

PUBLIC HEALTH DATA STANDARDS CONSORTIUM

Interactions Between HIPAA Privacy and Public Health for the Collection, Use and Disclosure of Individually Identifiable Health Information

Government Entity Acting as PUBLIC HEALTH HEALTHCARE PAYER (Not applicable to government employee health plans)

Understanding the Purpose and Use of the Table:

- The purpose of this table is to identify the CONDITIONS/REQUIREMENTS that a government entity need to follow when DISCLOSING SPECIFIC TYPES of health information for a series of identified and defined PURPOSES
- Five key elements drive the contents of this table:
 - WHO (UNDER WHAT FUNCTION) is disclosing the health information
 - WHAT HEALTH INFORMATION is being disclosed
 - For what PURPOSE (WHY) is the health information being disclosed
 - To WHOM (UNDER WHAT FUNCTION/PURPOSE) is the health information being disclosed
 - What are the CONDITIONS/REQUIREMENTS imposed on the disclosure of the specified health information for the identified purpose
- WHO is disclosing the health information: The table is directed to state and local public health/government entities, as they act in three distinct and independent roles/functions. Each role/function may be subject to different rules for some activities/purposes
 - Public Health Authority
 - Covered Health Care Provider
 - Covered Health Plan
- WHAT KIND of Health Information is being disclosed: The types of health information listed include such things as:
 - General individually identifiable health information
 - Specific types of individuals subject of the data (adults, emancipated minors, unemancipated minors, etc)

- Specific types of health information (mental health, chemical dependency, STD/AIDS)
 - Specific types of public health information (vital statistics, immunization registry, disease registries, etc)
 - Other, such as limited data sets, de-identified health information
- PURPOSES for which health information is being disclosed include:
- Treatment, Payment, Health Care Operations
 - Persons involved in individual's care, notification purposes
 - Required by law, to HHS, for public health activities, for health oversight purposes, FDA regulated products
 - To avert serious threat to health and safety, for organ donations, to workforce members victims of a crime
 - Judicial and administrative proceedings, Corrections, law enforcement purposes, county attorney, board of practice reviews
 - Specialized government functions, by whistleblowers,
 - Workers' compensation, business associates
 - Research
 - Marketing, Fundraising
- CONDITIONS/REQUIREMENTS under which data can be disclosed include:
- Federal citation
 - Required vs. Permitted disclosure
 - With/without patient consent/authorization, or with opportunity to agree or object
 - Applicability of the Minimum Necessary requirement
 - Applicability of the Accounting of Disclosure requirement
 - Special State Law considerations
- In the case of the public health/government entity acting in its role of Public Health Authority, the following factors are considered:
- Entity has collected, received, or generated the individually identifiable health information (IIHI) for purposes of fulfilling one of its roles as PUBLIC HEALTH provider, payer or authority
 - Entity, in its specific role as PUBLIC HEALTH provider, payer or authority is disclosing individually identifiable health information (IIHI)

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TABLE 1: WHO CONTROLS INFORMATION ABOUT INDIVIDUALS

ALL THESE ARE ORIENTED ON WHO ACTS AS the individual.

Who Can Control →	Individuals (Adults and Emancipated Minors)	Unemancipated Minors	Authorized Individuals Acting on Behalf of Adults and Emancipated Minors (including Personal Representatives; those Legally Authorized: Power of Attorney, Guardianship, Substitute Decision Maker)
	<p><u>Federal Citation:</u> 45 CFR §164. 502(a), §164. 502(f), §164.512(c), §164.514(h), §164.524</p> <p>Under HIPAA, the individual, including an adult or an emancipated minor, who is the subject of the health information, has the right of control over his or her PHI.</p> <p><u>Required vs. Permitted Disclosure:</u></p> <p>HIPAA <i>requires</i> disclosure to the individual upon their request, with very limited exceptions including:</p> <ul style="list-style-type: none"> ▪ Psychotherapy notes ▪ Report of abuse, if under professional judgment it is believed that informing the individual of the report would expose the individual to serious harm ▪ When another individual is referenced in the record, and if under professional judgment it is believed that informing the individual would expose that individual to serious harm ▪ When a licensed health care professional has determined that disclosing the information to the individual is reasonably likely to endanger the life or physical safety of the individual or another person <p>HIPAA always <i>permits</i> disclosure to the individual who is the subject of the information without a specific request.</p> <p>Emancipated minors have the same rights as adults.</p>	<p><u>Federal Citation:</u> 45 CFR §164. 502(g)(3), §164. 502(a)(2)</p> <p>A parent, guardian, or other person acting <i>in loco parentis</i> has the right to control an unemancipated minor's health information, and act on behalf of an unemancipated minor in making decisions related to health care to the extent defined under applicable state law. When state law directs, such person must be treated as a personal representative for purposes of PHI. With few exceptions, personal representatives generally must be treated as the individual. This means that parent/ guardian generally has the right of control over an unemancipated minor's health information. Different rules apply when the minor has the right to consent to his or her own treatment.</p> <p><u>Required vs. Permitted Disclosure:</u></p> <p>HIPAA requires disclosure of a minor's health information to parent/guardian upon their request, with very limited exceptions. Exceptions include :</p> <ul style="list-style-type: none"> ▪ Psychotherapy notes ▪ When a person other than the minor is referenced in the record, and if under professional judgment it is believed that informing the parent/guardian would expose that person to serious harm ▪ When the covered entity has a reasonable belief that the minor has been or may be subjected to domestic violence, abuse or neglect or ▪ When the covered entity, exercising 	<p><u>Federal Citation:</u> 45 CFR §164. 502(g)(2), §164. 502(g)(3), §164. 502(a)(2), §164. 502(f)</p> <p>Personal representatives have the right to control the individual's health information relevant to their representation, with few exceptions. If under applicable law a person has authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, a covered entity must treat such person as a personal representative with respect to PHI.</p> <p><u>Required vs. Permitted Disclosure:</u></p> <p>HIPAA requires disclosure of the individual's health information to their personal representative upon their request with very limited exceptions including:</p> <ul style="list-style-type: none"> ▪ Psychotherapy notes ▪ When a person other than the individual is referenced in the record, and if under professional judgment it is believed that informing the personal representative would expose that person to serious harm ▪ When the covered entity has a reasonable belief that the individual has been or may be subjected to domestic violence, abuse or neglect or ▪ When the covered entity, exercising professional judgment, decides that it could endanger or is not in the best interest of the individual <p>HIPAA generally permits disclosure of the</p>

Who Can Control →	Individuals (Adults and Emancipated Minors)	Unemancipated Minors	Authorized Individuals Acting on Behalf of Adults and Emancipated Minors (including Personal Representatives; those Legally Authorized: Power of Attorney, Guardianship, Substitute Decision Maker)
	<p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Other Requirements:</u> Deceased individuals are afforded the same rights and protections as the living for the purposes of uses and disclosures. These rules do not expire regardless of the amount of time since death.</p> <p>Verification of an individual's identify may be required if the identity of the individual requesting information is not known to the covered entity..</p> <p>Although the Privacy Rules gives the individual control over some uses and disclosures of PHI, HIPAA allows the disclosure of PHI without patient consent or authorization for a number of purposes, including treatment, payment, health care operations, when required by law, for public health purposes, for health oversight, in cases of abuse, neglect, or domestic violence, for judicial and administrative proceedings and law enforcement, and others.</p> <p>While HIPAA allows the use or disclosure of PHI in the above instances without any individual permission, state or other federal laws may require individual consent or release prior to a use or disclosure for these same purposes.</p> <p><u>Special State Issues:</u> State laws cannot further restrict individual access/ control but can provide greater individual access/control. State laws often give patients greater control over what is perceived as "sensitive" medical information such as for:</p> <ul style="list-style-type: none"> ▪ Mental health ▪ Substance abuse ▪ HIV/AIDS and other STDs ▪ Reproductive health services 	<p>professional judgment, decides that it could endanger or is not in the best interest of the minor</p> <p>HIPAA <i>permits</i> disclosure of the minor's health information to the parent/guardian without a specific request.</p> <p>In some circumstances as defined by state law unemancipated minors can consent to their own treatment independent of their parent/guardian. When an unemancipated minor lawful consents to their own treatment, they generally have the right to control the health information related to that treatment.</p> <p>HIPAA defers to state law in determining whether the parents/guardians also have the right to control health information related to treatment to which the minor has lawfully consented.</p> <p><u>Minimum Necessary:</u> No, unless mandated by other state law</p> <p><u>Accounting of Disclosure:</u> No, unless mandated by other state law</p> <p><u>Other Requirements:</u> Anyone who is not the individual must provide proof of status (other than accompanying person for child's treatment OR per professional judgment).</p> <p>A licensed health care provider may use professional judgment to provide or deny access to a person acting <i>in loco parentis</i> if the person is not the known personal representative and no law applicable to the situation exists.</p> <p><u>Special State Issues:</u> For some services under state law a minor may direct their own care and access to records. Ages are variable by state and by services accessed. Services commonly available to minors without parent/guardian consent include;</p>	<p>individual's information to the personal representative for all purposes without a specific request.</p> <p><u>Minimum Necessary:</u> No, unless mandated by other state law</p> <p><u>Accounting of Disclosure:</u> No, unless mandated by other state law</p> <p><u>Other Requirements:</u> Anyone who is not the individual must provide proof of status (other than accompanying person for child's treatment OR per professional judgment).</p> <p>Deceased individuals are afforded the same rights and protections as the living, and those rights can only be exercised by an authorized representative.</p> <p><u>Special State Issues:</u> Many states have state laws that further define the circumstances under which individuals can act as personal representatives of other individuals, and the conditions and requirements under which such representations can be exercised .Legal authorization for a person to act for another individual is subject to the provisions of state law. This authorization should be documented and obtained as proof of legitimate authority. The different types of legally authorized representatives may have varying rights and control under state law, but are treated equally in terms of access to, control over, and use/disclosure of the individual's PHI.</p>

Who Can Control →	Individuals (Adults and Emancipated Minors)	Unemancipated Minors	Authorized Individuals Acting on Behalf of Adults and Emancipated Minors (including Personal Representatives; those Legally Authorized: Power of Attorney, Guardianship, Substitute Decision Maker)
		<ul style="list-style-type: none"> ▪ Mental health ▪ Substance abuse ▪ HIV/AIDS and other STDs ▪ Reproductive health services <p>The rights of custodial and non-custodial parents are also subject to state law. So, if state law allows access and disclosure to the parent, either generally or under specific conditions, a covered entity must provide the access and disclosure; if state law prohibits access and disclosure to the parent, either generally or under specific conditions, a covered entity must not provide the access and disclosure. If state law is silent, it is up to the covered entity to decide, using their professional judgment, whether to provide access upon the parent/guardian's request.</p>	

TABLE 2: DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

ALL THESE ARE ORIENTED ON *WHY (PURPOSE)*.

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
De-identified health information	<p><u>Federal Citation:</u>45 CFR §164.514 (a)-(c)</p> <p>DOES NOT APPEAR TO APPLY TO PAYER ACTIVITIES. However, many public programs combine payer and provider activities.</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information. Prohibits any attempt to re-identify the information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has little or no value for treatment purposes, and is rarely used for that purpose.</p>	<p><u>Federal Citation:</u> 45 CFR §164. 514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information. Prohibits any attempt to re-identify the information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has limited value for payment purposes, and is rarely used for that purpose. May be useful for risk adjustment and rate setting.</p>	<p><u>Federal Citation:</u> 45 CFR §164. 514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information. Prohibits any attempt to re-identify the information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has limited value for health care purposes, and may sometimes be used for that purpose.</p>
General Individually Identifiable Health Information			

