

Use and Disclosure of Protected Health Information

Blue Horse Medical, LLC and subsidiaries: Anthem Psychiatry, Anthem Addiction Medicine, Anthem Wellness & Psych Help Now



Date: 4/30/23

PURPOSE: To provide guidance for workforce members at Blue Horse Medical (BHM) and its subsidiaries, Anthem Addiction Medicine, Anthem Adult Psychiatry, Anthem Wellness, and Psych Help Now, regarding the use and disclosure of Protected Health Information in accordance with applicable law.

POLICY: It is the policy of BHM that all Protected Health Information be used and disclosed in accordance with applicable Arizona and federal law and in the best interests of the patient.

DEFINITIONS:

“Designated Record Set” includes the medical record (as defined below) and related billing records. The designated record set does not include legal correspondence, quality assurance, or other peer-review information or documents.

“Disclose” and “Disclosure” means the release of, transfer of, provision of, access to, or divulging in any manner of Protected Health Information outside of BHM or to persons other than its workforce members. Disclosure means a release to persons or entities other than to the patient who is the subject of the information.

“Medical Record” includes information BHM uses to make health care decisions about a patient. Each patient registered with BHM or its subsidiaries will have a BHM medical record. If the same patient has been registered at more than one subsidiary, the patient will have a single BHM medical record.

“Protected Health Information” or “PHI” means information that (i) is created or received by a Health Care Provider, Health Plan, employer, or Health Care Clearinghouse; (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of Health Care to an individual, or the past, present or future payment for the provision of Health Care to an individual; and (iii) identifies the individual (or for which there is a reasonable basis for believing that the information can be used to identify the individual).

“Super confidential Information” is a subset of Protected Health Information and includes, but is not limited to, information relating to:

- Substance abuse and related treatment
- Human Immunodeficiency Virus (HIV) & Acquired Immunodeficiency Syndrome (AIDS)

- Psychotherapy notes documenting or analyzing conversations with individuals during any mental health evaluation and/or counseling session.

Psychotherapy notes are not typically in the patient's medical record and shall be treated with caution, as described in more detail in Section M of this policy.

"Use" or "Uses" means the sharing, employment, application, utilization, examination, or analysis of Protected Health Information within BHM's internal operations.

"Workforce" means all employees, students, volunteers, and individuals working directly under the control of BHM or its subsidiaries.

PROCEDURE:

A. Disclosures for Treatment. Requests for Protected Health Information by persons or entities other than the patient should be directed to Medical Records. Protected Health Information may be disclosed without a patient's permission for purposes of treatment unless a patient expresses a desire not to have his or her information disclosed. There will be no charge for copies of medical records disclosed for treatment purposes. For additional guidance in disclosing Protected Health Information for treatment purposes, please refer to the Patient Care Policy entitled "Use and Disclosure of Protected Health Information."

B. Disclosures for Payment Purposes. Requests for Protected Health Information by persons or entities other than the patient should be directed to Medical Records. Generally, BHM and its subsidiaries operate on a cash basis, a pay-as-you-go schedule. Protected Health Information may be disclosed for purposes of payment in the event that a collections process is initiated.

Payment purposes would include the reimbursement for the provision of health care, including claims management, collections, obtaining payment, and review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges. We can provide a superbill that patients may submit to their insurance companies.

C. Disclosures for Purposes of Health Care Operations. Requests for Protected Health Information by persons or entities other than the patient should be directed to Medical Records. Protected Health Information may be disclosed for purposes of healthcare operations if the patient has signed the "Release of Protected Health Information" form that each patient is asked to sign upon registration. Healthcare operations include activities that support treatment or payment, including quality assessment and improvement activities, reviewing the competence, qualifications, or performance of healthcare professionals, training programs, accreditation, certification, and licensing activities, legal services, auditing functions, business planning, and development, general administration, and management activities, and consumer services.

D. Disclosures Pursuant to an Authorization. Most disclosures for purposes other than treatment, payment, and health care operations will require specific written patient authorization. Requests for Protected Health Information for purposes other than treatment, payment, and

health care operations should be directed to Medical Records unless the requests fall within one of the categories designated in this policy. Medical Records will ensure that the appropriate patient authorization is obtained and placed in the patient's medical record. For more information on the process to obtain a patient authorization or for the authorization form, please contact the main office.

E. Disclosures Required for Public Health Purposes. BHM may disclose protected health information for public health purposes. Release to appropriate agencies and authorities may occur for the following reasons:

- To prevent or control disease or injury
- For purposes of organ donation and procurement
- To report births and deaths
- To report abuse, neglect or domestic violence against a child or vulnerable adult;
- To report to the federal government adverse reactions to medication or safety problems with products
- To notify people of product recalls
- To notify a person exposed to certain types of disease or those at risk for contracting or spreading a disease
- To report suspected cases, carriers or deaths of specific diseases of public health significance.
- To report immunizations
- To report conditions of moderate to severe brain or spinal cord injury
- To report certain health information related to the diagnoses and incidence of cancer
- To report known or suspected cases of tuberculosis
- To report sexually transmitted diseases

Reporting or notification for these purposes should be made in accordance with applicable policies and coordinated through your supervisor, Risk Management or Legal.

