

Divisions: All Divisions	Policy Number 179.10.15
Subject: USES AND DISCLOSURES OF PHI FOR HEALTH OVERSIGHT REPORTING	
Approved: Executive Director	
Approved: Associate Director	
Approved: CADE BOD	
Effective Date: April 14, 2003	
Review Dates:	
Revised Dates:	

**Purpose**

The purpose of this policy is to provide information for management and workforce members regarding the use and disclosure of a patient's protected health information (PHI) for health oversight reporting.

**Policy**

As a general rule, Center for Advanced Dental Education personnel may not disseminate PHI, unless it is requested by the individual to whom the PHI belongs, and a valid authorization has been obtained. However, the Center may disclose PHI without an authorization to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

- The health care system;
- Government benefit programs for which health information is relevant to beneficiary eligibility;
- Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or
- Entities subject to civil rights laws for which health information is necessary for determining compliance.

**Exception to Health Oversight Activities**

The following scenario is NOT to be considered health oversight activity:

The individual is the subject of the investigation or activity, and the investigation or other activity is NOT directly related to:

- The receipt of health care;
- A claim for public benefits related to health (e.g. claims for Food Stamps); or
- Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.

**Joint activities or Investigations**

If a health oversight activity or investigation is related to a claim for public benefits not related to health, the joint activity or investigation shall be considered a health oversight activity for purposes of this policy.

**Disclosures by Whistleblowers**

All Center for Advanced Dental Education employees and workforce members are strongly encouraged to report conduct that is unlawful or otherwise violates professional standards to the Compliance Department or Center Hot Line. The Center is not considered to have violated the requirements of this policy if an employee or member of its workforce or a business associate discloses PHI, provided that:

- The workforce member or business associate believes in good faith that the Center has engaged in conduct that is unlawful or otherwise violates professional standards, or that the care, services, or conditions provided by Center potentially endangers one or more patients, employees, workforce

members, associates or the public; and

- The disclosure is to:
  - o A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of Center for Advanced Dental Education;
  - o An appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by Center for Advanced Dental Education; or
  - o 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 described above.

#### **Disclosures by Center Personnel Who are Victims of a Crime**

Center for Advanced Dental Education is not considered to have violated the requirements of this policy, with just cause, if an employee or workforce member who is the victim of a criminal act discloses PHI of the suspected perpetrator to a law enforcement official, provided that:

- The PHI disclosed is about the suspected perpetrator of the criminal act; and
- The PHI disclosed is limited to:
  - o Name and address;
  - o Date and place of birth;
  - o Social security number;
  - o ABO blood type and rh factor;
  - o Type of injury;
  - o Date and time of treatment;
  - o Date and time of death, if applicable; and
  - o Description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars and tattoos.

#### **Definitions**

**Disclosure:** The release, transfer, provision of access to, or divulgence in any other manner, of patient protected health information to any individual or organization outside of Center for Advanced Dental Education.

**Use:** With respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within Center for Advanced Dental Education.