

PRIVACY 5.0

USE AND DISCLOSURE FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

Scope: All **workforce** members (employees and non-employees), including employed medical staff, management, and others who have direct or indirect **access** to patient **protected health information (PHI)** created, held or maintained by any subsidiaries of Universal Health Services, Inc., including facilities and **UHS** of Delaware Inc. (collectively, “UHS”), including **UHS covered entities** (“Facilities”).

Purpose: Identify the **uses** and **disclosure** of **PHI** for **treatment, payment and health care operations**.

Definitions:

Terms not defined in this Policy or the *HIPAA Terms and Definitions* maintained by the UHS Compliance Office will have the meaning as defined in any related State or Federal privacy law including the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”) and regulations promulgated thereunder by the U.S. Department of Health and Human Services (“HHS”) at 45 CFR Part 160 and 164, Subparts A and E (“Privacy Regulations” or “Privacy Rule”) and Subparts A and C (“Security Regulations” or “Security Rule”), the Health Information Technology for Economic and Clinical Health Act (“HITECH”) privacy and security provisions of the American Recovery and Reinvestment Act (Stimulus Act) for Long Term Care, Public Law 111-5, the American Recovery and Reinvestment Act of 2009 (“ARRA”), Title XIII and related regulations.

Policy:

A Facility and its **workforce** members may **use** or **disclose PHI** for **treatment, payment or health care operations** as described in this Policy, consistent with other applicable requirements described in the UHS Privacy and Security Policies, other UHS policies and state and federal law. For **treatment, payment and health care operations**, workforce members must limit their access, use and disclosure of PHI to the **minimum necessary** to perform their roles, regardless to the extent of access provided.

Procedure:

Disclosures for Treatment, Payment and Operations Not Requiring an Authorization

1. A Facility may, without the individual’s authorization, **use** or **disclose PHI** for its own **treatment, payment, and health care operations** activities. For example:

- A Facility may use PHI about an individual to provide health care to the individual and may consult with other health care providers about the individual's treatment.
 - A Facility may disclose PHI about an individual as part of a claim for payment submitted to a health plan.
 - A Facility may use PHI to create a de-identified data set.
 - Other uses consistent with the treatment, payment and health care operations functions of a Facility.
2. A Facility may disclose PHI for the treatment activities of any health care provider. For example:
 - A primary care provider may send a copy of an individual's medical record to a specialist who needs the information to treat the individual.
 - A Facility may send a patient's health care instructions to a nursing home to which the patient is transferred.
 3. A Facility may disclose PHI to another covered entity or a health care provider for the payment activities of the entity that receives the information. For example:
 - A physician may send an individual's health plan coverage information to a laboratory that needs the information to bill for services it provided to the physician with respect to the individual.
 - A Facility emergency department may give a patient's payment information to an ambulance service provider that transported the patient to the Facility in order for the ambulance provider to bill for the transport service.
 4. A Facility may disclose PHI to another covered entity for certain health care operation activities of the entity that receives the information if both of the following requirements are met:
 - each entity either has (or had) a relationship with the individual who is the subject of the information, and the PHI pertains to the relationship; and
 - the disclosure is for a quality-related health care operations activity or for the purpose of health care fraud and abuse detection or compliance.

For example: a [health care provider](#) may [disclose PHI](#) to a [health plan](#) for the plan's Health Plan Employer Data and Information Set (HEDIS) purposes, provided that the [health plan](#) has (or had) a relationship with the individual who is the subject of the information.

5. If the Facility participates in an organized health care arrangement (OHCA), it may [disclose PHI](#) about an individual to other participants in the OHCA for any joint [health care operations](#) of the OHCA. For example: physicians with staff privileges at a [Facility](#) may participate in the [Facility's](#) training of medical students.

Uses and Disclosures of Psychotherapy Notes, Mental Health, and Alcohol or Substance/Drug Abuse Records

Except when [psychotherapy notes](#) are used by the originator to carry out [treatment](#), or by the Facility for certain other limited [health care operations](#), [uses](#) and [disclosures](#) of psychotherapy notes for [treatment](#), [payment](#), and [health care operations](#) require the individual's written authorization. The UHS Privacy policies on *Uses and Disclosures of Alcohol and Substance/Drug Abuse Records* and *Use and Disclosure Requiring Authorization* (covers psychotherapy note restrictions) provide additional information on these restrictions.

Right to Request a Restriction on Use and Disclosure for Treatment, Payment or Operations

A patient has the right to request restriction of the [uses](#) and [disclosures](#) of [PHI](#) to carry out [treatment](#), [payment](#), or [health care operations](#). If a patient requests a restriction that their [PHI](#) not be [disclosed](#) to a health plan for purposes of [payment or health care operations](#) and is not otherwise [required by law](#), the Facility must abide by the requested restriction if the [PHI](#) at issue pertains solely to a health care item or service for which the patient has already paid in full out of pocket (or a person other than a health plan has paid in full on behalf of the patient). In other situations, the Facility is not required to agree to a requested restriction, but is bound by the terms of any restriction agreed to. UHS Privacy 21.0 *Patient Requests for Disclosure Restrictions or for Alternative Communications* describes the procedures to be followed for these requests.

References:

42 C.F.R. Sections 164.506, 164.522

Related UHS Policies:

UHS Privacy 6.0 *Minimum Necessary Policy*

UHS Privacy 21.0 *Patient Requests for Disclosure Restrictions or for Alternative Communications*

UHS Privacy 24.0 *Overview of the Uses and Disclosures of PHI*

UHS Privacy 11.0 *Disclosure of Alcohol and Substance/Drug Abuse Records*

UHS Privacy 3.0 *Use and Disclosure Requiring Authorization*

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Reviewed and Approved by:

UHS Compliance Committee