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
Complete medical record	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p>DOES NOT APPEAR TO APPLY TO PAYER ACTIVITIES. However, many public programs combine payer and provider activities.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure to another health care provider for treatment without individual permission (i.e., consent). Psychotherapy notes are not to be disclosed, even for treatment and even to the patient, unless some compelling need exists. All uses and disclosures of psychotherapy notes must be authorized by the patient.). No restrictions on sharing the complete medical record without consent for treatment purposes with any health care provider or government provider program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Special State Issues</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that</p>	<p><u>Federal Citation:</u>45 CFR §164.506, §164.514(d)(5)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e. consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program. However, a covered entity may not use, disclose or request an entire medical record, except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure, or request.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment. Complete medical records should rarely if ever be required for payment purposes.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for</p>	<p><u>Federal Citation:</u>45 CFR §164.506, §164.514(d)(5)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e. consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>However, a covered entity may not use, disclose or request an entire medical record, except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure, or request.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes. Complete medical records should rarely if ever be required for health care operations purposes.</p> <p><u>Accounting of Disclosure:</u> No</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining a consent, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p>these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining a consent, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining a consent, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Individually identifiable information (adults and	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p>DOES NOT APPEAR TO APPLY TO PAYER</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
emancipated minors)	<p>ACTIVITIES. However, many public programs combine payer and provider activities.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure health care without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Special State Issues</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record</p>	<p>allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues; Special State Issues</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and</p>	<p>allows disclosure without individual permission (i.e., consent)... Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Creating de-identified information ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues; Special State Issues</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization"</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining a consent, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p>additional conditions, such as obtaining a consent, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p>or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining a consent, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Employment records	<p><u>Federal Citation:</u>45 CFR §160.103</p> <p><u>Required vs. Permitted Disclosure:</u> Excluded from the definition of PHI, and not subject to any of the provisions of the HIPAA privacy rule. No restrictions on uses and disclosures for any purpose.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Special State Issues:</u> State laws may provide some other protections for employment records.</p>	<p><u>Federal Citation:</u>45 CFR §160.103</p> <p><u>Required vs. Permitted Disclosure:</u> Excluded from the definition of PHI, and not subject to any of the provisions of the HIPAA privacy rule. No restrictions on uses and disclosures for any purpose.</p> <p>However, employment records used in the course of payment become part of the designated record set and are subject to the privacy protections.</p> <p><u>Minimum Necessary:</u> No</p>	<p><u>Federal Citation:</u>45 CFR §160.103</p> <p><u>Required vs. Permitted Disclosure:</u> Excluded from the definition of PHI, and not subject to any of the provisions of the HIPAA privacy rule. No restrictions on uses and disclosures for any purpose.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Special State Issues:</u> State laws may provide some other protections for employment records.</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>Note: Information may not be considered part of the employment record if it is included in the individual's medical record.</p>	<p>Accounting of Disclosure No</p> <p>Special State Issues: State laws may provide some other protections for employment records.</p> <p>Note: Information may not be considered part of the employment record if it is included in the individual's medical record.</p>	<p>Note: Information may not be considered part of the employment record if it is included in the individual's medical record.</p>
Specific Types of Individually Identifiable Health Information			
STD/AIDS information	<p>Federal Citation: 45 CFR §164.506</p> <p>Required vs. Permitted Disclosure: HIPAA treats STD/AIDS information the same as other health information and allows disclosure without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p>Minimum Necessary: No</p> <p>Accounting of Disclosure No</p> <p>Special State Issues: Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the</p>	<p>Federal Citation: 45 CFR §164.506</p> <p>Required vs. Permitted Disclosure: HIPAA treats STD/AIDS information the same as other health information and allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires</p> <p>Minimum Necessary: Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and</p>	<p>Federal Citation: 45 CFR §164.506</p> <p>Required vs. Permitted Disclosure: HIPAA treats STD/AIDS information the same as other health information and allows disclosure without individual permission (i.e., consent) Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws often add additional conditions and/or restrictions on uses and disclosures, particularly for HIV/AIDS, usually by 1) restricting the amount of PHI that can be shared for treatment, payment and health care operations, 2) restricting the recipient’s allowable uses and disclosures of PHI, 3) requiring individual consent or authorization for some or all treatment payment and health care operations, purposes, or 4) any combination of the above. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record. There are administrative restrictions regarding the confidentiality and release of Medicaid data concerning persons with AIDS.</p>	<p>federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws often add additional conditions and/or restrictions on uses and disclosures, particularly for HIV/AIDS, usually by 1) restricting the amount of PHI that can be shared for treatment, payment and health care operations, 2) restricting the recipient’s allowable uses and disclosures of PHI, 3) requiring individual consent or authorization for some or all treatment payment and health care operations, purposes, or 4) any combination of the above. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record. There are administrative restrictions regarding the confidentiality and release of Medicaid data concerning persons with AIDS.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p>so or if other law requires</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws often add additional conditions and/or restrictions on uses and disclosures, particularly for HIV/AIDS, usually by 1) restricting the amount of PHI that can be shared for treatment, payment and health care operations, 2) restricting the recipient’s allowable uses and disclosures of PHI, 3) requiring individual consent or authorization for some or all treatment payment and health care operations, purposes, or 4) any combination of the above. Internal records for these conditions may also be required to be stripped of key identifiers prior to use for health care operations purposes. There are administrative restrictions regarding the confidentiality and release of Medicaid data concerning persons with AIDS.</p> <p>State and federal laws may compel disclosures for specific operational functions,</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
			program oversight, or certain regulatory activities.
Other Communicable Diseases information	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may, although rare, add additional conditions and/or restrictions on uses and disclosures for some communicable diseases other than HIV/AIDS and STDs, such as</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may, although rare, add additional conditions and/or restrictions on uses and disclosures for some communicable diseases</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	tuberculosis.	<p>other than HIV/AIDS and STDs, such as tuberculosis.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p>program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may, although rare, add additional conditions and/or restrictions on uses and disclosures for some communicable diseases other than HIV/AIDS and STDs, such as tuberculosis.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Mental Health information / Psychotherapy Notes	<p><u>Federal Citation:</u>45 CFR §164.506, §164.508(a)(2)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure of information related to mental health, with the exception of psychotherapy notes, without individual permission (i.e. consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program.</p> <p>All uses and disclosures of psychotherapy notes must be authorized. Psychotherapy notes are not to be used or disclosed, even to the patient, except for the following internal treatment purposes:</p> <ul style="list-style-type: none"> ▪ Used by the health professional who originated the notes for treatment <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose mental</p>	<p><u>Federal Citation:</u>45 CFR §164.506, §164.508(a)(2)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure of information related to mental health, with the exception of psychotherapy notes, without individual permission (i.e. consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>All uses and disclosures of psychotherapy notes must be authorized. No requests for uses or disclosures of psychotherapy notes are permitted for payment.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose mental health related information for payment purposes if they choose to do so or if other law requires, with the exception of psychotherapy notes.</p>	<p><u>Federal Citation:</u>45 CFR §164.506, §164.508(a)(2)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure of information related to mental health, with the exception of psychotherapy notes, without individual permission (i.e. consent). Psychotherapy notes are not to be disclosed, even for treatment and even to the patient, unless some compelling need exists. All uses and disclosures of psychotherapy notes must be authorized by the patient.</p> <p>Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>health related information for their own or another provider's treatment purposes if they choose to do so or if other law requires, with the exception of psychotherapy notes.</p> <p>Note: Mental health conditions often co-occur with substance abuse conditions. If so, then apply the use and disclosure conditions and/or restrictions associated with both mental health and substance abuse privacy and confidentiality.</p> <p>Minimum Necessary: No</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures for information related to mental health conditions, treatment, and program participation. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p>Note: Mental health conditions often co-occur with substance abuse conditions. If so, then apply the use and disclosure conditions and/or restrictions associated with both mental health and substance abuse privacy and confidentiality.</p> <p>Minimum Necessary: Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures for information related to mental health conditions, treatment, and program participation. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive</p>	<ul style="list-style-type: none"> ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>All uses and disclosures of psychotherapy notes must be authorized. Psychotherapy notes are not to be used or disclosed, even to the patient, except for the following internal health care operations purposes:</p> <ul style="list-style-type: none"> ▪ Used or disclosed for internal mental health training programs ▪ Used or disclosed for legal defense in a proceeding brought against the entity by the subject of the notes ▪ As required or permitted for oversight of the health professional who originated the notes <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose mental health related information for health care operations purposes if they choose to do so or if other law requires, with the exception of psychotherapy notes.</p> <p>Note: Mental health conditions often co-occur with substance abuse conditions. If so, then apply the use and disclosure conditions and/or restrictions associated with both mental health and substance abuse privacy and confidentiality.</p> <p>Minimum Necessary: Yes</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
		funding.	<p>under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures for information related to mental health conditions, treatment, and program participation. Internal records for these conditions may also be required to be stripped of key identifiers prior to use for health care operations purposes.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Alcohol and substance abuse information	<p><u>Federal Citation:</u>45 CFR §164.506, 42 CFR pt. 2 (federal substance abuse law)</p> <p>Applies to federally assisted drug and alcohol abuse programs Confidentiality restrictions also apply to third party payers with regard to records disclosed to them by federally assisted alcohol and drug abuse programs.</p> <p><u>Required vs. Permitted Disclosure:</u> All uses and disclosures require individual permission (i.e., consent), with the following exceptions:</p>	<p><u>Federal Citation:</u>45 CFR §164.506, 42 CFR pt. 2 (federal substance abuse law)</p> <p>Applies to federally assisted drug and alcohol abuse programs Confidentiality restrictions also apply to third party payers with regard to records disclosed to them by federally assisted alcohol and drug abuse programs.</p> <p><u>Required vs. Permitted Disclosure:</u> All uses and disclosures require individual permission (i.e., consent), with the following exceptions:</p>	<p><u>Federal Citation:</u>45 CFR §164.506, 42 CFR pt. 2 (federal substance abuse law)</p> <p>Applies to federally assisted drug and alcohol abuse programs. Confidentiality restrictions also apply to third party payers with regard to records disclosed to them by federally assisted alcohol and drug abuse programs.</p> <p><u>Required vs. Permitted Disclosure:</u> All uses and disclosures require individual permission (i.e., consent), with the following exceptions:</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<ul style="list-style-type: none"> ▪ Program's own treatment, payment, and health care operations (internal program communications under 42 CFR pt.2) on a strict need to know basis (minimum necessary applies) ▪ Limited information for medical emergencies (treatment—minimum necessary applies) <p>The conditions and restrictions of 42 CFR pt.2 follow the information even after being disclosed to another party. Information received as a result of a consent is still subject to the 42 CFR pt. 2 restrictions and requirements, and cannot be redisclosed unless a consent for that redisclosure is obtained.</p> <p>No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program unless specifically allowed without consent by the regulation or as consented to or as authorized by the individual.</p> <p>Note: Substance abuse conditions often co-occur with mental health conditions. If so, then apply the use and disclosure conditions and/or restrictions associated with both substance abuse and mental health privacy and confidentiality.</p> <p>Consents for uses and disclosures of substance abuse information for treatment must comply with the specific requirements of 42 CFR pt. 2, including notice that information received as a result of a consent is still subject to the 42 CFR pt. 2 restrictions and requirements, and cannot be redisclosed.</p> <p>Minimum Necessary: Yes</p>	<ul style="list-style-type: none"> ▪ Program's own treatment, payment, and health care operations (internal program communications under 42 CFR pt.2) on a strict need to know basis (minimum necessary applies) ▪ To business associates as necessary to provide services to the program <p>The conditions and restrictions of 42 CFR pt.2 follow the information even after being disclosed to another party. Information received as a result of a consent is still subject to the 42 CFR pt. 2 restrictions and requirements, and cannot be redisclosed unless a consent for that redisclosure is obtained.</p> <p>No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program unless specifically allowed without consent by the regulation or as consented to or as authorized by the individual.</p> <p>Note: Substance abuse conditions often co-occur with mental health conditions. If so, then apply the use and disclosure conditions and/or restrictions associated with both substance abuse and mental health privacy and confidentiality.</p> <p>Consents for uses and disclosures of substance abuse information for payment must comply with the specific requirements of 42 CFR pt. 2, including notice that information received as a result of a consent is still subject to the 42 CFR pt. 2 restrictions and requirements, and cannot be redisclosed.</p> <p>Minimum Necessary: Yes. Standard transactions are by definition considered the minimum necessary for payment.</p>	<ul style="list-style-type: none"> ▪ Program's own treatment, payment, and health care operations (internal program communications under 42 CFR pt.2) on a strict need to know basis (minimum necessary applies) ▪ Limited information to law enforcement for crimes on the premises or against program personnel ▪ Child abuse reporting ▪ Subpoenas and court-ordered disclosures ▪ To business associates as necessary to provide services to the program ▪ Internal (health care operations) and external (health care oversight) audits and evaluations, under certain specific conditions ▪ Research, under specific conditions (requirements differ under HIPAA and 42 CFR pt.2) <p>The conditions and restrictions of 42 CFR pt.2 follow the information even after being disclosed to another party. Information received as a result of a consent is still subject to the 42 CFR pt. 2 restrictions and requirements, and cannot be redisclosed unless a consent for that redisclosure is obtained.</p> <p>No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program unless specifically allowed without consent by the regulation or as consented to or as authorized by the individual.</p> <p>Note: Substance abuse conditions often co-occur with mental health conditions. If so, then apply the use and disclosure conditions and/or restrictions associated with both substance abuse and mental health privacy</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p><u>Accounting of Disclosure</u> No.</p> <p><u>Special State Issues:</u> State laws may add additional conditions and/or restrictions, although minor, on uses and disclosures for substance abuse conditions, treatment, and program participation. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p><u>Accounting of Disclosure:</u> No.</p> <p><u>Special State Issues:</u> State laws may add additional conditions and/or restrictions, although minor, on uses and disclosures for substance abuse conditions, treatment, and program participation. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p>and confidentiality.</p> <p>Consent to use or disclose substance abuse information for health care operations must comply with the specific requirements of 42 CFR pt. 2, including notice that information received as a result of a consent is still subject to the 42 CFR pt. 2 restrictions and requirements, and cannot be redisclosed.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No.</p> <p><u>Special State Issues:</u> State laws may add additional conditions and/or restrictions, although minor, on uses and disclosures for substance abuse conditions, treatment, and program participation. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Genetic information	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> No</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p><u>Accounting of Disclosure</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures of genetic information. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p>minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures of genetic information. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<ul style="list-style-type: none"> ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures of genetic information. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions,</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
			program oversight, or certain regulatory activities.
Reproductive health and abortion information	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures, particularly for abortion related information. Internal records for these services may also</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures, particularly for abortion related information.</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p>Internal records for these services may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p>program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures, particularly for abortion related information. Internal records for these services may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Data about Decedents	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure of one person’s information for treatment of another patient without consent. No restrictions on sharing PHI for treatment purposes of another individual with any health care provider or government provider program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Special State Issues:</u> Consent is not generally required for disclosure of decedents’ information unless other state or federal law provisions mandate otherwise. If required, it must be signed by an authorized personal representative of the decedent. Some states have laws that specify the particular person</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent is not generally required for disclosure of decedents’ information unless other state or federal law provisions mandate otherwise. If required, it must be signed by an authorized personal representative of the decedent. Some states have laws that specify the particular person</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and if</i> it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>who may consent to the disclosure of a deceased patient.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures, particularly for certain conditions existing at time of or particular causes of death.</p>	<p>who may consent to the disclosure of a deceased patient.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures, particularly for certain conditions existing at time of or particular causes of death.</p>	<p>organized health care arrangement</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent is not generally required for disclosure of decedents' information unless other state or federal law provisions mandate otherwise. If required, it must be signed by an authorized personal representative of the decedent. Some states have laws that specify the particular person who may consent to the disclosure of a deceased patient.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures, particularly for certain conditions existing at time of or particular causes of death.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Limited data sets	<u>Does not apply</u>	<u>Does not apply</u>	<p><u>Federal Citation:</u> 45 CFR §164. 514 (e)</p> <p><u>Required vs. Permitted Disclosure:</u> Limited data sets can only be used for health care operations, research, and public health purposes.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the limited data set safe harbor requirements for removal of specified identifiers.</p> <p>Must execute a data sharing agreement with the recipient prior to use or disclosure.</p> <p><u>Special State Issues:</u> The limited data set</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
			may apply to certain existing public data sets. State laws relating to use and disclosures of existing public data sets may now be preempted by HIPAA.
General Individually Identifiable Health Information for Unemancipated Minors			
Information on Unemancipated Minors	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA generally allows disclosure to parent/guardian without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program. PHI may also be shared for treatment purposes to a person accompanying the child OR per professional judgment.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p><u>Note:</u> The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p><u>Minimum Necessary:</u> No</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> See treatment changes HIPAA allows disclosure to parent/guardian without individual permission (i.e., consent), PHI may also be shared for payment purposes to a person accompanying the child OR per professional judgment. Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p><u>Note:</u> The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless other state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows use and closure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Creating de-identified information ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Note:</u> The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>HIPAA defers to state law with respect to whether providers may disclose to parents the information related to treatment for which an unemancipated minor legally consents. If state law mandates disclosure, the provider must disclose. If state law prohibits disclosure, disclosure is prohibited. If state law is silent, the provider may use his/her professional judgment whether to disclose.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional</p>	<p>minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for payment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and</p>	<p>unemancipated minor, unless other state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for health care operations purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions</p>

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	<p>conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p>additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Specific Types of Individually Identifiable Health Information for Unemancipated Minors			
STD/AIDS information	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA treats STD/AIDS information the same as other health information and generally allows disclosure to parent/guardian without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program. PHI may also be shared for treatment purposes to a person accompanying the child OR per professional judgment.</p> <p>HIPAA does not prohibit a covered entity from</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA treats STD/AIDS information the same as other health information and generally allows disclosure to parent/guardian without individual permission (i.e., consent). PHI may also be shared for payment purposes to a person accompanying the child OR per professional judgment. Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p><u>Note:</u> The parent/guardian is considered the personal representative of and has the right to</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA treats STD/AIDS information the same as other health information and generally allows disclosure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs

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	<p>obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor.</p> <p>However, state laws often allow an unemancipated minor to seek HIV/AIDS treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p>Minimum Necessary: No</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>HIPAA defers to state law with respect to whether providers may disclose to parents the information related to treatment for which an unemancipated minor legally consents. If state law mandates disclosure, the provider must disclose. If state law prohibits disclosure, disclosure is prohibited. If state law is silent, the provider may use his/her professional judgment whether to disclose.</p> <p>Consent for use and disclosure of PHI for</p>	<p>act for and access information pertaining to an unemancipated minor. However, state laws often allow an unemancipated minor to seek HIV/AIDS treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p>Minimum Necessary: Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that</p>	<ul style="list-style-type: none"> ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor. However, state laws often allow an unemancipated minor to seek HIV/AIDS treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p>Minimum Necessary: Yes</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal</p>

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	<p>treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws often add additional conditions and/or restrictions on uses and disclosures, particularly for HIV/AIDS, usually by 1) restricting the amount of PHI that can be shared for treatment, payment and health care operations, 2) restricting the recipient’s allowable uses and disclosures of PHI, 3) requiring individual consent or authorization for some or all treatment payment and health care operations, purposes, or 4) any combination of the above. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record. There are administrative restrictions regarding the confidentiality and release of Medicaid data concerning persons with AIDS.</p>	<p>these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws often add additional conditions and/or restrictions on uses and disclosures, particularly for HIV/AIDS, usually by 1) restricting the amount of PHI that can be shared for treatment, payment and health care operations, 2) restricting the recipient’s allowable uses and disclosures of PHI, 3) requiring individual consent or authorization for some or all treatment payment and health care operations, purposes, or 4) any combination of the above. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record. There are administrative restrictions regarding the confidentiality and release of Medicaid data concerning persons with AIDS.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p>law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws often add additional conditions and/or restrictions on uses and disclosures, particularly for HIV/AIDS, usually by 1) restricting the amount of PHI that can be shared for treatment, payment and health care operations, 2) restricting the recipient’s allowable uses and disclosures of PHI, 3) requiring individual consent or authorization for some or all treatment payment and health care operations, purposes, or 4) any combination of the above. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record. There are administrative restrictions regarding the confidentiality and release of Medicaid data concerning persons with AIDS.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Other Communicable Diseases information	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA</p>

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	<p>generally allows disclosure to parent/guardian without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program. PHI may also be shared for treatment purposes to a person accompanying the child OR per professional judgment.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p>Minimum Necessary: No</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>HIPAA defers to state law with respect to whether providers may disclose to parents the information related to treatment for which an</p>	<p>generally allows disclosure to parent/guardian without individual permission (i.e., consent). PHI may also be shared for payment purposes to a person accompanying the child OR per professional judgment. Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless other state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p>Minimum Necessary: Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for</p>	<p>generally allows disclosure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless other state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p>Minimum Necessary: Yes</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws,</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>unemancipated minor legally consents. If state law mandates disclosure, the provider must disclose. If state law prohibits disclosure, disclosure is prohibited. If state law is silent, the provider may use his/her professional judgment whether to disclose.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may, although rare, add additional conditions and/or restrictions on uses and disclosures for some communicable diseases other than HIV/AIDS and STDs, such as tuberculosis.</p>	<p>treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may, although rare, add additional conditions and/or restrictions on uses and disclosures for some communicable diseases other than HIV/AIDS and STDs, such as tuberculosis.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p>unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may, although rare, add additional conditions and/or restrictions on uses and disclosures for some communicable diseases other than HIV/AIDS and STDs, such as tuberculosis.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Mental Health information/ Psychotherapy Notes	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.508(a)(2), §164. 502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA generally allows disclosure of information related to mental health to parent/guardian,</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.508(a)(2), §164. 502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA generally allows disclosure of information related to mental health to parent/guardian,</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.508(a)(2), §164. 502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA generally allows disclosure of information related to mental health, with the exception of</p>