F. Disclosures Required for Legal Purposes. All legally related requests, such as court orders, subpoenas, requests from the Arizona Department of Health Services, Arizona Board of Medicine, Arizona Board of Nursing, and all requests from attorney's offices should be directed primarily to Medical Records, with questions or concerns to the Legal Department. Requests for Protected Health Information maintained by BHM should be sent to BHM's Release of Information at Medical Records. All requests for Protected Health Information maintained by BHM or subsidiaries should be sent to BHM Medical Records Release of Information, which will coordinate with the Legal Department when appropriate. The requestor shall be responsible for the reasonable costs incurred to copy such information. Additionally, disclosures may be made to law enforcement in the following circumstances:

- In response to a court order, subpoena, warrant or another type of process
- To identify a suspect, fugitive or missing person

- About the victim of a crime under certain limited circumstances;
- About a death believed to be a result of criminal conduct;
- About a crime committed on BHM premises
- In emergency circumstances, when necessary to maintain the safety and security of BHM personnel and patients
- To report gunshot wounds or life-threatening injuries indicating an act of violence
- To report second-and third-degree burns if the burns are believed to be caused by violence or unlawful activity

For questions related to legal requests, please consult with your supervisor, Medical Records, or the Legal Department.

G. Other Disclosures Required by Law. Arizona or federal law may require the reporting of protected health information by healthcare providers in the following circumstances:

Arizona law states that healthcare providers may be required to disclose protected health information to the Division of Workers' Compensation or an employer, carrier, or authorized rehabilitation provider when appropriate.

Federal law may require the disclosure of protected health information to authorized federal officials for intelligence, counterintelligence or other national security activities authorized by law, including disclosures to authorized federal officials so they may provide protection to the President or other designated individuals.

If a patient is a United States Armed Forces member, BHM may disclose protected health information as required by military authorities. BHM may also be asked to disclose protected health information about foreign military personnel to the appropriate foreign military authority. When the military organization sponsors the medical evaluation, the patient's medical information may be shared with the patient and the sponsoring organization. If you have questions regarding whether a disclosure is required by law or the authority of an individual requesting protected health information in accordance with a legal demand, please contact your supervisor or the Legal Department for additional guidance.

H. Disclosures to Family or Friends Involved in Patient's Care. Staff WILL NOT disclose information to family members and friends who are involved in a patient's care without a signed release of information (ROI). Patients will sign ROIs at the beginning of the treatment process and may rescind or modify ROIs at any point for any reason – in writing. Exceptions will be granted by the permission of an APRN or higher in an emergent Life-or-Death situation. For more information regarding disclosure to family and friends involved in the patient's care, please refer to the Patient Care Policy on "Use and Disclosure of Protected Health Information."

I. Disclosures in Emergency Situations or To Avert a Threat to Health or Safety. If a provider has a good faith belief that disclosing Protected Health Information would prevent or lessen a serious and immediate threat to the patient, another person, or the public, such staff

member should document the reason why and may make the disclosure. For more information regarding disclosure to family and friends involved in the patient’s care, please refer to the Patient Care Policy on “Use and Disclosure of Protected Health Information.”

J. Disclosures to Media. Any requests from the media regarding a patient must be directed to the BHM main office. If the request from the media is made after regular business hours, the on-call Administrator will coordinate within the next 48 hours.

K. K. Superconfidential Information.

1. Requests for Psychotherapy Notes. If psychotherapy notes or mental health records are requested, the patient’s mental health provider will be contacted and asked to complete a “Physician Superconfidential Release Form.” If the provider feels that the release of the mental health records may not be appropriate or hinder the care provided, the patient’s provider may provide a report of the examination and findings in lieu of a copy of the actual record. However, copies of psychotherapy notes must be provided directly to a subsequent treating physician upon the patient’s written request.
2. Other Superconfidential Information. Protected Health Information regarding HIV or AIDS status, genetic testing results or substance abuse treatment must be specifically requested to be disclosed to a third party.

L. Verification of Requestor. The identity and authority of the person requesting Protected Health Information will be verified prior to disclosure. For more verification information before disclosure, see the Medical Records Disclosure of Protected Health Information Policy.

M. Minimum Necessary. Staff must make reasonable efforts to limit the use and disclosure of Protected Health Information to the minimum necessary amount needed to accomplish the intended purpose of the use, disclosure, or request. Uses, disclosures, and requests specific to treatment purposes are not limited to the minimum necessary.

N. Removal of Medical Records. The medical record is the property of BHM and shall not be removed except when required by law. Unauthorized removal of records or Protected Health Information will be subject to disciplinary action.

O. Patient Access to Medical Records. For information regarding when and how patients may access Protected Health Information of which they are the subjects, please refer to the Administrative Policy on “Patient Access to Protected Health Information.”

Printed Name

Date

Signature