



ADMINISTRATIVE PRACTICES MANUAL

Disclosure of Protected Health Information (PHI) to Non-Clients

PURPOSE

To set forth the requirements for when Protected Health Information (PHI) may be disclosed to an authorization, and when an authorization is needed.

PROCEDURE

Each Dane County covered component may use and disclose PHI for treatment, payment, and health care operation activities without an individual's authorization.

Each Dane County covered component is permitted, but not required, to use and disclose PHI without an individual's authorization or permission in the following circumstances:

1. As Required by Law (including by statute, regulation, or court orders).
2. For Public Health Activities:
 - a. public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect;
 - b. entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and post-marketing surveillance;
 - c. individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law; and
 - d. employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), or similar state law.
3. For reporting concerns regarding victims of abuse, neglect or domestic violence. Dane County may disclose PHI to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.*
4. Health Oversight Activities. PHI may be disclosed to health oversight agencies for purposes of legally authorized activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.
5. Judicial and Administrative Proceedings. Dane County may Disclose PHI in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.
6. Law Enforcement Purposes. Dane County may disclose PHI to law enforcement officials under the following circumstances:
 - a. as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests;

- b. to identify or locate a suspect, fugitive, material witness, or missing person;
 - c. in response to a law enforcement official's request for information about a victim or suspected victim of a crime;
 - d. to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death;
 - e. when there is a belief that PHI is evidence of a crime that occurred on its premises; and
 - f. in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.
7. Decedents. PHI may be disclosed to funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law.
8. Cadaveric Organ, Eye, or Tissue Donation. PHI may be disclosed to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.
9. Research. PHI may be disclosed for research that is allowed by HIPAA and authorized by the HIPAA Privacy & Security Officer.
10. Serious threat to health or safety. PHI may be disclosed if necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat). . PHI may also be disclosed to law enforcement officials if the information is needed to identify or apprehend an escapee or violent criminal.
11. Essential government functions. PHI may be disclosed for certain essential government functions including:
 - a. assuring proper execution of a military mission;
 - b. conducting intelligence and national security activities that are authorized by law;
 - c. providing protective services to the President;
 - d. making medical suitability determinations for U.S. State Department employees;
 - e. protecting the health and safety of inmates or employees in a correctional institution; and
 - f. determining eligibility for or conducting enrollment in certain government benefit programs.
12. Workers' compensation. PHI may be disclosed as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses.
13. Whistleblower Protections. It is not a violation of HIPAA regulations for a workforce member or business associate to disclose limited protected health information in the course of a complaint against the department, provided the following steps are taken:
 - a. The workforce member or business associate believes in good faith that the department has engaged in conduct that is unlawful or otherwise violated professional standards, or that the care, services, or conditions provided by the department potentially endangers clients, workers, or the public; and
 - b. The disclosure is to a health oversight agency or public health authority authorized by law to investigate or oversee the relevant conduct or conditions complained of 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 complained of.

If the client/patient is requesting to release information to someone other than themselves, the client/patient must complete the **Authorization for Use and Disclosure of Health Information** form. If the client/patient is requesting their own records, please see the **Client/Patient Access Request to Protected Health Information (PHI) Policy**.

1. An authorization to release PHI must be written in plain language.
2. A valid authorization must contain the following core elements/information:
 - a. Client's/patient's full name and date of birth;
 - b. Meaningful description of the information Used or Disclosed (i.e., specific date of service, clinic visit, etc.);
 - c. Identification of person/agency to whom the covered component is authorized to make the requested use or disclosure (i.e., name, address);
 - d. Description of the purpose for the use or disclosure ("at the request of the individual" is sufficient);
 - e. The authorization's expiration date or expiration event;
 - f. A statement of the client/patient's right to revoke the authorization (except where Dane County has already acted in reliance on the authorization) in writing and how this can be done;
 - g. A statement that information used/disclosed under the authorization may be subject to re-Disclosure by the recipient;
 - h. The signature of the client/patient and date of signature; and
 - i. A statement that treatment, payment, enrollment, and eligibility for benefits cannot be conditioned on whether the individual signs the authorization.
3. Invalid/Defective Authorizations
 - a. An authorization to use/disclose PHI is not valid if any of the following circumstances are present:
 - i. The expiration date has passed or the expiration event is known by the covered component to have occurred;
 - ii. The authorization has not been filled out completely with respect to the required core elements;
 - iii. The authorization is known to have been revoked in writing;
 - iv. The authorization is a prohibited type of combined authorization;
 - v. The authorization conditions treatment, payment, enrollment, or eligibility for benefits on whether the individual signs the authorization; or
 - vi. Any material information in the authorization is known by the covered component to be false.
 - b. Defective authorizations will be returned to the individual with an explanation of why the authorization will not be honored.
4. A copy of the signed **Authorization for Use and Disclosure of Health Information** must be offered to the individual.
5. Revocation of Authorization. A client/patient may revoke **Authorization for Use and Disclosure of Health Information** form by submitting a written request to Dane County

utilizing the **Revocation of Authorization for Use and Disclosure of Health Information** form. Except to the extent that the covered component has already used or released information while the authorization was still valid. Upon receipt of the request to revoke authorization, the covered component will no longer use or disclose (with the exception of information for treatment, payment or health care operations or other instances where an authorization is not required).

DOCUMENTATION

Dane County will maintain the documentation associated with this policy for a minimum of seven years.

ROLES & RESPONSIBILITIES

The HIPAA Privacy & Security Officer is responsible for the implementation, maintenance, and adherence to this policy.

RELATED DOCUMENTS

Definitions

Authorization for Use and Disclosure of Health Information

Revocation of Authorization for Use and Disclosure of Health Information

Client/Patient Access Request to Protected Health Information (PHI) Policy

DOCUMENT VERSION HISTORY

Original: 10/2023