

Policies and Procedures

Subject: Uses and disclosures to carry out treatment, payment, or health care operations

Policy Number: HIPAA 4.3

Effective Date: 6/21/04

Entity Responsible: Division of General Counsel

Revision Date: 1/23/2023

1. Purpose:

To provide instructions and guidance to Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and the Regional Mental Health Institutes (RMHIs) regarding the uses and disclosure of protected health information (PHI) to carry out treatment, payment, or health care operations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and other relevant federal and state laws.

2. Policy:

- 2.1: It is the policy of the TDMHSAS and RMHIs not to use or disclose PHI except as permitted or required by HIPAA regulations, and other relevant federal and state laws.
- 2.2: Prior to using or disclosing PHI, all members of the TDMHSAS workforce shall ensure that that the use or disclosure is consistent with both federal and state law. If the member of the workforce is unsure whether the use or disclosure is consistent with both federal and state law, the member of the workforce shall consult with the TDMHSAS Division of General Counsel and the applicable Privacy Officer.
- 2.3: When disclosing PHI or requesting PHI, TDMHSAS and the RMHI must comply with the minimum necessary standard in all uses, disclosures, or requests of PHI. *See TDMHSAS HIPAA Policy 4.7.*

2.4: Except with respect to uses or disclosures that require an authorization under HIPAA or are prohibited under HIPAA as set forth in TDMHSAS HIPAA Policy 4.1, TDMHSAS or applicable RMHI may use or disclose PHI for the treatment, payment, or health care operations as set forth herein, provided that such use or disclosure is consistent with other applicable requirements under HIPAA and other privacy laws.

2.5: Consent for uses and disclosures permitted:

2.5.1: The TDMHSAS or RMHI may obtain consent of the individual to use or disclose PHI to carry out treatment, payment or health care operations as defined under TDMHSAS HIPAA Policy 3.1.

2.5.2: Consent shall not be effective to permit a use or disclosure of PHI when an authorization, under HIPAA or other applicable privacy law, is required or when another condition must be met for such use or disclosure to be permissible under HIPAA.

2.6: Treatment, payment, or health care operations:

2.6.1: The TDMHSAS or RMHI may use or disclose PHI for its own treatment, payment, or health care operations.

2.6.2: The TDMHSAS or RMHI may disclose PHI for treatment activities of a health care provider.

2.6.3: The TDMHSAS or RMHI may disclose PHI to another covered entity or a health care provider for the payment activities of the entity that receives the information.

2.6.4: The TDMHSAS or RMHI may disclose PHI to another covered entity for health care operations activities of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subject of the PHI being requested, the PHI pertains to such relationship, and the disclosure is:

(a): For a purpose listed under HIPAA's definition of health care operations as defined in TDMHSAS HIPAA Policy 3.1 (1.21).

(b): For the purpose of health care fraud and abuse detection or compliance.

2.6.5: The TDMHSAS or RMHI may disclose an individual's PHI to a social services agency, community-based organization, home and community-based services provider, or similar third party that provides health or human services to specific individuals for individual-level care coordination and case management activities (whether such activities constitute treatment or health care operations as those terms are defined in TDMHSAS HIPAA Policy 3.1) with respect to that individual.

3. Procedure/ Responsibility

- 3.1: The TDMHSAS Privacy Officer and the RMHI Privacy Officers are responsible for ensuring that the use or disclosure to carry out treatment, payment, or health care operations are followed department wide.
- 3.2: The RMHI Privacy Officers shall consult with the TDMSAS Privacy Officer with any questions about use or disclosure to carry out treatment, payment, or health care operations of PHI that is necessary for the purpose of the use, disclosure, or request.
- 3.3: For each disclosure request the TDMHSAS or the RMHIs receive, an employee should verify the identity of the requestor consistent with TDMHSAS HIPAA policy 4.7 and look at the facts and circumstances surrounding the disclosure request and determine what amount of PHI is reasonably necessary to accomplish the purpose of the use or disclosure. Employees whose jobs require the use and disclosure of PHI must review each request and exclude any of the following direct identifiers to limit the use or disclosure to what is reasonably necessary. The following list is not exhaustive, and removal of these direct identifiers should be done in consultation with the TDMHSAS Privacy Officer or RMHI Privacy Officer, as applicable
 - 3.3.1: Full name. If name is necessary for use or purpose of the disclosure, use the last name and first name initial. The use of first name and last name initial is acceptable in common areas of the RMHI (e.g., where names of service recipients are posted on room doors etc.);
 - 3.3.2: Postal address, telephone number, fax number, or e-mail address;
 - 3.3.3: Social security number, account numbers, health plan beneficiary number, medical record numbers;
 - 3.3.4: Certificate or license numbers;
 - 3.3.5: Vehicle identifiers or serial numbers, including license plate numbers;
 - 3.3.6: Names, addresses, telephone numbers, fax number, or email addresses of relatives, friends;

- 3.3.7: Full face photographic images and any comparable images;
 - 3.3.8: Biometric identifiers, including DNA, fingerprints or voice prints; and
 - 3.3.9: Web Universal Resource Locators (URLs) or Internet Protocol (IP) address numbers.
- 3.5: For any type of use, disclosure, request that the TDMHSAS or the RMHI receives or makes on a routine and recurring basis, the TDMHSAS Privacy Officer or the RMHI Privacy Officer shall work with the employees responding to or making such requests to implement policies or procedures (which may be standard protocols) that limit the PHI to the amount reasonably necessary to achieve the purpose of the use, disclosure, or request.

Other Considerations

4.1: Authority

45 CFR §§ 164.502, 506, and 508.

Approved:



Commissioner



Date