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	<p>with the exception of psychotherapy notes, without individual permission (i.e. consent). . No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program. PHI may also be shared for treatment purposes to a person accompanying the child OR per professional judgment.</p> <p>All uses and disclosures of psychotherapy notes must be authorized. Psychotherapy notes are not to be used or disclosed, even to the patient, except for the following internal treatment purposes:</p> <ul style="list-style-type: none"> ▪ Used by the health professional who originated the notes for treatment <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose mental health related information for their own or another provider's treatment purposes if they choose to do so or if other law requires, with the exception of psychotherapy notes.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor. However, state laws often allow an unemancipated minor to seek mental health treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p>Mental health conditions often co-occur with substance abuse conditions. If so, then apply the use and disclosure conditions and/or restrictions associated with both mental health and substance abuse privacy and confidentiality.</p>	<p>with the exception of psychotherapy notes, without individual permission (i.e. consent). . PHI may also be shared for payment purposes to a person accompanying the child OR per professional judgment. Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>All uses and disclosures of psychotherapy notes must be authorized. No requests for uses or disclosures of psychotherapy notes are permitted for payment.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose mental health related information for payment purposes if they choose to do so or if other law requires, with the exception of psychotherapy notes.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor. However, state laws often allow an unemancipated minor to seek mental health treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p>Mental health conditions often co-occur with substance abuse conditions. If so, then apply the use and disclosure conditions and/or restrictions associated with both mental health and substance abuse privacy and confidentiality.</p> <p>Minimum Necessary: Yes. Standard transactions are by definition considered the minimum necessary for payment.</p>	<p>psychotherapy notes, without individual permission (i.e. consent). Psychotherapy notes are not to be disclosed, even for treatment and even to the patient, unless some compelling need exists. All uses and disclosures of psychotherapy notes must be authorized by the patient.</p> <p>Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>All uses and disclosures of psychotherapy notes must be authorized. Psychotherapy notes are not to be used or disclosed, even to the patient, except for the following internal health care operations purposes:</p> <ul style="list-style-type: none"> ▪ Used or disclosed for internal mental health training programs ▪ Used or disclosed for legal defense in a proceeding brought against the entity by the subject of the notes ▪ As required or permitted for oversight of the health professional who originated the notes <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose mental health related information for health care</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>HIPAA defers to state law with respect to whether providers may disclose to parents the information related to treatment for which an unemancipated minor legally consents. If state law mandates disclosure, the provider must disclose. If state law prohibits disclosure, disclosure is prohibited. If state law is silent, the provider may use his/her professional judgment whether to disclose.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p>	<p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures for information related to mental health conditions, treatment, and program participation. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal grant or other funding requirements may compel certain disclosures</p>	<p>operations purposes if they choose to do so or if other law requires, with the exception of psychotherapy notes.</p> <p><u>Note:</u> The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor. However, state laws often allow an unemancipated minor to seek mental health treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p>Mental health conditions often co-occur with substance abuse conditions. If so, then apply the use and disclosure conditions and/or restrictions associated with both mental health and substance abuse privacy and confidentiality.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p>

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	<p>State laws may add additional conditions and/or restrictions on uses and disclosures for information related to mental health conditions, treatment, and program participation. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p>in order to obtain or continue to receive funding.</p>	<p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures for information related to mental health conditions, treatment, and program participation. Internal records for these conditions may also be required to be stripped of key identifiers prior to use for health care operations purposes.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
<p>Alcohol and substance abuse information</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3), 42 CFR pt. 2 (federal substance abuse law)</p> <p>Applies to federally assisted drug and alcohol abuse programs Confidentiality restrictions also apply to third party payers with regard to records disclosed to them by federally assisted alcohol and drug abuse programs.</p> <p><u>Required vs. Permitted Disclosure:</u> All uses and disclosures require individual permission (consent), with the following exceptions:</p> <ul style="list-style-type: none"> ▪ Program’s own treatment, payment, and health care operations (internal program 	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3), 42 CFR pt. 2 (federal substance abuse law)</p> <p>Applies to federally assisted drug and alcohol abuse programs Confidentiality restrictions also apply to third party payers with regard to records disclosed to them by federally assisted alcohol and drug abuse programs.</p> <p><u>Required vs. Permitted Disclosure:</u> All uses and disclosures require individual permission (consent), with the following exceptions:</p> <ul style="list-style-type: none"> ▪ Program’s own treatment, payment, and health care operations (internal program 	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3), 42 CFR pt. 2 (federal substance abuse law)</p> <p>Applies to federally assisted drug and alcohol abuse programs Confidentiality restrictions also apply to third party payers with regard to records disclosed to them by federally assisted alcohol and drug abuse programs.</p> <p><u>Required vs. Permitted Disclosure:</u> All uses and disclosures require individual permission (consent), with the following exceptions:</p> <ul style="list-style-type: none"> ▪ Program’s own treatment, payment, and health care operations (internal program

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>communications under 42 CFR pt.2) on a strict need to know basis (minimum necessary applies)</p> <ul style="list-style-type: none"> Limited information for medical emergencies (treatment—minimum necessary applies) <p>The conditions and restrictions of 42 CFR pt.2 follow the information even after being disclosed to another party. Information received as a result of a consent is still subject to the 42 CFR pt. 2 restrictions and requirements, and cannot be redisclosed unless a consent for that redisclosure is obtained.</p> <p>No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program unless specifically allowed without consent by the regulation or as consented to or as authorized by the individual.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor unless the minor has the right under state law to access services without parental knowledge or consent. If the minor accesses services independently, then information about the minor's condition and treatment may not be shared with parents/guardians unless the minor agrees or lacks the age or capacity for rational choice, or the minor's situation presents a danger to him/herself and/or others. The minor must always sign the consent/authorization form for a program to release information even to his or her parent or guardian. Where state law requires parent/guardian consent for treatment, both the parent/guardian and the minor must sign all consents for disclosure</p>	<p>communications under 42 CFR pt.2) on a strict need to know basis (minimum necessary applies)</p> <ul style="list-style-type: none"> To business associates as necessary to provide services to the program <p>The conditions and restrictions of 42 CFR pt.2 follow the information even after being disclosed to another party. Information received as a result of a consent is still subject to the 42 CFR pt. 2 restrictions and requirements, and cannot be redisclosed unless a consent for that redisclosure is obtained.</p> <p>No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program unless specifically allowed without consent by the regulation or as consented to or as authorized by the individual.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor unless the minor has the right under state law to access services without parental knowledge or consent. If the minor accesses services independently, then information about the minor's condition and treatment may not be shared with parents/guardians unless the minor agrees or lacks the age or capacity for rational choice, or the minor's situation presents a danger to him/herself and/or others. The minor must always sign the consent/authorization form for a program to release information even to his or her parent or guardian. Where state law requires parent/guardian consent for treatment, both the parent/guardian and the minor must sign all consents for disclosure to allow the disclosure to happen.</p>	<p>communications under 42 CFR pt.2) on a strict need to know basis (minimum necessary applies)</p> <ul style="list-style-type: none"> Limited information to law enforcement for crimes on the premises or against program personnel Child abuse reporting Subpoenas and court-ordered disclosures To business associates as necessary to provide services to the program Internal (health care operations) and external (health care oversight) audits and evaluations, under certain specific conditions Research, under specific conditions (requirements differ under HIPAA and 42 CFR pt.2) <p>The conditions and restrictions of 42 CFR pt.2 follow the information even after being disclosed to another party. Information received as a result of a consent is still subject to the 42 CFR pt. 2 restrictions and requirements, and cannot be redisclosed unless a consent for that redisclosure is obtained.</p> <p>No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program unless specifically allowed without consent by the regulation or as consented to or as authorized by the individual.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor unless the minor has the right under state law to access services without parental knowledge or consent. If the minor accesses services independently, then information about the minor's condition and</p>

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	<p>to allow the disclosure to happen.</p> <p>Substance abuse conditions often co-occur with mental health conditions. If so, then apply the use and disclosure conditions and/or restrictions associated with both substance abuse and mental health privacy and confidentiality.</p> <p>Consent for uses and disclosures of substance abuse information must comply with the specific requirements of 42 CFR pt. 2 including notice that information received as a result of a consent is still subject to the 42 CFR pt. 2 restrictions and requirements, and cannot be redisclosed.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure</u> No. Some treatment purposes may be authorized under 42 CFR pt.2.</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. State law may also allow unemancipated minors to consent to substance abuse treatment and services without parental knowledge or consent. Under these conditions as defined by state/federal laws, unemancipated minors may have all the rights of an adult</p> <p>State laws may add additional conditions and/or restrictions, although minor, on uses and disclosures for substance abuse conditions, treatment, and program participation. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p>Substance abuse conditions often co-occur with mental health conditions. If so, then apply the use and disclosure conditions and/or restrictions associated with both substance abuse and mental health privacy and confidentiality.</p> <p>Consent for uses and disclosures of substance abuse information must comply with the specific requirements of 42 CFR pt. 2 including notice that information received as a result of a consent is still subject to the 42 CFR pt. 2 restrictions and requirements, and cannot be redisclosed.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No. Some payment purposes may be authorized under 42 CFR pt.2.</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. State law may also allow unemancipated minors to consent to substance abuse treatment and services without parental knowledge or consent. Under these conditions as defined by state/federal laws, unemancipated minors may have all the rights of an adult</p> <p>State laws may add additional conditions and/or restrictions, although minor, on uses and disclosures for substance abuse conditions, treatment, and program participation. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive</p>	<p>treatment may not be shared with parents/guardians unless the minor agrees or lacks the age or capacity for rational choice, or the minor's situation presents a danger to him/herself and/or others. The minor must always sign the consent/authorization form for a program to release information even to his or her parent or guardian. Where state law requires parent/guardian consent for treatment, both the parent/guardian and the minor must sign all consents for disclosure to allow the disclosure to happen.</p> <p>Substance abuse conditions often co-occur with mental health conditions. If so, then apply the use and disclosure conditions and/or restrictions associated with both substance abuse and mental health privacy and confidentiality.</p> <p>Consent for uses and disclosures of substance abuse information must comply with the specific requirements of 42 CFR pt. 2 including notice that information received as a result of a consent is still subject to the 42 CFR pt. 2 restrictions and requirements, and cannot be redisclosed.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No. Some health care operations purposes may be authorized under 42 CFR pt.2.</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. State law may also allow unemancipated minors to consent to substance abuse treatment and services without parental knowledge or consent. Under these conditions as defined by state/federal laws, unemancipated minors may have all the rights of an adult</p> <p>State laws may add additional conditions</p>

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		funding.	and/or restrictions, although minor, on uses and disclosures for substance abuse conditions, treatment, and program participation. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record. State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.
Genetic information	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA generally allows disclosure to parent/guardian without individual permission (i.e., consent). . No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program. PHI may also be shared for treatment purposes to a person accompanying the child OR per professional judgment.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p><u>Note:</u> The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless other state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA generally allows disclosure to parent/guardian without individual permission (i.e., consent). . PHI may also be shared for payment purposes to a person accompanying the child OR per professional judgment. Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p><u>Note:</u> The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless other state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p><u>Minimum Necessary:</u> Yes. Standard</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA generally allows disclosure without individual permission (i.e., consent). . Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Note:</u> The parent/guardian is considered the personal representative of and has the right to</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>HIPAA defers to state law with respect to whether providers may disclose to parents the information related to treatment for which an unemancipated minor legally consents. If state law mandates disclosure, the provider must disclose. If state law prohibits disclosure, disclosure is prohibited. If state law is silent, the provider may use his/her professional judgment whether to disclose.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p>	<p>transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions. State laws may add additional conditions and/or restrictions on uses and disclosures of genetic information. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal grant or other funding requirements may compel certain disclosures</p>	<p>act for and access information pertaining to an unemancipated minor, unless other state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. 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	<p>State laws may add additional conditions and/or restrictions on uses and disclosures of genetic information. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p>in order to obtain or continue to receive funding.</p>	<p>additional conditions and/or restrictions on uses and disclosures of genetic information. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
<p>Reproductive health and abortion information</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA generally allows disclosure to parent/guardian without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program. PHI may also be shared for treatment purposes to a person accompanying the child OR per professional judgment.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider’s treatment purposes if they choose to do so or if other law requires.</p> <p><u>Note:</u> The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless other state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p><u>Minimum Necessary:</u> No</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA generally allows disclosure to parent/guardian without individual permission (i.e., consent). PHI may also be shared for payment purposes to a person accompanying the child OR per professional judgment. Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p><u>Note:</u> The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless other state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA generally allows disclosure to parent/guardian without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes</p>

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	<p><u>Accounting of Disclosure</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>HIPAA defers to state law with respect to whether providers may disclose to parents the information related to treatment for which an unemancipated minor legally consents. If state law mandates disclosure, the provider must disclose. If state law prohibits disclosure, disclosure is prohibited. If state law is silent, the provider may use his/her professional judgment whether to disclose.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions</p>	<p>minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures, particularly for abortion related information. Internal records for these services may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal grant or other funding requirements may compel certain disclosures</p>	<p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures, particularly for abortion related information. Internal records for these services may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory</p>

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	and/or restrictions on uses and disclosures, particularly for abortion related information. Internal records for these services may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.	in order to obtain or continue to receive funding.	activities.
Data about Decedents	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure of one person's information for treatment of another patient without consent. . No restrictions on sharing PHI for treatment purposes of another individual with any health care provider or government provider program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA).</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures, particularly for certain conditions existing at time of or particular causes of death. For minors, more or different causes of death may be subject to additional conditions and/or restrictions.</p> <p>Consent is not generally required for disclosure of decedents' information unless other state or federal law provisions mandate otherwise. If required, it must be signed by an authorized personal representative of the</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA generally allows disclosure to/by parent/guardian without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. In some states parent/guardian consent is required prior to the release of health information for payment purposes (not preempted by HIPAA).</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures, particularly for certain conditions existing at time of or particular causes of death. For minors, more or different causes of death may be subject to additional conditions and/or restrictions.</p> <p>Consent is not generally required for disclosure of decedents' information unless other state or federal law provisions mandate otherwise. If required, it must be signed by an</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA generally allows disclosure to/by parent/guardian without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and if</i> it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. In some states parent/guardian consent is required prior to the release of health information for health care operations</p>

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	<p>decedent. Some states have laws that specify the particular person who may consent to the disclosure of a deceased patient.</p>	<p>authorized personal representative of the decedent. Some states have laws that specify the particular person who may consent to the disclosure of a deceased patient.</p>	<p>purposes (not preempted by HIPAA).</p> <p>State laws may add additional conditions and/or restrictions on uses and disclosures, particularly for certain conditions existing at time of or particular causes of death. For minors, more or different causes of death may be subject to additional conditions and/or restrictions.</p> <p>Consent is not generally required for disclosure of decedents' information unless other state or federal law provisions mandate otherwise. If required, it must be signed by an authorized personal representative of the decedent. Some states have laws that specify the particular person who may consent to the disclosure of a deceased patient.</p>
<p>School health records</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3), 34 CFR § 99.31</p> <p>HIPAA excludes from its definition of PHI any education records covered by the Family Educational Rights and Privacy Act (FERPA). When the service provider in a school setting is operated by and/or funded by the schools, and is not a covered entity under HIPAA, then FERPA applies.</p> <p>FERPA, however, does not apply to school based health centers funded and operated by state and local government entities. School health records held by a covered provider that is not part of a school are part of the medical record and are not subject to FERPA. When the service provider in a school setting is operated by and/or funded by a covered entity, HIPAA alone applies. Follow the general HIPAA requirements for minors under the section on Unemancipated Minors.</p> <p>When the service provider in a school setting is operated by and/or funded by the schools,</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3), 34 CFR § 99.31</p> <p>HIPAA excludes from its definition of PHI any education records covered by the Family Educational Rights and Privacy Act (FERPA). When the service provider in a school setting is operated by and/or funded by the schools, and is not a covered entity under HIPAA, then FERPA applies.</p> <p>FERPA, however, does not apply to school based health centers funded and operated by state and local government entities. School health records held by a covered provider that is not part of a school are part of the medical record and are not subject to FERPA. When the service provider in a school setting is operated by and/or funded by a covered entity, HIPAA alone applies. Follow the general HIPAA requirements for minors under the section on Unemancipated Minors.</p> <p>When the service provider in a school setting is operated by and/or funded by the schools,</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3), 34 CFR § 99.31</p> <p>HIPAA excludes from its definition of PHI any education records covered by the Family Educational Rights and Privacy Act (FERPA). When the service provider in a school setting is operated by and/or funded by the schools, and is not a covered entity under HIPAA, then FERPA applies.</p> <p>FERPA, however, does not apply to school based health centers funded and operated by state and local government entities. School health records held by a covered provider that is not part of a school are part of the medical record and are not subject to FERPA. When the service provider in a school setting is operated by and/or funded by a covered entity, HIPAA alone applies. Follow the general HIPAA requirements for minors under the section on Unemancipated Minors.</p> <p>When the service provider in a school setting is operated by and/or funded by the schools,</p>

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	<p>and is a covered entity under HIPAA, then both HIPAA and FERPA apply.</p> <p>The following summarizes the FERPA requirements.</p> <p><u>Required vs. Permitted Disclosure:</u> Under FERPA, schools must generally have written permission (i.e., consent) from the parent/guardian or eligible student in order to release any information from a student's health record except that those records may be released, without consent, as follows:</p> <ul style="list-style-type: none"> • School officials with legitimate educational interest • Other schools to which a student is transferring • Specified officials for audit or evaluation purposes • Appropriate parties in connection with financial aid to a student • Organizations conducting certain studies for or on behalf of the school • Accrediting organizations • To comply with a judicial order or lawfully issued subpoena • Appropriate officials in cases of health and safety emergencies • State and local authorities, within a juvenile justice system, pursuant to specific State law • Directory information <p>Disclosures for treatment purposes under FERPA can only occur with a signed consent.</p> <p><u>Note:</u> The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor. Under FERPA, the parent/guardian has full rights to access the</p>	<p>and is a covered entity under HIPAA, then both HIPAA and FERPA apply.</p> <p>The following summarizes the FERPA requirements.</p> <p><u>Required vs. Permitted Disclosure:</u> Under FERPA, schools must generally have written permission(i.e., consent) from the parent/guardian or eligible student in order to release any information from a student's health record except that those records may be released, without consent, as follows:</p> <ul style="list-style-type: none"> • School officials with legitimate educational interest • Other schools to which a student is transferring • Specified officials for audit or evaluation purposes • Appropriate parties in connection with financial aid to a student • Organizations conducting certain studies for or on behalf of the school • Accrediting organizations • To comply with a judicial order or lawfully issued subpoena • Appropriate officials in cases of health and safety emergencies • State and local authorities, within a juvenile justice system, pursuant to specific State law • Directory information <p>Disclosures for payment purposes under FERPA can only occur with a signed consent.</p> <p><u>Note:</u> The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor. Under FERPA, the parent/guardian has full rights to access the</p>	<p>and is a covered entity under HIPAA, then both HIPAA and FERPA apply.</p> <p>The following summarizes the FERPA requirements.</p> <p><u>Required vs. Permitted Disclosure:</u> Under FERPA, schools must generally have written permission (i.e., consent) from the parent/guardian or eligible student in order to release any information from a student's health record except that those records may be released, without consent, as follows:</p> <ul style="list-style-type: none"> • School officials with legitimate educational interest • Other schools to which a student is transferring • Specified officials for audit or evaluation purposes • Appropriate parties in connection with financial aid to a student • Organizations conducting certain studies for or on behalf of the school • Accrediting organizations • To comply with a judicial order or lawfully issued subpoena • Appropriate officials in cases of health and safety emergencies • State and local authorities, within a juvenile justice system, pursuant to specific State law • Directory information <p>Disclosures for health care operations purposes under FERPA can only occur with a signed consent.</p> <p><u>Note:</u> The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor. Under FERPA, the</p>

