### Research Institute Policies and Procedures:

- 1) 108: Communicating a Patient's Request to Opt out of Research
- 2) 218: HIPAA Privacy Authorization for Research
- 3) 221: Informed Consent and Authorization Process
- 4) 240: Use of Protected Health Information for Research
- 5) 248: Databases, Repositories, Registries and the HIPAA Privacy Rule
- 6) 249: Limited Data Use Agreements, Standard Operating Procedure

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