

Disclosure Guidelines

Patients are informed of routine uses and disclosures of their information for treatment, payment and health care operations purposes through the UF/Shands Notice of Privacy Practices (NPP). Consent for necessary disclosures for payment purposes and to the health department are included in the University of Florida Physicians' Patient Consent form.

Patients are also informed in the NPP of other potential disclosures of their information, which, though permitted, may occur without the patient's knowledge or authorization. These disclosures are the ones that must be reported if a patient requests an Accounting of Disclosures.

The following is a general guide, *not meant to be all-inclusive*, for what does and does not need to be entered into the Disclosure Tracking System.

DISCLOSURE	DISCLOSURE PERMITTED IN FLORIDA WITHOUT PATIENT CONSENT?	ENTER IN DISCLOSURE TRACKING SYSTEM?	EXAMPLES	STATUTORY OR REGULATORY BASIS
To a Public Health Authority that receives PHI for the purpose of preventing or controlling disease, injury or disability	REQUIRED	YES	<ul style="list-style-type: none"> - Reports of vital events (birth, death) - Reports of public health surveillance, investigations, and interventions* - (Florida) Reports of adverse incidents involving medical treatment 	§164.512 (b)(1)(i) F.S. 384.25 F.S. 392.53 F.S. 385.202 F.S. 459.026
	REQUIRED	NO, if UFP Consent form signed	<ul style="list-style-type: none"> - Reports of immunizations and communicable diseases - includes sexually transmissible diseases, tuberculosis, and cancer 	
To Persons or Entities subject to the US Food & Drug Administration (FDA) , including product manufacturers and product surveillance groups	PERMITTED	YES	<ul style="list-style-type: none"> - FDA reports of adverse events, products defects, problems, or biological deviations - FDA reports for tracking FDA-regulated products, - FDA reports to enable recalls, repairs, replacements and lookbacks - FDA reports to conduct post-marketing surveillance 	§164.512 (b)(1)(iii) 21 CFR 803
To a Person who may have been exposed to, or may be at risk of contracting or spreading a disease or condition	PERMITTED , with conditions	NO	<ul style="list-style-type: none"> - Reports of needle-sharing or sexual relations, where conditions have been met <i>and the patient agrees</i> 	§164.512 (b)(1)(iv)
To an Employer about an employee (See Workman's Compensation)	PERMITTED , with conditions	YES	<ul style="list-style-type: none"> - Where <u>care</u> is at employer's request and meets other conditions, such as being related to workplace safety or injury, and where the employee has been notified in writing prior to treatment that such disclosures are made. 	§164.512 (b)(1)(v)

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<p>To a Governmental or Social Services agency authorized to receive reports about victims of abuse or neglect,</p>	<p>REQUIRED</p>	<p>YES</p>	<ul style="list-style-type: none"> - Reports of known or suspected child abuse; - Reports of elder abuse, abuse of mentally ill or developmentally disabled 	<p>§164.512 (b)(1)(ii) §164.512 (c)</p>
<p>or domestic violence</p>	<p>NOT PERMITTED Except to report gunshot wounds or other life-threatening injuries indicating violence.</p>	<p>N/A</p>	<ul style="list-style-type: none"> - Reports of domestic or intimate partner violence, <i>only if the victim agrees</i> 	<p>F.S. 39.201(1) F.S. 415.1034(2) F.S. 790.24</p>
<p>To Health Oversight Agencies for investigations, inspections, audits, etc.</p>	<p>REQUIRED</p>	<p>YES</p>	<ul style="list-style-type: none"> - Florida Insurance Commission, Florida Health Professional Licensure Board, Offices of Inspectors General of federal agencies, the Department of Justice, Florida Medicaid Fraud Control, Defense Criminal Investigative Services, the Pension and Welfare Benefit Administration, the HHS Office for Civil Rights, and the FDA. 	<p>§164.512 (d)</p>
<p>To Courts, Judges, Attorneys, etc., in response to judicial or administrative proceedings</p>	<p>REQUIRED</p>	<p>YES</p>	<ul style="list-style-type: none"> - Includes court orders, subpoenas, and other lawful processes requiring the disclosure of individually identifiable health information, for which the patient was not notified and has not given authorization. Does NOT include attorney / discovery requests authorized by the patient. 	<p>§164.512 (e)</p>
<p>To a Law Enforcement Official,</p> <ul style="list-style-type: none"> • To locate or identify a suspect, fugitive, material witness or missing person, subject to certain conditions • About a victim or suspected victim of a crime in cases of emergency or incapacitation • Related to crime on the premises • Related to crime in emergency situations 	<p>NOT PERMITTED, except to report gun-shot wounds or other life-threatening injuries indicating violence. (Medical records may not be furnished to, and the medical condition of a patient may not be discussed with, any person other than the patient or the patient's legal representative or other health care practitioners involved in the care of the patient, except upon written authorization of the patient.)</p>	<p>YES, if disclosed in error or accidentally. Otherwise, N/A</p>	<ul style="list-style-type: none"> - Law enforcement requesting address, date of birth, personal identification information, date of last encounter, etc. 	<p>§164.512 (f) (2), (3), (4), (5), & (6) F.S. 456.057(5)(a) F.S. 790.24</p>