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	<p>student's records, with no exceptions.</p> <p>Information disclosed under FERPA, even with a consent, cannot be redisclosed unless a consent for that redisclosure is obtained.</p> <p><u>Minimum Necessary:</u> No, but consent is required for most disclosures.</p> <p><u>Accounting of Disclosure:</u> Yes under FERPA</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. State laws may have additional provisions related to student health records. However, FERPA does not recognize any state or federal laws that allow the minor to independently consent to treatment, and therefore do not allow a minor to independently access or control their own school health records related to such treatment. Therefore, there will be legal conflicts regarding documentation, access to, release of, and control over records related to such treatment.</p>	<p>student's records, with no exceptions.</p> <p>Information disclosed under FERPA, even with a consent, cannot be redisclosed unless a consent for that redisclosure is obtained.</p> <p><u>Minimum Necessary:</u> No, but consent is required for most disclosures.</p> <p><u>Accounting of Disclosure:</u> Yes under FERPA</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. State laws may have additional provisions related to student health records. However, FERPA does not recognize any state or federal laws that allow the minor to independently consent to treatment, and therefore do not allow a minor to independently access or control their own school health records related to such treatment. Therefore, there will be legal conflicts regarding documentation, access to, release of, and control over records related to such treatment.</p>	<p>parent/guardian has full rights to access the student's records, with no exceptions.</p> <p>Information disclosed under FERPA, even with a consent, cannot be redisclosed unless a consent for that redisclosure is obtained.</p> <p><u>Minimum Necessary:</u> No, but consent is required for most disclosures.</p> <p><u>Accounting of Disclosure:</u> Yes under FERPA</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. State laws may have additional provisions related to student health records. However, FERPA does not recognize any state or federal laws that allow the minor to independently consent to treatment, and therefore do not allow a minor to independently access or control their own school health records related to such treatment. Therefore, there will be legal conflicts regarding documentation, access to, release of, and control over records related to such treatment.</p>
Immunization information	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual or parent/guardian permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program. PHI may also be shared for treatment purposes to a person accompanying the child OR per professional judgment.</p> <p>Disclosures to schools require a signed consent/authorization from the</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual or parent/guardian permission (i.e., consent). PHI may also be shared for payment purposes to a person accompanying the child OR per professional judgment. Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>Disclosures to schools require a signed consent/authorization from the parent/guardian.</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual or parent/guardian permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination

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	<p>parent/guardian.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless other state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p>Minimum Necessary: No</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>HIPAA defers to state law with respect to whether providers may disclose to parents the information related to treatment for which an unemancipated minor legally consents. If state law mandates disclosure, the provider must disclose. If state law prohibits disclosure, disclosure is prohibited. If state law is silent, the provider may use his/her professional judgment whether to disclose.</p>	<p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless other state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p>Minimum Necessary: Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>HIPAA defers to state law with respect to whether providers may disclose to parents the information related to treatment for which an unemancipated minor legally consents. If state law mandates disclosure, the provider must disclose. If state law prohibits disclosure, disclosure is prohibited. If state law is silent, the provider may use his/her professional judgment whether to disclose.</p>	<ul style="list-style-type: none"> ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>Disclosures to schools require a signed consent/authorization from the parent/guardian.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless other state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about care and services.</p> <p>Minimum Necessary: Yes</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may require sharing of immunization information with the schools. If so, then a signed consent/authorization, unless specified in the law, is not required.</p>	<p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions. State laws may require sharing of immunization information with the schools. If so, then a signed consent/authorization, unless specified in the law, is not required.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p>HIPAA defers to state law with respect to whether providers may disclose to parents the information related to treatment for which an unemancipated minor legally consents. If state law mandates disclosure, the provider must disclose. If state law prohibits disclosure, disclosure is prohibited. If state law is silent, the provider may use his/her professional judgment whether to disclose.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State laws may require sharing of immunization information with the schools. If so, then a signed consent/authorization, unless specified in the law, is not required.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Adoption data	<p><u>Does not apply</u></p> <p>Not normally used for treatment. If the covered provider also maintains vital statistics/adoption data, follow state laws for</p>	<p><u>Does not apply</u></p> <p>Not normally used for payment. If the covered provider also maintains vital statistics/adoption, follow state laws for vital</p>	<p><u>Does not apply</u></p> <p>Not normally used for health care operations. If the covered provider also maintains vital statistics/adoption, follow state laws for vital</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	vital statistics/adoption functions	statistics/adoption functions	statistics/adoption functions
Child abuse, neglect	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p>DOES NOT NORMALLY APPLY TO PAYER ACTIVITIES. However, many public programs combine payer and provider activities.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual or parent/guardian permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program. Required to disclose to Child Protective Services under state laws.</p> <p>Child abuse and other related health information may be withheld from the parent/guardian when:</p> <ul style="list-style-type: none"> ▪ A person other than the individual is referenced in the record, and if under professional judgment it is believed that informing the personal representative would expose that person to serious harm ▪ The covered entity has a reasonable belief that the individual has been or may be subjected to domestic violence, abuse or neglect or ▪ The covered entity, exercising professional judgment, decides that it could endanger or is not in the best interest of the individual <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors.</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p>SHOULD NOT BE NEEDED FOR PAYMENT ACTIVITIES.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual or parent/guardian permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program. Required to disclose to Child Protective Services under state laws.</p> <p>Child abuse and other related health information may be withheld from the parent/guardian when:</p> <ul style="list-style-type: none"> ▪ A person other than the individual is referenced in the record, and if under professional judgment it is believed that informing the personal representative would expose that person to serious harm ▪ The covered entity has a reasonable belief that the individual has been or may be subjected to domestic violence, abuse or neglect or ▪ The covered entity, exercising professional judgment, decides that it could endanger or is not in the best interest of the individual <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p>SHOULD NOT NORMALLY BE NEEDED FOR HEALTH CARE OPERATIONS ACTIVITIES.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual or parent/guardian permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>Required to disclose to Child Protective Services under state laws.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>HIPAA defers to state law with respect to whether providers may disclose to parents the information related to treatment for which an unemancipated minor legally consents. If state law mandates disclosure, the provider must disclose. If state law prohibits disclosure, disclosure is prohibited. If state law is silent, the provider may use his/her professional judgment whether to disclose.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions, including child abuse and neglect. If the medical record contains information related to any of these</p>	<p>define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, including child abuse and neglect. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the</p>	<p>health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, including child abuse and neglect. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for enforcement activities. Other state laws may provide additional protections pertaining to disclosure of the fact that abuse has occurred.</p>	<p>medical record.</p> <p>State and federal laws may, although unlikely, compel disclosures for enforcement activities. State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p>activities.</p>
<p>Child support enforcement, blood test</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual or parent/guardian permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program. Required to disclose to Child Support Enforcement under state laws.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual or parent/guardian permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program. Required to disclose to Child Support Enforcement under state laws.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for</p>	<p><u>Federal Citation:</u> 45 CFR §164.506, §164.502(g)(3)</p> <p>SHOULD NOT BE NEEDED FOR HEALTH CARE OPERATIONS ACTIVITIES.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual or parent/guardian permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>Required to disclose to Child Support</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws may compel disclosures for enforcement activities.</p>	<p>an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p>	<p>Enforcement under state laws.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. In some states parent/guardian consent is required prior to the release of health information for treatment purposes (not preempted by HIPAA). Parents/guardians or accompanying persons can sign a consent for an unemancipated minor.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions. State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Limited data sets	<u>Does not apply</u>	<u>Does not apply</u>	<p><u>Federal Citation:</u> 45 CFR §164. 514 (e)</p> <p><u>Required vs. Permitted Disclosure:</u> Limited data sets can only be used for health care</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
			<p>operations, research, and public health purposes.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the limited data set safe harbor requirements for removal of specified identifiers.</p> <p>Must execute a data sharing agreement with the recipient prior to use or disclosure.</p> <p><u>Special State Issues:</u> The limited data set may apply to certain existing public data sets. State laws relating to use and disclosures of existing public data sets may now be preempted by HIPAA.</p>
Other Types of Health Information			
Vital Statistics	<p><u>Does not apply</u></p> <p>Not normally used for treatment. If the covered provider also maintains vital statistics, follow state laws for vital statistics functions</p>	<p><u>Does not apply</u></p> <p>Not normally used for payment. If the covered provider also maintains vital statistics, follow state laws for vital statistics functions</p>	<p><u>Does not apply</u></p> <p>Not normally used for health care operations. If the covered provider also maintains vital statistics, follow state laws for vital statistics functions</p>
Acute disease/conditions	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider’s treatment purposes</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal grant or other funding requirements may compel certain disclosures</p>	<p>health care costs</p> <ul style="list-style-type: none"> ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
		in order to obtain or continue to receive funding.	<p>conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Chronic disease/conditions	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p>DOES NOT APPLY TO PAYER ACTIVITIES. However, many public programs combine payer and provider activities.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider’s treatment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent).Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent).Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p>to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
Disease-specific registry	<p><u>Does not apply</u></p> <p>Not normally used for treatment. If the covered provider also maintains disease registries, follow state laws for disease registries functions</p>	<p><u>Does not apply</u></p> <p>Not normally used for payment. If the covered provider also maintains disease registries, follow state laws for disease registries functions</p>	<p><u>Federal Citation:</u> 45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public programs may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the program to obtain patient permission before releasing information outside of the program.</p>

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			<p>Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Encounter data (inpatient, ambulatory)	<p><u>Does not apply</u></p> <p>Not used for treatment.</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider

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		<p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p>performance</p> <ul style="list-style-type: none"> ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an</p>

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			<p>authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
WIC Program data	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p>DOES NOT NORMALLY APPLY TO PAYER ACTIVITIES. However, many public programs combine payer and provider activities.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider’s treatment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization”</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p>

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	<p>program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>Not normally used for treatment. If the covered provider also manages a WIC program, follow state laws for WIC program functions</p>	<p>or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>Not normally used for payment. If the covered provider also manages a WIC program, follow state laws for WIC program functions</p>	<p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities. WIC program data is often exchanged between state agencies and state and local agencies for health care operations purposes via interagency agreements. If the covered provider also manages a WIC program, follow state laws for WIC program functions</p>
Victims of abuse, neglect, domestic violence	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p>DOES NOT APPLY TO PAYER ACTIVITIES. However, many public programs combine payer and provider activities.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program. Knowledge of abuse situation may be useful for treatment. May be required to disclose for enforcement purposes under</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p>SHOULD NOT NORMALLY BE NEEDED FOR PAYMENT ACTIVITIES. However, victims of abuse can have disclosure to others restricted if such disclosure could cause physical harm to the victim.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program. Knowledge of abuse situation should not be</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p>SHOULD NOT NORMALLY BE NEEDED FOR HEALTH CARE OPERATIONS ACTIVITIES.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent).Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with</p>

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	<p>state laws.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider’s treatment purposes if they choose to do so or if other law requires.</p> <p>Abuse, domestic violence and neglect information and other related health information may be withheld from a personal representative when:</p> <ul style="list-style-type: none"> ▪ A person other than the individual is referenced in the record, and if under professional judgment it is believed that informing the personal representative would expose that person to serious harm ▪ The covered entity has a reasonable belief that the individual has been or may be subjected to domestic violence, abuse or neglect or ▪ The covered entity, exercising professional judgment, decides that it could endanger or is not in the best interest of the individual <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization”</p>	<p>necessary (and should not be disclosed per minimum necessary) for payment.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p>Abuse, domestic violence and neglect information and other related health information may be withheld from a personal representative when:</p> <ul style="list-style-type: none"> ▪ A person other than the individual is referenced in the record, and if under professional judgment it is believed that informing the personal representative would expose that person to serious harm ▪ The covered entity has a reasonable belief that the individual has been or may be subjected to domestic violence, abuse or neglect or ▪ The covered entity, exercising professional judgment, decides that it could endanger or is not in the best interest of the individual <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer</p>	<p>the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>Knowledge of abuse situation should not be necessary (and should not be disclosed per minimum necessary) for health care operations.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the</p>

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	<p>or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for enforcement activities. Other state laws may provide additional protections pertaining to disclosure of the fact that abuse has occurred.</p>	<p>to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may, although unlikely, compel disclosures for enforcement activities. State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p>provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Workers' Compensation	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p>DOES NOT APPLY TO PAYER ACTIVITIES. However, many public programs combine payer and provider activities.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program. Worker’s compensation information can be shared as needed for treatment, payment, and health care operations.</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p>

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	<p>program. Worker's compensation information can be shared as needed for treatment, payment, and health care operations.</p> <p>Worker's compensation information can be shared as needed for treatment, payment, and health care operations. May be required to disclose for worker's compensation purposes under state laws.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these</p>	<p>Worker's compensation information can be shared as needed for treatment, payment, and health care operations. May be required to disclose for worker's compensation purposes under state laws.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and</p>	<ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>Worker's compensation information can be shared as needed for treatment, payment, and health care operations. May be required to disclose for worker's compensation purposes under state laws.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the</p>

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	<p>conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p>additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p>	<p>provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities. Worker's compensation data is often exchanged between state agencies and state and local agencies for health care operations purposes via interagency agreements.</p>
Sex offender's data	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p>DOES NOT NORMALLY APPLY TO PAYER ACTIVITIES. However, many public programs combine payer and provider activities.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program.</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p>DOES NOT NORMALLY APPLY TO PAYER ACTIVITIES. However, many public programs combine payer and provider activities.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from</p>	<p><u>Federal Citation:</u>45 CFR §164.506</p> <p>DOES NOT NORMALLY APPLY TO PAYER ACTIVITIES. However, many public programs combine payer and provider activities.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> This information is not clearly PHI; therefore it may not be impacted by HIPAA or other health information laws and regulations.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws may compel disclosures for enforcement activities. Other state laws may provide for additional disclosures.</p> <p>Not normally used for treatment. If the covered provider also maintains sex offender data, follow state laws for sex offender data functions.</p>	<p>obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> This information is not clearly PHI; therefore it may not be impacted by HIPAA or other health information laws and regulations.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws may, although unlikely, compel disclosures for enforcement and other activities. State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p> <p>Not normally used for payment. If the covered provider also maintains sex offender data, follow state laws for sex offender data</p>	<p>the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> This information is not clearly PHI; therefore it may not be impacted by HIPAA or other health information laws and regulations.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term "authorization" or "consent" for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
		functions.	<p>provider functions.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p> <p>Not normally used for health care operations. If the covered provider also maintains sex offender data, follow state laws for sex offender data functions.</p>
Health Data on inmates	<p><u>Federal Citation:</u>45 CFR §164.506, §164.512 (k)(5)</p> <p>DOES NOT APPLY TO PAYER ACTIVITIES. However, many public programs combine payer and provider activities.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Consent may not be applicable to inmates under state law. No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program.</p> <p>Additional disclosures are allowed to correctional institutions and law enforcement without authorization when the individual is an inmate for:</p> <ul style="list-style-type: none"> ▪ The provision of health care to the inmate ▪ The health and safety of the inmate or other inmates ▪ The health and safety of the officers and employees of the institution ▪ Law enforcement on the premises of the institution ▪ The administration and maintenance of safety, security, and good order of the institution 	<p><u>Federal Citation:</u>45 CFR §164.506, §164.512 (k)(5)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Consent may not be applicable to inmates under state law. Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>Additional disclosures are allowed to correctional institutions and law enforcement without authorization when the individual is an inmate for:</p> <ul style="list-style-type: none"> ▪ The provision of health care to the inmate ▪ The health and safety of the inmate or other inmates ▪ The health and safety of the officers and employees of the institution ▪ Law enforcement on the premises of the institution ▪ The administration and maintenance of safety, security, and good order of the institution <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p>	<p><u>Federal Citation:</u>45 CFR §164.506, §164.512 (k)(5)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Consent may not be applicable to inmates under state law. Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>Additional disclosures are allowed to correctional institutions and law enforcement without authorization when the individual is an inmate for:</p> <ul style="list-style-type: none"> ▪ The provision of health care to the inmate

