



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

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## **Right to Request an Accounting of Disclosures of PHI**

### **Policy**

Patients have a right to an accounting of disclosures of their Protected Health Information (“PHI”). The Medical Center must provide patients with such an accounting made during the six (6) years prior to the date of request.

All requests will be processed in a timely manner. The Medical Center will provide the first accounting of disclosures requested by a patient within a twelve-month period free of costs; all subsequent requests within a twelve-month period may be subject to a reasonable, cost-based fee of fifty (\$50) dollars.

Workforce Members must record disclosures of PHI in the patient’s medical record or in the Accounting for Disclosures Database as required by the Accounting for Disclosures of PHI Policy.

Types of disclosures that will be included:

- 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.

Types of disclosures that will not be included:

- for Treatment, Payment, or Health Care Operations
- to the patient or their Personal Representative

- in accordance with the patient’s written Authorization
- incidental to a permitted disclosure
- to family or friends involved in the patient’s care or for notification purposes
- 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 Medical Center must temporarily suspend a patient’s right to receive an accounting of disclosures that are made to a health oversight agency or to a law enforcement agency if the agency so requests as follows:

- The agency provides the Medical Center with a written statement that providing an accounting of disclosures is reasonably likely to impede the agency’s activities. The agency must specify the time for which suspension is required.
- The agency orally informs the Medical Center that providing an accounting of disclosures is reasonably likely to impede the agency’s activities. If an oral statement is made, Workforce Members must document the statement and the identity of the agency making the statement in the patient’s medical record. The Medical Center must temporarily suspend the patient’s right to an accounting of the particular disclosures covered by the statement for no longer than thirty (30) days. If the agency provides a written statement within thirty (30) days of the oral statement, the Medical Center must temporarily suspend the patient’s right to an accounting of the particular disclosures for the time specified in the written statement.

## **Procedure**

1. All requests for an accounting of disclosure must be submitted in writing, using the “Request for an Accounting of Disclosures” Form (“Request Form”), to the Privacy Manager at the Office of Internal Audit, Compliance, and Enterprise Risk Management (“IACERM”).
2. Upon receipt of the completed Request Form, the Privacy Manager or his or her designee will gather the requested information by:
  - printing a Patient Disclosure Report from Epic,
  - printing a report from the Accounting for Disclosures Database,
  - obtaining the Protocol List from the Institutional Review Board (“IRB”),
  - contacting Business Associate(s) as necessary to request the information required or provide the Business Associate(s)’ contact information to the patient for direct submission of their request, and
  - querying any other system that contains patient disclosures (e.g., CDC National Healthcare Safety Network; the Electronic Clinical Laboratory Reporting System).
3. The Privacy Manager or designated personnel will attach the Protocol List to the accounting of disclosures. The IRB must, at the patient’s request, assist the patient in

contacting the research sponsor and the researcher if there is a reasonable likelihood that the patient's PHI was actually disclosed for the research protocol or activity.

4. Each disclosure must include:
  - the date of the disclosure,
  - the name of the entity/person receiving the PHI and, if known, the address of such entity or person,
  - a brief description of the PHI that was disclosed, and
  - a brief description of the purpose of the disclosure or, in lieu of such statement, a copy of a written request for a disclosure under §§ 164.502(a)(2)(ii) or 164.512, if any.
5. Each disclosure made to an external researcher for a particular research purpose involving fifty (50) or more individuals pursuant to an IRB Waiver of Authorization must include:
  - the name of the protocol or other research activity,
  - a brief 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,
  - a brief description of the type of PHI that was disclosed,
  - the date or period of time during which disclosures occurred,
  - the name, address, and telephone number of the entity that sponsored the research and of the researcher to whom the information was disclosed, and
  - a statement that the PHI of the patient may or may not have been disclosed for a particular protocol or research activity.
6. The accounting of disclosures will be printed and mailed via certified mail to the patient within sixty (60) days of receipt of the Request Form. If the Medical Center cannot respond within sixty (60) days, the Privacy Manager will notify the patient in writing of the reasons for the delay and the date by which the accounting of disclosures will be provided. The Medical Center is only permitted one thirty (30) day extension per request.
7. An invoice will be attached to the accounting of disclosures if applicable.
8. The Request Form and the accounting provided to the patient will be retained by the Privacy Manager for a period of at least six (6) years.

### **Related Documents**

Accounting for Disclosures of PHI  
Request for an Accounting of Disclosures Form

### **Legal Reference**

45 C.F.R. §164.528

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This version supersedes all previous Hospitals Center, School of Medicine, and/or Medical Center policies.

