



Issuing Department: Internal Audit, Compliance, and Enterprise Risk Management

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Accounting for Disclosures of PHI

Policy

NYU Langone Health must record certain Disclosures of Protected Health Information (“PHI”) because patients have a right to receive an accounting of those Disclosures.

Disclosures that must be accounted for and included upon request are those made:

- for public health activities (e.g., reporting communicable diseases or births/deaths)
- to report victims of abuse, neglect, and domestic violence
- for health oversight activities (e.g., requested by the Federal Office of Inspector General or the New York State Department of Health)
- for judicial and administrative proceedings (e.g., pursuant to a valid subpoena)
- for reports about decedents (e.g., to coroners, medical examiners, and funeral directors)
- for cadaveric organ, eye, or tissue donation purposes
- for research conducted under an Institutional Review Board Waiver of Authorization
- to avert a serious threat to health and safety
- for certain specialized government functions (e.g., military and veterans affairs; medical suitability determinations)
- for workers compensation purposes
- any other Disclosure that is not specifically excluded, as provided below

Workforce Members are responsible for recording the necessary Disclosures. Any NYU Langone Health Workforce Member who Discloses PHI for any reason other than those listed below must record the Disclosure in the patient’s medical record or in the Accounting of Disclosures Database, as outlined in this Policy.

Disclosures that do not need to be included are those made:

- for Treatment, Payment, or Health Care Operation purposes
- to the patient or their Personal Representative
- in accordance with the patient’s written Authorization
- incidental Disclosures
- to family or friends involved in the patient’s care or for notification purposes (e.g., to notify a family member of the individual’s death)
- for national security or intelligence purposes
- to law enforcement or correctional institutions about an inmate or other person in legal custody
- made for the creation of De-Identified Information or a Limited Data Set

The Accounting of Disclosures Database is accessible:

- at <https://central.nyumc.org/xm/Private/AccountingOfDisclosures/SitePages/default.aspxn>
- through the Inside Health Applications Catalog page.

Disclosures should only be made in accordance with the NYU Langone Health's established policies and procedures.

Procedure

1. When PHI is Disclosed for an included purpose, the Disclosure must be recorded in the patient's medical record or in the Accounting of Disclosures Database, as each record is shared.
 - Include in the electronic medical record (i.e., Epic) using the quick disclosure tool when possible.
 - Include in the Accounting of Disclosures Database when: the Disclosure involves multiple records, the Workforce Member does not have access to the medical record, or the Disclosure cannot otherwise be tracked in the medical record.
2. Workforce Members must record the following information for each Disclosure:
 - who the Disclosure was made by (e.g., NYU Langone Hospitals, NYUSOM, including the specific practice)
 - the patient's first and last name, medical record number, and date of birth
 - the date the Disclosure was made,
 - the purpose of the Disclosure, which reasonably information the patient of the basis of the Disclosure (e.g., health oversight activities, to report a suspicion of child abuse, pursuant to a subpoena)
 - a brief description of the PHI Disclosed (e.g., a particular diagnosis or injury, particular test result, date of birth, etc.), and
 - the recipient (type, e.g., another covered entity, government office) of the Disclosed information, including (if known) the name, address, and email address

Additional Procedures for Research Disclosures

1. Investigators are responsible for accounting for Disclosures of PHI that are made without patient Authorization for Research in compliance with this Policy. This includes disclosures made to external investigators (i.e., a researcher who is not a Workforce Member).
2. If Disclosures are made to an external investigator for a particular Research purpose involving fifty (50) or more individuals pursuant to a Waiver of Authorization by the IRB or Privacy Board, the following information should be given to the IRB by the Investigator and maintained by the IRB in a Protocol Listing:
 - the name of the protocol or other Research activity,

- a brief description of the Research protocol or other Research activity, including the purpose of the Research and the criteria for selecting particular records,
- a brief description of the type of PHI that was Disclosed,
- the date or period of time during which Disclosures occurred, and
- the name, address, and telephone number of the entity that sponsored the Research and of the researcher to whom the information was Disclosed.

Related Documents

De-Identification of PHI and Limited Data Sets

HIPAA Privacy Policies, Procedures, and Documentation

HIPAA Privacy Policies and Procedures Definitions

Right to Request an Accounting of Disclosures

Uses and Disclosures of PHI Required or Permitted by Law

Use and Disclosure of PHI for Research

Legal Reference

45 C.F.R. §164.528

This version supersedes all NYU Langone Health (as defined in this Policy) previous policies, including but not limited to NYU Hospitals Center, New York University School of Medicine, Lutheran Medical Center, and Winthrop University Hospital.