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record. However, some state laws may provide for broader sharing of some of this information for inmates, such as for certain communicable diseases or behavioral health conditions, to protect corrections staff</p>	<p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record. However, some state laws may provide for broader sharing of some of this information for inmates, such as for certain communicable diseases or behavioral health conditions, to protect corrections staff and residents and law enforcement and/or to provide proper care and awareness in</p>	<ul style="list-style-type: none"> ▪ The health and safety of the inmate or other inmates ▪ The health and safety of the officers and employees of the institution ▪ Law enforcement on the premises of the institution ▪ The administration and maintenance of safety, security, and good order of the institution <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p> <p>State and federal laws often add additional conditions and/or restrictions on uses and disclosures for certain conditions and/or services, most commonly for HIV/AIDS, substance abuse, mental health, and reproductive health. If the medical record contains information related to any of these conditions and services, that information may need to be removed or redacted and additional conditions, such as obtaining an authorization, may need to be met before the</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>and residents and law enforcement and/or to provide proper care and awareness in custodial situations.</p> <p>State and federal laws may compel disclosures for correctional activities.</p>	<p>custodial situations.</p> <p>State and federal laws may compel disclosures for correctional activities. State and federal grant or other funding requirements may compel certain disclosures in order to obtain or continue to receive funding.</p>	<p>use or disclosure can occur. Internal records for these conditions may also be required to be stripped of key identifiers at some point in time or kept separate from the rest of the medical record. However, some state laws may provide for broader sharing of some of this information for inmates, such as for certain communicable diseases or behavioral health conditions, to protect corrections staff and residents and law enforcement and/or to provide proper care and awareness in custodial situations.</p> <p>State and federal laws may compel disclosures for specific operational functions, program oversight, or certain regulatory activities.</p>
Living will/health directives	<p><u>Federal Citation:</u> 45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider's treatment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Legal document created for end of life situations. May be subject to state laws requiring specific disclosures and protections.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal</p>	<p><u>Federal Citation:</u> 45 CFR §164.506</p> <p>SHOULD NOT NORMALLY BE NEEDED FOR PAYMENT ACTIVITIES.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Legal document created for end of life situations. May be subject to state laws requiring specific</p>	<p><u>Federal Citation:</u> 45 CFR §164.506</p> <p>SHOULD NOT NORMALLY BE NEEDED FOR HEALTH CARE OPERATIONS ACTIVITIES.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Some restrictions on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p>	<p>disclosures and protections.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p>	<p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Legal document created for end of life situations. May be subject to state laws requiring specific disclosures and protections.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p>
Advanced psychiatric directives	<p><u>Federal Citation:</u> 45 CFR §164.506</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). No restrictions on sharing PHI for treatment purposes with any health care provider or government provider program.</p>	<p><u>Federal Citation:</u> 45 CFR §164.506</p> <p>SHOULD NOT NORMALLY BE NEEDED FOR PAYMENT ACTIVITIES.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Minimal restrictions on sharing PHI for payment purposes with any</p>	<p><u>Federal Citation:</u> 45 CFR §164.506</p> <p>SHOULD NOT NORMALLY BE NEEDED FOR HEALTH CARE OPERATIONS ACTIVITIES.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without individual permission (i.e., consent). Some restrictions</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
	<p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for their own or another provider’s treatment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Legal document created for mental health situations. May be subject to state laws requiring specific disclosures and protections.</p> <p>Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p>	<p>health care entity or government program.</p> <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for payment purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes. Standard transactions are by definition considered the minimum necessary for payment.</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Legal document created for mental health situations. May be subject to state laws requiring specific disclosures and protections. Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.</p>	<p>on sharing PHI for health care operations purposes; can share with any covered health care entity or covered government program <i>only if</i> both entities have a relationship with the individual <i>and</i> if it is for:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Improving population health or reducing health care costs ▪ Case management/care coordination ▪ Reviewing competence of health care professionals ▪ Evaluating practitioner and provider performance ▪ Fraud and abuse, or ▪ Between covered entities involved in an organized health care arrangement <p>HIPAA does not prohibit a covered entity from obtaining signed consent to disclose for health care operations purposes if they choose to do so or if other law requires.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Legal document created for mental health situations. May be subject to state laws requiring specific disclosures and protections. Consent for use and disclosure of PHI for treatment, payment, and health care operations purposes is optional under federal law but may be required under some state laws (not preempted by HIPAA).</p> <p>Public payers may be subject to state and federal laws restricting the use and disclosure of health information for administration of the program. These laws often require the payer to obtain patient permission before releasing information outside of the program. Note that these laws may use the term “authorization” or “consent” for permission to disclose for</p>

Purposes → Types of Data Being Disclosed ↓	Treatment	Payment	Health Care Operations
			these purposes. However, if a public program performs both payer and provider functions, the consent rules will still apply for the provider functions.

**TABLE 3: DISCLOSURES TO PERSONS INVOLVED IN INDIVIDUAL’S CARE; FOR NOTIFICATION PURPOSES
(NON-TPO DISCLOSURES ALLOWED WITHOUT AUTHORIZATION)**

Purposes → Types of Data Being Disclosed ↓	To Persons Involved in Individual’s Care	For Notification Purposes and Disaster Relief	Facility Directory
General Individually Identifiable Health Information			
Individually identifiable information (adults and emancipated minors)	<p><u>Federal Citation:</u> 45 CFR §164.510(b)</p> <p>Includes involvement in care and/or payment for care.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure with patient’s opportunity to agree or object, which is not required to be in writing. If the individual patient is present for or available prior to a use or disclosure to the family member, personal representative or other person(s) responsible for the care of the individual, and the patient has the capacity to make health care decisions, the covered entity must first obtain the individual’s agreement, provide the individual with the opportunity to object and no objection is expressed, or when the covered entity, in its professional judgment, reasonably infers that the individual does not object to the disclosure.</p> <p>If the individual is not present, is incapacitated or in an emergency circumstance and cannot be given the opportunity to object, the covered entity must use professional judgment to decide whether the disclosure is in the individual’s best interests. The covered entity must only disclose the PHI that is directly relevant to other person’s involvement with the individual’s care.</p>	<p><u>Federal Citation:</u> 45 CFR §164.510(b)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure with patient’s opportunity to agree or object, which is not required to be in writing.</p> <p>Covered entities may use or disclose PHI independently or to a public or private relief or emergency assistance agency to notify or assist in the notification, of a family member, personal representative or another person responsible for the care of the individual of the individual’s location, general condition, or death. This disclosure includes the identification or locating of a family member, personal representative or another person responsible for the care of the individual.</p> <p>Covered entities must give the person, if practical, the opportunity to object, restrict or prohibit the disclosure of PHI to the family member, personal representative or other person(s) responsible for the care of the individual. Covered entities must also limit uses and disclosures when the individual is not able to agree or object to the extent that professional judgment determines it will not interfere with the ability to respond to the emergency circumstances.</p>	<p><u>Federal Citation:</u> 45 CFR §164.510(a)</p> <p><u>Does not apply to payer functions.</u></p>

Purposes → Types of Data Being Disclosed ↓	To Persons Involved in Individual's Care	For Notification Purposes and Disaster Relief	Facility Directory
	<p>Covered entities can continue to allow someone other than the individual to pick up filled prescriptions, medical supplies, X-rays and other similar items unless in its professional judgment it is not in the individual's best interest.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> In some states a consent is required prior to the release of health information for this purpose or as related to payment for care (not preempted by HIPAA).</p>	<p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> In some states a consent is required prior to the release of health information for this purpose (not preempted by HIPAA).</p>	
Unemancipated Minors	<p><u>Federal Citation:</u> 45 CFR §164.502(g)(3); §164.510(b)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA requires and permits disclosures to parents/guardians of unemancipated minors as if the parents were the subject of the health information. It is not required that a minor be given the opportunity to agree or object.</p> <p>With respect to disclosures to persons other than parents/guardians the minor who lawfully has consented to treatment generally has the right to agree or object to disclosure.</p> <p>HIPAA allows disclosure to <i>others</i> with parent/guardian's opportunity to object, which is not required to be in writing. If the individual [which may be the parent/guardian] is present for or available prior to a use or disclosure to the family member, personal representative or other person(s) responsible for the care of the individual, and the patient has the capacity to make health care decisions, the covered entity must first obtain the individual's agreement, provide the individual with the</p>	<p><u>Federal Citation:</u> 45 CFR §164.510(b)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure with parent/guardian's opportunity to agree or object, which is not required to be in writing.</p> <p>With respect to disclosures to persons other than parents/guardians the minor who lawfully has consented to treatment generally has the right to agree or object to disclosure.</p> <p>Covered entities may use or disclose PHI independently or to a public or private relief or emergency assistance agency to notify or assist in the notification, of a family member, personal representative or another person responsible for the care of the individual of the individual's location, general condition, or death. This disclosure includes the identification or locating of a family member, personal representative or another person responsible for the care of the individual.</p> <p>Covered entities must give the</p>	<p><u>Federal Citation:</u> 45 CFR §164.510(a)</p> <p><u>Does not apply to payer functions.</u></p>

Purposes → Types of Data Being Disclosed ↓	To Persons Involved in Individual's Care	For Notification Purposes and Disaster Relief	Facility Directory
	<p>opportunity to object and no objection is expressed, or when the covered entity, in its professional judgment, reasonably infers that the individual does not object to the disclosure.</p> <p>If the individual is not present, is incapacitated or in an emergency circumstance and cannot be given the opportunity to object, the covered entity must use professional judgment to decide whether the disclosure is in the individual's best interests. The covered entity must only disclose the PHI that is directly relevant to other person's involvement with the individual's care.</p> <p>Covered entities can continue to allow someone other than the individual to pick up filled prescriptions, medical supplies, X-rays and other similar items unless in its professional judgment it is not in the individual's best interest.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about information care and services.</p> <p>Minimum Necessary: No</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: Some states have laws addressing disclosures to a non-custodial parent of an unemancipated minor's records.</p> <p>HIPAA defers to state law as to whether providers may disclose to parents information</p>	<p>parent/guardian, if practical, the opportunity to object, restrict or prohibit the disclosure of PHI to the family member, personal representative or other person(s) responsible for the care of the individual. Covered entities must also limit uses and disclosures when the individual is not able to agree or object to the extent that professional judgment determines it will not interfere with the ability to respond to the emergency circumstances.</p> <p>Note: The parent/guardian is considered the personal representative of and has the right to act for and access information pertaining to an unemancipated minor, unless state law allows an unemancipated minor to seek treatment and services without parental consent. In the latter situation, the unemancipated minor has control over and access to his/her own information for those services and can make independent decisions about information, care, and services.</p> <p>Minimum Necessary: Yes</p> <p>Accounting of Disclosure: No</p> <p>Special State Issues: In some states a consent is required prior to the release of health information for this purpose (not preempted by HIPAA).</p> <p>HIPAA defers to state law as to whether providers may disclose to parents information related to treatment for which an unemancipated minor legally consents. If state law mandates disclosure, the provider must disclose. If state law prohibits disclosure, disclosure is prohibited. If state law is silent, the provider may use his/her professional judgment whether to disclose.</p> <p>Some state laws may address notification of parents in specific instances where minors can consent to treatment, such as voluntary</p>	

Purposes → Types of Data Being Disclosed ↓	To Persons Involved in Individual's Care	For Notification Purposes and Disaster Relief	Facility Directory
	related to treatment for which an unemancipated minor legally consents. If state law mandates disclosure, the provider must disclose. If state law prohibits disclosure, disclosure is prohibited. If state law is silent, the provider may use his/her professional judgment whether to disclose.	commitment for mental health services.	
De-identified data	<u><i>Does not apply</i></u>	<u><i>Does not apply</i></u>	<u><i>Does not apply</i></u>
Limited data set	<u><i>Does not apply</i></u>	<u><i>Does not apply</i></u>	<u><i>Does not apply</i></u>

**TABLE 4: DISCLOSURES REQUIRED BY LAW; FOR PUBLIC HEALTH ACTIVITIES;
FOR HEALTH OVERSIGHT; FDA REGULATED PRODUCTS
(NON-TPO DISCLOSURES ALLOWED WITHOUT AUTHORIZATION)**

Purposes → Types of Data Being Disclosed ↓	Required by Law	For Public Health Activities	For Health Oversight	For FDA Regulated Products (Public Health)
General Individually Identifiable Health Information				
Individually identifiable information (adults and emancipated minors)	<p><u>Federal Citation:</u>45 CFR §164.512(a)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization. If the disclosure is for law enforcement or judicial proceedings, the use or disclosure must also meet additional requirements (See Table 6). State or other law must REQUIRE disclosure for disclosure to be allowed.</p> <p><u>Minimum Necessary:</u> No. But disclosure limited to relevant requirements of law.</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Whether the disclosure is allowed is subject to state or other federal law. If state or other law requires, MUST disclose. If state or other law does not require, prohibits, or does not exist, MUST NOT disclose. Provider cannot make independent decisions about</p>	<p><u>Federal Citation:</u>45 CFR §164.512(b)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization. Disclosure must be to a public health authority or an agent of a public health authority.</p> <p>Disclosures allowed under laws authorizing the public health authority; disclosure is allowed regardless of whether there is a law specific to the type or specific purpose of disclosure.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> State laws for public health authority will usually be quite broad and non-specific. Provider cannot make independent decisions about whether or not to disclose.</p>	<p><u>Federal Citation:</u>45 CFR §164.512(d)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization Disclosure must be to a health oversight agency (i.e., an agency authorized by law to oversee the health care system (private and/or public) or government programs in which health info. is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant) Disclosures allowed under laws authorizing the public health/health oversight authority; disclosure is allowed regardless of whether there is a law specific to the type or specific purpose of disclosure.</p> <p><u>Caution:</u> Health oversight does <i>not</i> encompass investigations of individual <i>not</i> related to receipt of health care or claim for public benefits related to health or qualification for public benefits</p>	<p><u>Federal Citation:</u>45 CFR §164.512(b)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization. Disclosure must be to a person under the jurisdiction of the FDA for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity.</p> <p>Disclosures allowed under the regulatory authority of the FDA; disclosure is allowed regardless of whether there is a law specific to the type or specific purpose of disclosure.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Provider cannot make independent decisions about whether or not to disclose where federal law requires</p>

Purposes → Types of Data Being Disclosed ↓	Required by Law	For Public Health Activities	For Health Oversight	For FDA Regulated Products (Public Health)
	whether or not to disclose.		<p>dependent on individual's health.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes, but accounting of disclosure to the individual can be denied while an investigation is in progress.</p> <p><u>Special State Issues:</u> State and federal laws for health oversight may be quite broad and not overly specific. Provider cannot make independent decisions about whether or not to disclose where health oversight law requires the disclosure</p>	disclosure
Unemancipated Minors	<p><u>Federal Citation:</u> 45 CFR §164.512(a), §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently. If the disclosure is for law enforcement or judicial proceedings, the use or disclosure must also meet additional requirements (See Table 6). State or other law must REQUIRE disclosure for disclosure to be allowed.</p> <p><u>Minimum Necessary:</u> No. But disclosure limited to relevant requirements of law.</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Whether the disclosure is allowed is subject to state or other federal law. If</p>	<p><u>Federal Citation:</u> 45 CFR §164.512(b), §164.502(g)(3)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently. Disclosure must be to a public health authority authorized to receive or collect such information for the purpose of preventing or controlling disease, injury or disability, or to an agent of a public health authority.</p> <p>Disclosures allowed under general laws authorizing the public health authority; disclosure is allowed regardless of whether there is a law specific to the type or specific</p>	<p><u>Federal Citation:</u> 45 CFR §164.512(d), §164.502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently. Disclosure must be to a health oversight agency (i.e., an agency authorized by law to oversee the health care system (private and/or public) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant)</p> <p>Disclosures allowed under laws authorizing the general public health/health oversight authority; disclosure is allowed regardless of whether there is a law specific to the type or specific purpose of</p>	<p><u>Federal Citation:</u> 45 CFR §164.512(b), §164.502(g)(3)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently. Disclosure must be to a person under the jurisdiction of the FDA for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity.</p> <p>Disclosures allowed under the regulatory authority of the FDA; disclosure is allowed regardless of whether there is a law specific to the type or specific purpose of disclosure.</p>

Purposes → Types of Data Being Disclosed ↓	Required by Law	For Public Health Activities	For Health Oversight	For FDA Regulated Products (Public Health)
	<p>state or other law requires, MUST disclose. If state or other law does not require, prohibits, or does not exist, MUST NOT disclose. Provider cannot make independent decisions about whether or not to disclose.</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult.</p>	<p>purpose of disclosure.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> State laws for public health authority will usually be quite broad and non-specific. Provider cannot make independent decisions about whether or not to disclose.</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult.</p>	<p>disclosure.</p> <p><i>Caution:</i> Health oversight does <i>not</i> encompass investigations of individual <i>not</i> related to receipt of health care or claim for public benefits related to health or qualification for public benefits dependent on individual's health.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes, but accounting of disclosure to the individual can be denied while an investigation is in progress.</p> <p><u>Special State Issues:</u> State and federal laws for health oversight may be quite broad and not overly specific. Provider cannot make independent decisions about whether or not to disclose where health oversight law requires disclosure</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult.</p>	<p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Provider cannot make independent decisions about whether or not to disclose where federal law requires disclosure</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult.</p>
De-identified health information	<p><u>Federal Citation:</u>45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in</p>	<p><u>Federal Citation:</u> 45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in</p>	<p><u>Federal Citation:</u> 45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a</p>	<p><u>Federal Citation:</u>45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a</p>

