I. PURPOSE

To establish permitted Uses and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations.

II. POLICY*

A. Health Care Components may Use or Disclose Protected Health Information for their own Treatment, Payment, or Health Care Operations as described in this policy.

B. Health Care Components may Disclose Protected Health Information:

1. for Treatment activities of another Health Care Provider;
2. to another Covered Entity or a Health Care Provider for the Payment activities of the entity that receives the information; and
3. to another Covered Entity for certain enumerated Health Care Operations activities of the entity that receives the information, if each entity either has or had a relationship with the patient who is the subject of the Protected Health Information being requested and the information pertains to such relationship. PHI can be exchanged between two Covered Entities for the following Health Care Operations:
   (a) conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities;
   (b) population-based activities relating to improving health or reducing health care costs;
   (c) protocol development,
   (d) case management and care coordination;
   (e) contact with Health Care Providers and patients with information about Treatment alternatives;
   (f) review of the competence or qualifications of Health Care Professionals;
   (g) evaluation of practitioner and provider performance;
   (h) training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as Health Care Providers;

*Capitalized terms are defined in HIPAA Definitions policy
(i) non-health care professionals training; and
(j) accreditation, certification, licensing, or credentialing activities.

C. Health Care Components that participate in an Organized Health Care arrangement may disclose Protected Health Information about an individual to another Covered Entity that participates in the Organized Health Care Arrangement for any Health Care Operations activities of the Organized Health Care Arrangement. Health Care Components should contact the Office of Legal Counsel or University Privacy Official for assistance in determining whether they are in an Organized Health Care arrangement.

D. For Uses and Disclosures of a patient’s Protected Health Information other than for Treatment, Payment, and Health Care Operations of a Health Care Component or to another Health Care Provider, an Authorization from the patient must be obtained unless Disclosure pursuant to another policy is permitted and/or required. Health Care Components should review the HIPAA Authorization to Use or Disclose PHI - Other Than to Patient policy or contact the Office of Legal Counsel or the University Privacy Official for assistance.

E. For Uses and Disclosures of a patient’s Psychotherapy Notes, patient Authorization is required, except:
   1. for the Use by the originator of the Notes for Treatment;
   2. for the Use of Disclosure by the University for its own mental health training programs;
   3. for the Use or Disclosure by the University to defend itself or its employee in a legal action or proceeding brought by the patient; or
   4. as Required by Law.
See HIPAA Mental Health Records, Substance Use Disorder Records, and Psychotherapy Notes policy.

F. For Uses and Disclosures of information related to an enrolled University student, due to consent requirements under state law and the Federal Education Rights Privacy Act (“FERPA”), that pertain to student records--including student treatment records -- Health Care Components must include language informing currently enrolled OU students that they are consenting to the use of Protected Health Information for Treatment, Payment, and Health Care Operations purposes in the Acknowledgement of Receipt of Notice of Privacy Practices form. The consent language is included in the Acknowledgement of Receipt of HIPAA Notice of Privacy Practices policy, as well as in the HIPAA Consent to Use and Disclose Protected Health Information for In-Office Treatment, Payment, and Health Care Operations form.

G. For Uses and Disclosures of PHI between Health Care Components and University departments that have not been designated as Health Care Components of a campus Covered Entity, an Authorization from the patient is required, unless the exchange is specifically permitted under the HIPAA Regulations.

H. Substance Use Disorder records maintained or created by a Health Care Component may be Disclosed only in accordance with 42 CFR Part 2, which requires consent beyond a general HIPAA Authorization. Health Care Components should contact the Office of Legal Counsel prior to releasing any Substance Use Disorder records. (See HIPAA Definitions policy and HIPAA Mental

*Capitalized terms are defined in HIPAA Definitions policy

NOTE: Clinical work performed by dually-employed Workforce Members at the affiliated institution, OU Medicine, Inc. (d/b/a OU Health and OU Health Physicians) must be done in compliance with OU Medicine, Inc. (d/b/a OU Health and OU Health Physicians) policies and procedures.
III. REFERENCES

A. HIPAA Regulations, 45 C.F.R. 164.506, 42 CFR Part 2  
B. FERPA, 20 USC 1232g; 34 C.F.R. Part 99