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<p>To a Law Enforcement Official</p> <ul style="list-style-type: none"> • About a decedent, if criminal conduct is suspected related to the death • To report a gunshot wound or life-threatening injury caused by violence 	<p>REQUIRED Any physician, nurse, or employee of a hospital, sanitarium, clinic, or nursing home treating or receiving a request for treatment must report immediately to local law enforcement any gunshot wound or life-threatening injury, indicating an act of violence.</p>	YES		<p>§164.512 (f) (1) (i), (4) F.S. 790.24</p>
<p>To Coroners and Medical Examiners</p>	<p>REQUIRED Any person in the district where a death occurs who becomes aware of the death of any person in the State occurring under certain circumstances, must report such... to the district medical examiner.</p>	YES	<ul style="list-style-type: none"> - To identify a deceased person - To determine cause of death - Other duties as required by law 	<p>§164.512 (g)(1) F.S. 39.201(3) F.S. 406.12</p>
<p>To Funeral Directors</p>	<p>REQUIRED Information consistent with applicable law and in accordance with duties for the decedent</p>	YES	<ul style="list-style-type: none"> - To complete a death certificate 	<p>§164.512 (g)(2)</p>
<p>To Organ Donation entities engaged in procurement, banking, or transplantation of cadaveric organs, eyes, or tissues</p>	<p>PERMITTED</p>	YES, if not authorized	<ul style="list-style-type: none"> - Any information disclosed to facilitate cadaveric transplants, unless authorized by the patient's legal representative after death 	<p>§164.512 (h)</p>
<p>To the patient</p>	<p>PERMITTED, with signed authorization</p>	NO	<p>That is, to the patient about themselves.</p>	<p>§164.502 (a)(1)(i) §164.528 (ii)</p>
<p>For Research, if no patient authorization</p>	<p>PERMITTED, with conditions</p>	YES	<ul style="list-style-type: none"> - Only for Research using an IRB waiver of authorization or certification for review 	<p>§164.512 (i)</p>

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<p>To appropriate persons deemed reasonably able to avert a serious threat to health or safety</p>	<p>PERMITTED</p> <ul style="list-style-type: none"> - Information disclosed to a patient-identified target or to the general public. - Notifying law enforcement to identify or apprehend an individual admitting to participating in violent crime or to escaping custody. <p>NOTE: Both are subject to certain conditions.</p>	<p>YES</p>	<p>Disabled Drivers: If a [care giver] knows a licensed driver has a mental or physical disability to drive, or needs to wear a medical ID bracelet, s/he is authorized to report such knowledge to the Department of Highway Safety and Motor Vehicles.</p> <p>DUI: If a health care provider, providing medical care in a health care facility to a person injured in a motor vehicle crash, becomes aware, as a result of any blood test performed in the course of medical treatment, that the persons' blood-alcohol level meets or exceeds 0.08 grams of alcohol per 100 ml. of blood, the health care provider may notify any law enforcement officer or law enforcement agency.</p>	<p>§164.512 (j)</p> <p>F.S. 322.126(2)</p> <p>F.S. 316.1933 (2)(a)</p>
<p>To government agencies for specialized government functions To federal or counter-intelligence agents</p>	<p>Call the Privacy Office for consultation on these types of disclosures.</p>	<p>Call</p>	<ul style="list-style-type: none"> - To military command or for internal use by Veteran's Affairs - For protective services for federal officials - For national security or intelligence purposes. 	<p>§164.512(k) (1), (2), (3)</p> <p>§164.528 (vi)</p>
<p>To Worker's Compensation or similar agencies</p>	<p>PERMITTED</p>	<p>YES, if not authorized</p>	<p>As authorized and to the extent of the law.</p>	<p>§164.512 (l)</p> <p>Fla. Stat. 440.13(4)(c)</p>
<p>To Business Associates</p>	<p>PERMITTED, with valid Business Associate Agreement</p>	<p>NO</p>	<p>For purposes of treatment, payment or operations</p>	<p>§164.528</p>
<p>Unlawful or unauthorized disclosures of which we have knowledge</p>	<p>N/A</p>	<p>YES</p>	<p>Examples: misdirected fax or e-mail to outside of UF, release of information based on invalid authorization, accidental verbal or written disclosures to unauthorized recipients, etc.</p>	<p>§164.528 (a)(1)</p>
<p>To members of the UF/Shands workforce for treatment, payment or health care operations</p>	<p>PERMITTED, as necessary to carry out the agreement under the Organized Health Care Arrangement (OHCA)</p>	<p>NO</p>	<p>Operations include quality improvement, outcomes analysis, medical review, legal services, auditing functions, business planning, training and education, accreditation, licensing, certification, credentialing and general administrative functions.</p>	<p>§164.502 (a)(1)(ii)</p> <p>§164.506</p> <p>§164.528 (i)</p>
<p>To another covered entity for treatment purposes</p>	<p>PERMITTED, preferably with signed authorization</p>	<p>NO</p>		

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To another covered entity for payment and health care operations purposes of that covered entity	NOT PERMITTED			
Incidental Disclosures	N/A	NO	Disclosures that occur during regular work routines if reasonable precautions were taken to protect the information.	§164.528 (a)(1)(iii)
Pursuant to or in compliance with a valid authorization	PERMITTED	NO	Subject to preemption by other laws for mental health, substance abuse, and STDs. §164.508 defines what is required for a valid authorization.	§164.502 (a)(iv) §164.528 (iv)
Pursuant to verbal agreement after opportunity to object – or in emergency	PERMITTED	NO	For the facility directory, to persons directly involved in patient care (family, friends, advocates etc.), and clergy.	§164.510 §164.528 (v)
To correctional institutions or law enforcement custodial situations	PERMITTED	NO	For care of inmate, health and safety of other inmates or custodians, or for administrative needs of the correctional facility.	§164.512 (k)(5) §164.528 (vii)
Any disclosures that occurred prior to April 14, 2003	N/A	NO	April 14, 2003 is the beginning date for compliance with the Privacy Rule.	§164.528 (ix)