Purposes → Types of Data Being Disclosed ↓	Required by Law	For Public Health Activities	For Health Oversight	For FDA Regulated Products (Public Health)
	<p>a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information may have little or no applicability for these purposes. If the disclosure is required by law, the provider must disclose the information the law requires.</p>	<p>a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has little or no value for most public health purposes, and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose the information the law requires.</p>	<p>substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has limited value for most health oversight purposes, and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose the information the law requires.</p>	<p>substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has little or no value for FDA regulatory purposes, and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose the information the law requires.</p>
Limited Data Set	<u>Does not apply</u>	<p><u>Federal Citation:</u> 45 CFR §164.514 (e)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> Limited data sets can only be used for health care operations, research, and public health purposes.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure</u> No</p>	<u>Does not apply</u>	<p><u>Federal Citation:</u> 45 CFR §164.514 (e)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> Limited data sets can only be used for health care operations, research, and public health purposes.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure</u> No</p>

Purposes → Types of Data Being Disclosed ↓	Required by Law	For Public Health Activities	For Health Oversight	For FDA Regulated Products (Public Health)
		<p><i>Other Requirements:</i> Must meet the limited data set safe harbor requirements for removal of specified identifiers.</p> <p>Must execute a data sharing agreement with the recipient prior to use or disclosure.</p> <p><i>Special State Issues:</i> The limited data set may apply to certain existing public data sets. State laws relating to use and disclosures of existing public data sets may now be preempted by HIPAA.</p>		<p><i>Other Requirements:</i> Must meet the limited data set safe harbor requirements for removal of specified identifiers.</p> <p>Must execute a data sharing agreement with the recipient prior to use or disclosure.</p> <p><i>Special State Issues:</i> The limited data set may apply to certain existing public data sets. State laws relating to use and disclosures of existing public data sets may now be preempted by HIPAA.</p>

**TABLE 5: DISCLOSURES TO AVERT SERIOUS THREAT TO HEALTH AND SAFETY;
FOR ORGAN DONATIONS; TO WHISTLEBLOWERS AND WORKFORCE MEMBER CRIME VICTIMS
(NON-TPO DISCLOSURES ALLOWED WITHOUT AUTHORIZATION)**

Purposes → Types of Data Being Disclosed ↓	To Avert Serious Threat to Health and Safety	For Organ Donations	Whistleblowers and Workforce Member Crime Victims
General Individually Identifiable Health Information			
Individually identifiable information (adults and emancipated minors)	<p><u>Federal Citation:</u>45 CFR §164.512(j)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization. May disclose based on state law, standards of ethical conduct, per professional judgment, and in good faith if needed to</p> <ul style="list-style-type: none"> ▪ Lessen a threat to health and safety of a person or the public ▪ Disclosed to someone who can help avert or lessen the threat, including the target of the threat ▪ Disclose to law enforcement to apprehend a person who may have participated in a violent crime or escaped from a correctional institution <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> If state or other law requires, MUST disclose. Provider cannot make independent decisions about whether or not to disclose.</p>	<p><u>Federal Citation:</u>45 CFR §164.512(h)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization. May only disclose to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of facilitating donation and transplant.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Specific state law to support this disclosure is not required in order to disclose. If state or other law requires, MUST disclose. Provider cannot make independent decisions about whether or not to disclose. If state law requires authorization for such disclosure, follow state law.</p>	<p><u>Federal Citation:</u>45 CFR §164.502(j)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure by whistleblowers without patient authorization and without violating the Privacy Rule if</p> <ul style="list-style-type: none"> ▪ The workforce member or business associate believes in good faith that unlawful or unethical conduct or activity, or conduct or activity that potentially endangers patients, clients, workers, or the public has occurred, AND ▪ The disclosure is to <ul style="list-style-type: none"> ○ A health oversight agency or public health authority authorized to oversee the matter at issue ○ An accreditation organization to report misconduct or failure to meet professional standards ○ An attorney retained by or on behalf of the workforce member or business associate to determine legal options in regard to the matter at issue <p>HIPAA allows disclosure by workforce member crime victims to a law enforcement official without patient authorization and without violating the Privacy Rule as long as the information is about the suspected</p>

Purposes → Types of Data Being Disclosed ↓	To Avert Serious Threat to Health and Safety	For Organ Donations	Whistleblowers and Workforce Member Crime Victims
			<p>perpetrator and the information is limited to: name and address, date and place of birth, Social Security number, ABO blood type and Rh factor, type of injury, date and time of treatment or death, if applicable. It can also include a physical description including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or mustache), scars and tattoos.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> If state or other law requires, MUST disclose. Provider cannot make independent decisions about whether or not to disclose. Public sector entities may have a duty to disclose whistleblower activity, and to report crime on the premises.</p>
Unemancipated Minors	<p><u>Federal Citation:</u> 45 CFR §164.512(j), §164.502(g)(3)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently. May disclose based on state law, standards of ethical conduct, per professional judgment, and in good faith if needed to</p> <ul style="list-style-type: none"> ▪ Lessen a threat to health and safety of a person or the public ▪ Disclosed to someone who can help avert or lessen the threat, including the target of the threat ▪ Disclose to law enforcement to apprehend a person who may have participated in a violent crime or escaped from a correctional institution 	<p><u>Federal Citation:</u> 45 CFR §164.512(h), §164.502(g)(3)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently. May only disclose to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of facilitating donation and transplant.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Specific state law to support this disclosure is not required in order to disclose. If state or other law requires, MUST disclose. Provider cannot make</p>	<p><u>Unlikely to apply</u></p>

Purposes → Types of Data Being Disclosed ↓	To Avert Serious Threat to Health and Safety	For Organ Donations	Whistleblowers and Workforce Member Crime Victims
	<p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> If state or other law requires, MUST disclose. Provider cannot make independent decisions about whether or not to disclose.</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult.</p>	<p>independent decisions about whether or not to disclose. If state law requires authorization for such disclosure, follow state law.</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult.</p>	
De-identified Information	<p><u>Federal Citation:</u>45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has little or no value for these purposes, and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose</p>	<p><u>Federal Citation:</u> 45 CFR §164. 514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has little or no value for these purposes, and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose</p>	<p><u>Federal Citation:</u> 45 CFR §164. 514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information may have value for some disclosures to business associates, and may sometimes be used for that purpose.</p>

Purposes → Types of Data Being Disclosed ↓	To Avert Serious Threat to Health and Safety	For Organ Donations	Whistleblowers and Workforce Member Crime Victims
	the information the law requires.	the information the law requires.	
Limited data set	<u>Does not apply</u>	<u>Does not apply</u>	<u>Does not apply</u>

TABLE 6: DISCLOSURES FOR JUDICIAL AND ADMINISTRATIVE PROCEEDINGS; LAW ENFORCEMENT PURPOSES; CORRECTIONS AGENCY; BOARDS OF PRACTICE (NON-TPO DISCLOSURES ALLOWED WITHOUT AUTHORIZATION)

Purposes → Types of Data Being Disclosed ↓	Judicial and Administrative Proceedings (Including State/County Attorney)	Law Enforcement Purposes	Corrections Agency	Boards of Practice (Health Oversight)
General Individually Identifiable Health Information				
Individually identifiable information (adults and emancipated minors)	<p><u>Federal Citation:</u>45 CFR §164.512(e)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization pursuant to a court order. Disclosure also permitted in response to subpoena, discovery request or similar lawful process. With limited exceptions, subpoena or discovery request must be accompanied by assurances that requesting party made reasonable efforts to either notify the individual of the request or to secure a protective order. Disclosures must be made in accordance with detailed requirements of HIPAA as well as state laws regarding appropriate legal documents and process.</p> <p><u>Minimum Necessary:</u> No, but with respect to court orders is limited to disclosing only information expressly authorized</p>	<p><u>Federal Citation:</u>45 CFR §164.512(f)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization. Disclosures must be made in accordance to laws regarding appropriate legal process for the following:</p> <ul style="list-style-type: none"> ▪ As required by law, including reporting wounds or injuries ▪ In compliance with and as limited by <ul style="list-style-type: none"> ○ A court order or court-ordered warrant, or a legal subpoena or summons ○ A grand jury subpoena; or ○ An administrative subpoena or summons, provided that: <ul style="list-style-type: none"> ▪ The information sought is relevant and 	<p><u>Federal Citation:</u>45 CFR §164.512(k)(5)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization. Disclosures are allowed to correctional institutions and law enforcement without authorization when the individual is an inmate for:</p> <ul style="list-style-type: none"> ▪ The provision of health care to the inmate ▪ The health and safety of the inmate or other inmates ▪ The health and safety of the officers and employees of the institution ▪ Law enforcement on the premises of the institution ▪ The administration and maintenance of safety, security, and good order of the institution 	<p><u>Federal Citation:</u>45 CFR §164.512(d)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization.</p> <p>Disclosures allowed under laws regulating professional licensure; disclosure is allowed regardless of whether there is a law specific to the type of disclosure. Most licensure disclosures are defined in law or as part of professional guidelines and practices.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> State laws and practices for professional licensure are usually somewhat specific. If state or other law requires, MUST disclose. Provider</p>

Purposes → Types of Data Being Disclosed ↓	Judicial and Administrative Proceedings (Including State/County Attorney)	Law Enforcement Purposes	Corrections Agency	Boards of Practice (Health Oversight)
	<p>by the order</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Specific state law to support this disclosure is not required in order to disclose, but valid legal documents are required and appropriate process followed.</p> <p>The appropriate legal documents must be presented before the information can be disclosed. However, the covered entity can refuse to disclose in many cases (with the support of counsel) and can ask for greater specificity on need prior to disclosure.</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult.</p>	<p>material, and</p> <ul style="list-style-type: none"> ▪ The request is specific and limited in scope <p>Limited information may also be released for identification and notification purposes, as related to a crime on the premises, and for reporting crime in an emergency.</p> <p><u>Minimum Necessary:</u> Yes. If appropriate legal documents are produced, disclosure is limited to relevant requirements of court order, warrant or judicial subpoena or grand jury subpoena. For other administrative requests, information sought must be relevant and material; request must be specific and limited; and de-identified information could not reasonably be used.</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Specific state law may require the reporting of certain types of wounds or injuries. If state or other law requires, MUST disclose. With respect to other disclosures for law enforcement, specific state law to support this disclosure is not required in order to disclose, but valid legal documents may be required and appropriate process followed.</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of</p>	<p>Additional disclosures are necessary to assist the custodial activities of corrections.</p> <p>An inmate is a person incarcerated in or otherwise confined to a correctional institution. Other persons held in lawful custody include juvenile offenders, adjudicated delinquents, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial. The individual is no longer an inmate when released on parole, probation, supervised release, or otherwise is no longer in lawful custody. Inmates also have limited individual privacy rights while in custody.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Specific state law to support this disclosure is not required in order to disclose. If state or other law requires, MUST disclose. Provider cannot make independent decisions about whether or not to disclose.</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult. There may be additional state laws related to juvenile offenders that allow for other</p>	<p>cannot make independent decisions about whether or not to disclose.</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult.</p>

Purposes → Types of Data Being Disclosed ↓	Judicial and Administrative Proceedings (Including State/County Attorney)	Law Enforcement Purposes	Corrections Agency	Boards of Practice (Health Oversight)
		an adult.	disclosures.	
Unemancipated Minors	<p><u>Federal Citation:</u> 45 CFR §164.512(e), §164. 502(g)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently pursuant to a court order. Disclosure also permitted in response to subpoena, discovery request or similar lawful process. With limited exceptions, subpoena or discovery request must be accompanied by assurances that requesting party made reasonable efforts to either notify the individual of the request or to secure a protective order. Disclosures must be made in accordance with detailed requirements of HIPAA as well as state laws regarding appropriate legal documents and process.</p> <p><u>Minimum Necessary:</u> No, but with respect to court orders disclosure is limited to only information expressly authorized by the order</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Specific state law to support this disclosure is not required in order to disclose, but valid legal documents are required and appropriate process followed.</p>	<p><u>Federal Citation:</u> 45 CFR §164.512(f), §164. 502(g)(3)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently. Disclosures must be made in accordance to state laws regarding appropriate legal process for the following:</p> <ul style="list-style-type: none"> ▪ As required by law, including reporting wounds or injuries ▪ In compliance with and as limited by <ul style="list-style-type: none"> ○ A court order or court-ordered warrant, or a legal subpoena or summons ○ A grand jury subpoena; or ○ An administrative subpoena or summons, provided that: <ul style="list-style-type: none"> ▪ The information sought is relevant and material, and ▪ The request is specific and limited in scope <p>Limited information may also be released for identification and notification purposes, as related to a crime on the premises, and for</p>	<p><u>Federal Citation:</u> 45 CFR §164.512(k)(5), §164. 502(g)(3)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently. Disclosures are allowed to correctional institutions and law enforcement without authorization when the individual is an inmate for:</p> <ul style="list-style-type: none"> ▪ The provision of health care to the inmate ▪ The health and safety of the inmate or other inmates ▪ The health and safety of the officers and employees of the institution ▪ Law enforcement on the premises of the institution ▪ The administration and maintenance of safety, security, and good order of the institution <p>Additional disclosures are necessary to assist the custodial activities of corrections.</p> <p>An inmate is a person incarcerated in or otherwise confined to a correctional institution. Other persons held in lawful custody</p>	<p><u>Federal Citation:</u> 45 CFR §164.512(c), §164. 502(g)(3)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently.</p> <p>Disclosures allowed under laws regulating professional licensure; disclosure is allowed regardless of whether there is a law specific to the type of disclosure. Most licensure disclosures are defined in law or as part of professional guidelines and practices.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> State laws and practices for professional licensure are usually somewhat specific. If state or other law requires, MUST disclose. Provider cannot make independent decisions about whether or not to disclose.</p>

Purposes → Types of Data Being Disclosed ↓	Judicial and Administrative Proceedings (Including State/County Attorney)	Law Enforcement Purposes	Corrections Agency	Boards of Practice (Health Oversight)
	<p>The appropriate legal documents must be presented before the information can be disclosed. However, the covered entity can refuse to disclose in many cases (with the support of counsel) and can ask for greater specificity on need prior to disclosure.</p>	<p>reporting crime in an emergency.</p> <p><u>Minimum Necessary:</u> Yes. If appropriate legal documents are produced, disclosure is limited to relevant requirements of court order, warrant or judicial subpoena or grand jury subpoena. For other administrative requests, information sought must be relevant and material; request must be specific and limited; and de-identified information could not reasonably be used.</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Specific state law may require the reporting of certain types of wounds or injuries. If state or other law requires, MUST disclose. With respect to other disclosures for law enforcement, specific state law to support this disclosure is not required in order to disclose, but valid legal documents may be required and appropriate process followed.</p> <p>The appropriate legal documents must be presented before the information must be disclosed. However, the covered entity can refuse to disclose in many cases (with the support of counsel) and can ask for greater specificity on need prior to disclosure.</p>	<p>include juvenile offenders, adjudicated delinquents, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial. The individual is no longer an inmate when released on parole, probation, supervised release, or otherwise is no longer in lawful custody. Inmates also have limited individual privacy rights while in custody.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Specific state law to support this disclosure is not required in order to disclose. If state or other law requires, MUST disclose. Provider cannot make independent decisions about whether or not to disclose.</p>	
De-identified Information	<p><u>Federal Citation:</u> 45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on</p>	<p><u>Federal Citation:</u> 45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on</p>	<p><u>Federal Citation:</u> 45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on</p>	<p><u>Federal Citation:</u> 45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on</p>

Purposes → Types of Data Being Disclosed ↓	Judicial and Administrative Proceedings (Including State/County Attorney)	Law Enforcement Purposes	Corrections Agency	Boards of Practice (Health Oversight)
	<p>uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program without appropriate legal documents.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has minimal value for these purposes, and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose the information the law requires.</p>	<p>uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has minimal value for these purposes, and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose the information the law requires.</p>	<p>uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has minimal value for these purposes, and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose the information the law requires.</p>	<p>uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has minimal value for these purposes, and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose the information the law requires.</p>
Limited data set	<u>Does not apply</u>	<u>Does not apply</u>	<u>Does not apply</u>	<u>Does not apply</u>

**TABLE 7: DISCLOSURES FOR SPECIALIZED GOVERNMENT FUNCTIONS;
WORKERS' COMPENSATION; BUSINESS ASSOCIATES
(NON-TPO DISCLOSURES ALLOWED WITHOUT AUTHORIZATION)**

Purposes → Types of Data Being Disclosed ↓	Specialized Government Functions	Workers' Compensation (to employers for job-related illness or injury)	To Business Associates
General Individually Identifiable Health Information			
Individually identifiable information (adults and emancipated minors)	<p><u>Federal Citation:</u>45 CFR §164.512(k)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization:</p> <ul style="list-style-type: none"> ▪ To the appropriate military authorities for military and veteran's activities, including disclosures from the Department of Defense and the Department of Veteran's Affairs on domestic and foreign personnel as related to military mission and performance of duties ▪ For national security, intelligence activities, and protective services for the President and others ▪ For medical suitability determinations for officials in the Department of State <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes, except for national security and intelligence activities</p> <p><u>Special State Issues:</u> These are primarily federally directed activities. Minors who are enlisted in armed services are considered</p>	<p><u>Federal Citation:</u>45 CFR §164.512(l)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization. State or other law must REQUIRE disclosure for disclosure to be allowed.</p> <p>This covers disclosures to employers as allowed by law for documentation and monitoring of a worker's compensation, or any other program providing benefits for work-related illness and injury, situation and resolution. This does not apply to treatment, payment, and health care operations disclosures.</p> <p><u>Minimum Necessary:</u> Yes.</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> If state or other law requires, MUST disclose. Provider cannot make independent decisions about whether or not to disclose.</p>	<p><u>Federal Citation:</u>45 CFR §164.502(e)(1)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization, as long as the disclosure is for a legally permitted purpose that does not require authorization. Authorizations would be required in most cases when the business associate is providing marketing or fundraising services. The business associate must have signed a business associate contract that contains the appropriate assurances that the business associate will appropriately protect the information.</p> <p>This does NOT apply to disclosures for treatment. Business associate functions commonly fall into the area of health care operations, which would be subject to minimum necessary but do not need to be accounted for. Disclosures to business associates are subject to the provisions as required for the specific purpose of the disclosure.</p> <p><u>Minimum Necessary:</u> Yes, when required for the specific disclosure purpose.</p> <p><u>Accounting of Disclosure:</u> Yes, when</p>

Purposes → Types of Data Being Disclosed ↓	Specialized Government Functions	Workers' Compensation (to employers for job-related illness or injury)	To Business Associates
	emancipated in many states.		required for the specific disclosure purpose. <u>Special State Issues:</u> Some other federal laws, such as 42 CFR pt. 2, have similar provisions for entities providing similar services. 42 CFR pt. 2 calls these entities <i>qualified service organizations</i> . Requirements from all relevant federal laws need to be integrated.
Unemancipated Minors	<p><u>Federal Citation:</u>45 CFR §164.512(k)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently:</p> <ul style="list-style-type: none"> ▪ To the appropriate military authorities for military and veteran's activities, including disclosures from the Department of Defense and the Department of Veteran's Affairs on domestic and foreign personnel as related to military mission and performance of duties ▪ For national security, intelligence activities, and protective services for the President and others ▪ For medical suitability determinations for officials in the Department of State <p>Disclosures about minors in this category are likely to be rare.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes, except for national security and intelligence activities</p> <p><u>Special State Issues:</u> These are primarily federally directed activities. However, state laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws,</p>	<p><u>Federal Citation:</u>45 CFR §164.512(l)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently. State or other law must REQUIRE disclosure for disclosure to be allowed.</p> <p>This covers disclosures to employers as allowed by law for documentation and monitoring of a worker's compensation, or any other program providing benefits for work-related illness and injury, situation and resolution. This does not apply to treatment, payment, and health care operations disclosures.</p> <p>Disclosures about minors in this category are likely to be rare.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> If state or other law requires, MUST disclose. Provider cannot make independent decisions about whether or not to disclose.</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws,</p>	<p><u>Federal Citation:</u>45 CFR §164.502(e)(1)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently, as long as the disclosure is for a legally permitted purpose that does not require authorization. Authorizations would be required in most cases when the business associate is providing marketing or fundraising services. The business associate must have signed a business associate contract that contains the appropriate assurances that the business associate will appropriately protect the information.</p> <p>This does NOT apply to disclosures for treatment. Business associate functions commonly fall into the area of health care operations, which would be subject to minimum necessary but do not need to be accounted for. Disclosures to business associates are subject to the provisions as required for the specific purpose of the disclosure.</p> <p><u>Minimum Necessary:</u> Yes, when required for the specific disclosure purpose.</p> <p><u>Accounting of Disclosure:</u> Yes, when required for the specific disclosure purpose.</p> <p><u>Special State Issues:</u> Some other federal</p>

Purposes → Types of Data Being Disclosed ↓	Specialized Government Functions	Workers' Compensation (to employers for job-related illness or injury)	To Business Associates
	unemancipated minors may have all the rights of an adult. Minors who are enlisted in armed services are considered emancipated in many states.	unemancipated minors may have all the rights of an adult.	laws, such as 42 CFR pt. 2, have similar provisions for entities providing similar services. 42 CFR pt. 2 calls these entities <i>qualified service organizations</i> . Requirements from all relevant federal laws need to be integrated. State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult.
De-identified Information	<p><u>Federal Citation:</u>45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has little or no value for these purposes, and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose the information the law requires.</p>	<p><u>Federal Citation:</u> 45 CFR §164. 514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has little or no value for these purposes, and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose the information the law requires.</p>	<p><u>Federal Citation:</u> 45 CFR §164. 514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information may have value for some disclosures to business associates, and may sometimes be used for that purpose.</p>

Purposes → Types of Data Being Disclosed ↓	Specialized Government Functions	Workers' Compensation (to employers for job-related illness or injury)	To Business Associates
Limited data set	<u><i>Does not apply</i></u>	<u><i>Does not apply</i></u>	<u><i>Does not apply</i></u>

**TABLE 8: DISCLOSURES FOR RESEARCH; TO HHS; FOR MARKETING; FUNDRAISING
(NON-TPO DISCLOSURES ALLOWED WITHOUT AUTHORIZATION)**

Purposes → Types of Data Being Disclosed ↓	Research	To HHS	Marketing	Fundraising
General Individually Identifiable Health Information				
Individually identifiable information (adults and emancipated minors)	<p><u>Federal Citation:</u> 45 CFR §164.512(h)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure with patient authorization. It also allows disclosure without authorization:</p> <ul style="list-style-type: none"> ▪ With a waiver from an IRB/Privacy Board • For preparation for research, with assurance that the use or disclosure is solely to prepare a research protocol or other purposes preparatory to research, that the PHI is necessary, and that no PHI will be removed from the covered entity • For research on decedents, with assurance that the use or disclosure is solely on decedents, that the PHI is necessary, and that documentation of the deaths is being sought. ▪ For the creation of a research database, provided the covered entity obtains 	<p><u>Federal Citation:</u> 45 CFR §164.502(2)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA requires disclosure without patient authorization as requested by HHS for HIPAA compliance purposes.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> None</p>	<p><u>Federal Citation:</u> 45 CFR §164.501; 164.508(a)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure ONLY WITH patient authorization except in the following situations:</p> <ul style="list-style-type: none"> ▪ The marketing occurs during an in-person meeting with the patient (e.g., during a medical appointment). ▪ The marketing concerns products or services of nominal value (e.g., baby formula and products, pens, mugs). <p>Any arrangement where the covered entity is paid (directly or indirectly) to disclose PHI to a third party for the recipient to communicate about its service or considered marketing and requires patient authorization.</p> <p>A covered entity is <i>not</i> marketing when doing any of the following:</p> <ul style="list-style-type: none"> ▪ Describing a health-related product or service (or payment for such product or service) that is provided by, or included in a 	<p><u>Federal Citation:</u> 45 CFR §164.514(f)(1)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization if the covered entity:</p> <ul style="list-style-type: none"> ▪ Provides a statement in its Notice of Privacy Practices that individuals may be contacted for fundraising. (If this statement is not included, then no PHI can be used for fundraising.); and ▪ Includes in all fundraising materials sent to an individual a description of how to opt out of receiving any further fundraising communications; and ▪ Makes reasonable efforts to ensure that individuals who opt out of receiving future fundraising communications are not sent any <p>The covered entity may use or</p>

Purposes → Types of Data Being Disclosed ↓	Research	To HHS	Marketing	Fundraising
	<p>documentation that an IRB or Privacy Board has determined that the specified waiver criteria were satisfied.</p> <p>Researchers can also petition an IRB/Privacy Board for an alteration of authorization that may allow combining or conditioning authorizations specific to the research project.</p> <p>See the research definition for when this requirement applies.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes (unless authorized)</p> <p><u>Special State Issues:</u> States often have laws related to research and may specify varying levels of requirements. Some state laws may place more restrictions or conditions on research. State laws may have different or additional requirements for authorizations, such as other required statements or shorter time frames. State and other federal requirements for authorizations must be combined with the HIPAA requirements, and where requirements overlap, the most stringent must be followed. Identifiable information on certain conditions may have additional restrictions or conditions imposed to conduct research, including stringent limits or prohibitions on research.</p>		<p>plan of benefits of, the covered entity, including:</p> <ul style="list-style-type: none"> ▪ Describing the participating providers or plans in a network ▪ Describing replacement of, or enhancements to, a health plan ▪ Offering health-related products or services available only to a health plan enrollee that add value to, but are not part of, a plan of benefits <ul style="list-style-type: none"> • As part of a provider's treatment of the patient and for the purpose of furthering that treatment, including general information about health or specific health conditions <ul style="list-style-type: none"> ▪ For conducting case management or care coordination for the individual ▪ Recommending alternative treatments, therapies, health care providers or settings of care to the individual ▪ Recommending alternative treatments, therapies, health care providers or settings of care to the individual <p>Marketing is not a common activity for most public programs, and may be expressly prohibited. Note that distributing information on general health care and general treatment and lifestyle recommendations for specific conditions and diseases is considered allowable under the definition above, and is likely to fall under the program, department, or agency's public health function.</p>	<p>disclose a limited amount of PHI to a business associate or to an institutionally related foundation for the purpose of raising funds for its own benefit only, without an Authorization from the individual. That information is limited to demographic information and dates of health care provided to the individual.</p> <p>Any other use of or additional PHI desired for fundraising purposes is only allowed with patient authorization.</p> <p>Fundraising is not a common activity for most public programs, and may be expressly prohibited.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes (unless authorized)</p> <p><u>Special State Issues:</u> Unlikely much state law related specifically to health care fundraising. However, state laws may have different or additional requirements for authorizations, such as other required statements or shorter time frames. State and other federal requirements for authorizations must be combined with the HIPAA requirements, and where requirements overlap, the most stringent must be followed.</p>

Purposes → Types of Data Being Disclosed ↓	Research	To HHS	Marketing	Fundraising
			<p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes (unless authorized)</p> <p><u>Special State Issues:</u> Some state laws use a broader definition of "marketing" and require express permission for disclosures that would be allowed without patient authorization under HIPAA. State law may also have different or additional requirements for authorizations, such as other required statements or shorter time frames. State and other federal requirements for authorizations must be combined with the HIPAA requirements, and where requirements overlap, the most stringent must be followed.</p>	
Unemancipated Minors	<p><u>Federal Citation:</u> 45 CFR §164.512(h)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure with parent/guardian authorization, or minor authorization if able to seek services independently. It also allows disclosure without authorization from any party</p> <ul style="list-style-type: none"> ▪ With a waiver from an IRB/Privacy Board • For preparation for research, with assurance that the use or disclosure is solely to prepare a research protocol or other purposes preparatory to research, that the PHI is necessary, and that no PHI will be removed from the covered entity 	<p><u>Federal Citation:</u> 45 CFR §164.502(2)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA requires disclosure without patient authorization as requested by HHS for HIPAA compliance purposes.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> None</p>	<p><u>Federal Citation:</u> 45 CFR §164.501; 164.508(a)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure ONLY WITH parent/guardian authorization, or minor authorization if able to seek services independently authorization except in the following situations:</p> <ul style="list-style-type: none"> ▪ The marketing occurs during an in-person meeting with the patient (e.g., during a medical appointment). ▪ The marketing concerns products or services of nominal value (e.g., baby formula and products, pens, mugs). <p>Any arrangement where the covered entity is paid (directly or indirectly) to disclose PHI to a third party for the recipient to communicate about its</p>	<p><u>Federal Citation:</u> 45 CFR §164.514(f)(1)</p> <p>Likely more relevant to providers than payers.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently if the covered entity:</p> <ul style="list-style-type: none"> ▪ Provides a statement in its Notice of Privacy Practices that individuals may be contacted for fundraising.(If this statement is not included, then no PHI can be used for fundraising.) and ▪ Includes in all fundraising materials sent to an individual a description of how to opt out of receiving any further

Purposes → Types of Data Being Disclosed ↓	Research	To HHS	Marketing	Fundraising
	<ul style="list-style-type: none"> • For research on decedents, with assurance that the use or disclosure is solely on decedents, that the PHI is necessary, and that documentation of the deaths is being sought. ▪ For the creation of a research database, provided the covered entity obtains documentation that an IRB or Privacy Board has determined that the specified waiver criteria were satisfied. <p>Researchers can also petition an IRB/Privacy Board for an alteration of authorization that may allow combining or conditioning authorizations specific to the research project.</p> <p>See the research definition for when this requirement applies.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes (unless authorized)</p> <p><u>Special State Issues:</u> States often have laws related to research and may specify varying levels of requirements. Some state laws may place more restrictions or conditions on research. State laws may have different or additional requirements for authorizations, such as other required statements or shorter time frames. State and other federal requirements for authorizations must be combined with the HIPAA requirements, and where requirements overlap, the most</p>		<p>service or considered marketing and requires patient authorization.</p> <p>Any written communications where the covered entity is compensated either directly or indirectly by a third party are considered marketing and must be authorized.</p> <p>A covered entity is <i>not</i> marketing when doing any of the following:</p> <ul style="list-style-type: none"> ▪ Describing a health-related product or service (or payment for such product or service) that is provided by, or included in a plan of benefits of, the covered entity, including: <ul style="list-style-type: none"> ▪ Describing the participating providers or plans in a network ▪ Describing replacement of, or enhancements to, a health plan ▪ Offering health-related products or services available only to a health plan enrollee that add value to, but are not part of, a plan of benefits • As part of a provider's treatment of the patient and for the purpose of furthering that treatment, including general information about health or specific health conditions <ul style="list-style-type: none"> ▪ For conducting case management or care coordination for the individual ▪ Recommending alternative treatments, therapies, health care providers or settings of care to the individual <p>Marketing is not a common activity for</p>	<p>fundraising communications; and</p> <ul style="list-style-type: none"> ▪ Makes reasonable efforts to ensure that individuals who opt out of receiving future fundraising communications are not sent any <p>The covered entity may use or disclose a limited amount of PHI to a business associate or to an institutionally related foundation for the purpose of raising funds for its own benefit only, without an Authorization from the individual. That information is limited to demographic information and dates of health care provided to the individual.</p> <p>Any other use of or additional PHI desired for fundraising purposes is only allowed with parent/guardian authorization, or minor authorization if able to seek services independently.</p> <p>Fundraising is not a common activity for most public programs, and may be expressly prohibited.</p> <p>It is highly unlikely that covered entities would target minors for fundraising efforts. However, parents of minors who have been patients/clients of a covered provider are very likely targets.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes (unless authorized)</p> <p><u>Special State Issues:</u> Unlikely much state law related specifically</p>

Purposes → Types of Data Being Disclosed ↓	Research	To HHS	Marketing	Fundraising
	<p>stringent must be followed. Identifiable information on certain conditions may have additional restrictions or conditions imposed to conduct research, including stringent limits or prohibitions on research.</p> <p>Note: State or federal law may impose additional requirements on research involving minors.</p>		<p>most public programs, and may be expressly prohibited. Note that distributing information on general health care and general treatment and lifestyle recommendations for specific conditions and diseases is considered allowable under the definition above, and is likely to fall under the program, department, or agency's public health function.</p> <p>Minors are not likely to be a key marketing target for most covered entities. However, parents of minors who have been patients/clients of a covered provider are very likely targets.</p> <p>Minimum Necessary: Yes</p> <p>Accounting of Disclosure: Yes (unless authorized)</p> <p>Special State Issues: Some state laws use a broader definition of "marketing" and require express permission for disclosures that would be allowed without patient authorization under HIPAA. State law may also have different or additional requirements for authorizations, such as other required statements or shorter time frames. State and other federal requirements for authorizations must be combined with the HIPAA requirements, and where requirements overlap, the most stringent must be followed.</p>	<p>to health care fundraising. However, state laws may have different or additional requirements for authorizations, such as other required statements or shorter time frames. State and other federal requirements for authorizations must be combined with the HIPAA requirements, and where requirements overlap, the most stringent must be followed.</p>
De-identified Information	<p>Federal Citation: 45 CFR §164.514 (a)-(c)</p> <p>Required vs. Permitted Disclosure: No restrictions on</p>	<p>Federal Citation: 45 CFR §164.514 (a)-(c)</p> <p>Required vs. Permitted Disclosure: No restrictions on</p>	<p>Unlikely to apply.</p>	<p>Unlikely to apply.</p>

Purposes → Types of Data Being Disclosed ↓	Research	To HHS	Marketing	Fundraising
	<p>uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has little or no value for these purposes, and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose the information the law requires.</p>	<p>uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has little or no value for these purposes, and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose the information the law requires.</p>		
Limited Data Set	<p><u>Federal Citation:</u> 45 CFR §164.514 (e)</p> <p><u>Required vs. Permitted Disclosure:</u> Limited data sets can only be used for health care operations, research, and public health purposes.</p>	<u>Does not apply</u>	<u>Does not apply</u>	<u>Does not apply</u>

Purposes → Types of Data Being Disclosed ↓	Research	To HHS	Marketing	Fundraising
	<p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the limited data set safe harbor requirements for removal of specified identifiers.</p> <p>Must execute a data sharing agreement with the recipient prior to use or disclosure.</p> <p><u>Special State Issues:</u> The limited data set may apply to certain existing public data sets. State laws relating to use and disclosures of existing public data sets may now be preempted by HIPAA.</p>			

TABLE 9: DISCLOSURES TO SCHOOLS; TO CORONERS AND MEDICAL EXAMINERS; TO LAW ENFORCEMENT ABOUT CRIME VICTIMS; PUBLIC BENEFITS PROGRAMS (NON-TPO DISCLOSURES ALLOWED WITHOUT AUTHORIZATION)

Purposes → Types of Data Being Disclosed ↓	To Schools	Coroners and Medical Examiners	To Law Enforcement About Victims of a Crime	Public Benefits Programs
General Individually Identifiable Health Information				
Individually identifiable information (adults and emancipated minors)	<p><u>Federal Citation:</u> None Unlikely to apply to payer functions.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA requires patient authorization for all disclosures to schools.</p> <p>No specific provisions exist for disclosures without authorization; therefore all disclosures to schools must be authorized.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Some state laws may require exchange of PHI between providers and the schools without authorization. Generally these laws only pertain to information on minors. If the state law requires these disclosures, then the disclosures from providers to schools are allowed without authorization under the “Required by law” provision in the Privacy rule. (See “Required by law” section in Table 4)</p>	<p><u>Federal Citation:</u>45 CFR §164.512(g) Unlikely to apply to payer functions.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization. May only disclose to</p> <ul style="list-style-type: none"> ▪ A coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. ▪ Funeral directors as necessary to carry out their duties with respect to the individual. If necessary, covered entities may disclose PHI to funeral directors prior to, and in reasonable anticipation of, the individual’s death. <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Specific state law to support this disclosure is not required in order to disclose. If state or other law requires, MUST disclose. Provider cannot make independent decisions about</p>	<p><u>Federal Citation:</u>45 CFR §164.512(f)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization. May disclose if the individual agrees, or if incapacitated, sufficient justification is provided that the PHI is necessary to determine if others were involved in the crime and the law enforcement effort would be adversely affected without it.</p> <p>If the individual is incapacitated, the covered entity must also exercise professional judgment as to whether the disclosure is in the individual’s best interest, and law enforcement authorities must assure that the information is not intended to be used against the victim.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> If state or other law requires, MUST</p>	<p><u>Federal Citation:</u>45 CFR §164.512(f)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization. A health plan that is a government benefits program providing public benefits may disclose PHI relating to eligibility for or enrollment in the health plan to another program providing public benefits, if sharing of eligibility or enrollment information among such government agencies or the maintenance of such information in a single or combined data system accessible to all such government agencies is required or expressly authorized by statute or regulation.</p> <p>Disclosure between government benefit programs can only occur when both programs serve the same or similar populations, and the disclosure of PHI is necessary to coordinate the covered functions of those programs, or to improve administration and management relating to the covered functions of those programs.</p> <p><u>Minimum Necessary:</u> Yes</p>

Purposes → Types of Data Being Disclosed ↓	To Schools	Coroners and Medical Examiners	To Law Enforcement About Victims of a Crime	Public Benefits Programs
		whether or not to disclose.	disclose. Provider cannot make independent decisions about whether or not to disclose.	<p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> State laws define the authority and relationships between certain public benefits programs, which will determine many of the parameters for uses and disclosures between those programs.</p>
Unemancipated Minors	<p><u>Federal Citation:</u> None</p> <p>Unlikely to apply to payer functions.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA requires parent/guardian authorization, or minor authorization if able to seek services independently, for all disclosures to schools.</p> <p>No specific provisions exist for disclosures without authorization; therefore all disclosures to schools must be authorized.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Special State Issues:</u> Some state laws may require exchange of PHI between providers and the schools without authorization. Generally these laws only pertain to information on minors. If the state law requires these disclosures, then the disclosures from providers to schools are allowed without authorization under the “Required by law” provision in the Privacy rule. (See “Required by law” section in Table 4.) If state or other law</p>	<p><u>Federal Citation:</u>45 CFR §164.512(g)</p> <p>Unlikely to apply to payer functions.</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently. May only disclose to</p> <ul style="list-style-type: none"> ▪ A coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. ▪ Funeral directors as necessary to carry out their duties with respect to the individual. If necessary, covered entities may disclose PHI to funeral directors prior to, and in reasonable anticipation of, the individual’s death. <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> Specific state law to support this disclosure is not required in order to disclose. If state or other law requires, MUST</p>	<p><u>Federal Citation:</u>45 CFR §164.512(f)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently. May disclose if the parent/guardian or minor agrees, or if incapacitated, sufficient justification is provided that the PHI is necessary to determine if others were involved in the crime and the law enforcement effort would be adversely affected without it.</p> <p>If the parent/guardian or minor is incapacitated, the covered entity must also exercise professional judgment as to whether the disclosure is in the individual’s best interest, and law enforcement authorities must assure that the information is not intended to be used against the victim.</p> <p><u>Minimum Necessary:</u> Yes</p>	<p><u>Federal Citation:</u>45 CFR §164.512(f)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently. A health plan that is a government benefits program providing public benefits may disclose PHI relating to eligibility for or enrollment in the health plan to another program providing public benefits, if sharing of eligibility or enrollment information among such government agencies or the maintenance of such information in a single or combined data system accessible to all such government agencies is required or expressly authorized by statute or regulation.</p> <p>Disclosure between government benefit programs can only occur when both programs serve the same or similar populations, and the disclosure of PHI is necessary to coordinate the covered functions of those programs, or to improve administration and management relating to the covered functions of those programs.</p>

Purposes → Types of Data Being Disclosed ↓	To Schools	Coroners and Medical Examiners	To Law Enforcement About Victims of a Crime	Public Benefits Programs
	<p>requires, MUST disclose. Provider cannot make independent decisions about whether or not to disclose.</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult.</p>	<p>disclose. Provider cannot make independent decisions about whether or not to disclose.</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult.</p>	<p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> If state or other law requires, MUST disclose. Provider cannot make independent decisions about whether or not to disclose. State laws often require reporting of suspected child abuse or endangerment (most often by providers).</p> <p>State laws define/control legal issues related to minors. Under certain specific conditions or programs as defined by state/federal laws, unemancipated minors may have all the rights of an adult.</p>	<p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Yes</p> <p><u>Special State Issues:</u> State laws define the authority and relationships between certain public benefits programs, which will determine many of the parameters for uses and disclosures between those programs.</p>
De-identified Information	<p><u>Federal Citation:</u>45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p>	<u>Unlikely to apply.</u>	<u>Unlikely to apply.</u>	<p><u>Federal Citation:</u> 45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p>

Purposes → Types of Data Being Disclosed ↓	To Schools	Coroners and Medical Examiners	To Law Enforcement About Victims of a Crime	Public Benefits Programs
	<p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has little or no value for these purposes and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose the information the law requires.</p>			<p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p><u>Note:</u> De-identified information generally has little or no value for these purposes and is rarely used for that purpose. If the disclosure is required by law, the provider must disclose the information the law requires.</p>
Limited Data set	<u>Does not apply</u>	<u>Does not apply</u>	<u>Does not apply</u>	<u>Does not apply</u>

**TABLE 10: DISCLOSURES TO GOVERNMENT DEPARTMENTS AND AGENCIES PERFORMING BUSINESS ASSOCIATE FUNCTIONS: COUNTY AND STATE FINANCE AND ACCOUNTING; CENTRAL IT; COUNTY AND STATE ATTORNEYS; ARCHIVES
(NON-TPO DISCLOSURES ALLOWED WITHOUT AUTHORIZATION)**

Purposes → Types of Data Being Disclosed ↓	Central County or State Finance and Accounting	Central IT	County Attorney or State Attorney General	Archives
General Individually Identifiable Health Information				
Individually identifiable information (adults and emancipated minors)	<p><u>Federal Citation:</u>45 CFR §164.502(e)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization, as long as the disclosure is for a legally permitted purpose that does not require authorization.</p> <p>State and County Finance and Accounting departments normally provides billing, accounting, and funds receipt services, which are part of health care operations, but are usually in a separate department or agency. This separation qualifies them as a business associates, but in government entities the contract requirements can be met through a Memorandum of Understanding (MOU), or through legislative authority that contains the necessary business associate assurances that the department will appropriately protect the information. Normal functions should not be affected.</p> <p>In this role, the department normally</p>	<p><u>Federal Citation:</u>45 CFR §164.502(e)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization, as long as the disclosure is for a legally permitted purpose that does not require authorization.</p> <p>Centralized IT departments provide information technology development and support services, which are part of health care operations, but are usually in a separate department or agency. This separation qualifies them as a business associates, but in government entities the contract requirements can be met through a Memorandum of Understanding (MOU), or through legislative authority that contains the necessary business associate assurances that the department will appropriately protect the information. Normal functions should not be affected.</p> <p>In this role, the department normally only uses and discloses PHI under</p>	<p><u>Federal Citation:</u>45 CFR §164.502(e)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization, as long as the disclosure is for a legally permitted purpose that does not require authorization.</p> <p>State and County Attorneys provide legal services, which are part of health care operations, but are usually in a separate department or agency. This separation qualifies them as a business associates, but in government entities the contract requirements can be met through a Memorandum of Understanding (MOU), or through legislative authority that contains the necessary business associate assurances that the attorneys will appropriately protect the information. Normal functions</p>	<p><u>Federal Citation:</u>45 CFR §164.502(e)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without patient authorization, as long as the disclosure is for a legally permitted purpose that does not require authorization.</p> <p>Archives offices provide record retention and destruction services, which are part of health care operations, but are usually in a separate department or agency. This separation qualifies them as a business associates, but in government entities the contract requirements can be met through a Memorandum of Understanding (MOU), or through legislative authority that contains the necessary business associate assurances that the offices will appropriately protect the information. Normal functions should not be affected.</p> <p>In this role, the department normally only uses and discloses PHI under</p>

Purposes → Types of Data Being Disclosed ↓	Central County or State Finance and Accounting	Central IT	County Attorney or State Attorney General	Archives
	<p>only uses and discloses PHI under the direction of and on behalf of the covered entity.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Not normally.</p> <p><u>Special State Issues:</u> None likely</p>	<p>the direction of and on behalf of the covered entity.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Not normally.</p> <p><u>Special State Issues:</u> None likely</p>	<p>should not be affected.</p> <p>In this role, the department normally only uses and discloses PHI under the direction of and on behalf of the covered entity.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Not normally.</p> <p><u>Special State Issues:</u> None likely</p>	<p>the direction of and on behalf of the covered entity.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Not normally.</p> <p><u>Special State Issues:</u> None likely</p>
Unemancipated Minors	<p><u>Federal Citation:</u>45 CFR §164.502(e)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently, as long as the disclosure is for a legally permitted purpose that does not require authorization.</p> <p>State and County Finance and Accounting departments normally provides billing, accounting, and funds receipt services, which are part of health care operations, but are usually in a separate department or agency. This separation qualifies them as a business associates, but in government entities the contract requirements can be met through a Memorandum of Understanding (MOU), or through legislative authority that contains the necessary business associate assurances that the department will appropriately</p>	<p><u>Federal Citation:</u>45 CFR §164.502(e)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently, as long as the disclosure is for a legally permitted purpose that does not require authorization.</p> <p>Centralized IT departments provide information technology development and support services, which are part of health care operations, but are usually in a separate department or agency. This separation qualifies them as a business associates, but in government entities the contract requirements can be met through a Memorandum of Understanding (MOU), or through legislative authority that contains the necessary business associate assurances that the department will appropriately protect the information. Normal</p>	<p><u>Federal Citation:</u>45 CFR §164.502(e)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently, as long as the disclosure is for a legally permitted purpose that does not require authorization.</p> <p>State and County Attorneys provide legal services, which are part of health care operations, but are usually in a separate department or agency. This separation qualifies them as a business associates, but in government entities the contract requirements can be met through a Memorandum of Understanding (MOU), or through legislative authority that contains the necessary business associate assurances</p>	<p><u>Federal Citation:</u>45 CFR §164.502(e)(3)</p> <p><u>Required vs. Permitted Disclosure:</u> HIPAA allows disclosure without parent/guardian authorization, or minor authorization if able to seek services independently, as long as the disclosure is for a legally permitted purpose that does not require authorization.</p> <p>Archives offices provide record retention and destruction services, which are part of health care operations, but are usually in a separate department or agency. This separation qualifies them as a business associates, but in government entities the contract requirements can be met through a Memorandum of Understanding (MOU), or through legislative authority that contains the necessary business associate assurances that the offices will appropriately protect the information. Normal functions</p>

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	<p>protect the information. Normal functions should not be affected.</p> <p>In this role, the department normally only uses and discloses PHI under the direction of and on behalf of the covered entity.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Not normally.</p> <p><u>Special State Issues:</u> None likely</p>	<p>functions should not be affected.</p> <p>In this role, the department normally only uses and discloses PHI under the direction of and on behalf of the covered entity.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Not normally.</p> <p><u>Special State Issues:</u> None likely</p>	<p>that the attorneys will appropriately protect the information. Normal functions should not be affected.</p> <p>In this role, the department normally only uses and discloses PHI under the direction of and on behalf of the covered entity.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Not normally.</p> <p><u>Special State Issues:</u> None likely</p>	<p>should not be affected.</p> <p>In this role, the department normally only uses and discloses PHI under the direction of and on behalf of the covered entity.</p> <p><u>Minimum Necessary:</u> Yes</p> <p><u>Accounting of Disclosure:</u> Not normally.</p> <p><u>Special State Issues:</u> None likely</p>
De-identified Information	<p><u>Federal Citation:</u> 45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified.</p>	<p><u>Federal Citation:</u> 45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified.</p>	<p><u>Federal Citation:</u> 45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some</p>	<p><u>Federal Citation:</u> 45 CFR §164.514 (a)-(c)</p> <p><u>Required vs. Permitted Disclosure:</u> No restrictions on uses and disclosures for any purpose. No disclosure can explicitly or implicitly identify that the patient has or had a substance abuse condition or participated in a substance abuse program.</p> <p><u>Minimum Necessary:</u> No</p> <p><u>Accounting of Disclosure:</u> No</p> <p><u>Other Requirements:</u> Must meet the safe harbor requirements for removal of specified identifiers or conduct statistical tests and determine minimal risk before release as de-identified information.</p> <p><u>Special State Issues:</u> Some state laws may have different definitions of what is considered de-identified.</p>

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	<p>The stricter definition should be followed.</p> <p>Note: De-identified information may have value for some disclosures to business associates, and may sometimes be used for that purpose.</p>	<p>The stricter definition should be followed.</p> <p>Note: De-identified information may have value for some disclosures to business associates, and may sometimes be used for that purpose.</p>	<p>state laws may have different definitions of what is considered de-identified. The stricter definition should be followed.</p> <p>Note: De-identified information may have value for some disclosures to business associates, and may sometimes be used for that purpose.</p>	<p>The stricter definition should be followed.</p> <p>Note: De-identified information may have value for some disclosures to business associates, and may sometimes be used for that purpose.</p>
Limited data set	<p>Federal Citation: 45 CFR §164.514 (e)</p> <p>Required vs. Permitted Disclosure: Limited data sets can only be used for health care operations, research, and public health purposes.</p> <p>Minimum Necessary: Yes</p> <p>Accounting of Disclosure No</p> <p>Other Requirements: Must meet the limited data set safe harbor requirements for removal of specified identifiers.</p> <p>Must execute a data sharing agreement with the recipient prior to use or disclosure.</p> <p>Special State Issues: The limited data set may apply to certain existing public data sets. State laws relating to use and disclosures of existing public data sets may now be preempted by HIPAA.</p>	<p>Federal Citation: 45 CFR §164.514 (e)</p> <p>Required vs. Permitted Disclosure: Limited data sets can only be used for health care operations, research, and public health purposes.</p> <p>Minimum Necessary: Yes</p> <p>Accounting of Disclosure No</p> <p>Other Requirements: Must meet the limited data set safe harbor requirements for removal of specified identifiers.</p> <p>Must execute a data sharing agreement with the recipient prior to use or disclosure.</p> <p>Special State Issues: The limited data set may apply to certain existing public data sets. State laws relating to use and disclosures of existing public data sets may now be preempted by HIPAA.</p>	<p>Federal Citation: 45 CFR §164.514 (e)</p> <p>Required vs. Permitted Disclosure: Limited data sets can only be used for health care operations, research, and public health purposes.</p> <p>Minimum Necessary: Yes</p> <p>Accounting of Disclosure No</p> <p>Other Requirements: Must meet the limited data set safe harbor requirements for removal of specified identifiers.</p> <p>Must execute a data sharing agreement with the recipient prior to use or disclosure.</p> <p>Special State Issues: The limited data set may apply to certain existing public data sets. State laws relating to use and disclosures of existing public data sets may now be preempted by HIPAA.</p>	<p>Federal Citation: 45 CFR §164.514 (e)</p> <p>Required vs. Permitted Disclosure: Limited data sets can only be used for health care operations, research, and public health purposes.</p> <p>Minimum Necessary: Yes</p> <p>Accounting of Disclosure No</p> <p>Other Requirements: Must meet the limited data set safe harbor requirements for removal of specified identifiers.</p> <p>Must execute a data sharing agreement with the recipient prior to use or disclosure.</p> <p>Special State Issues: The limited data set may apply to certain existing public data sets. State laws relating to use and disclosures of existing public data sets may now be preempted by HIPAA.</p>