I. 11.2.10 Use and Disclosure for Judicial or Administrative Proceedings

Chapter 11 - Patient Privacy	Original Effective Date: April 2003
Section: 11.2 Uses and Disclosures of Protected Health Information	Date Last Reviewed: September 2026
Responsible Entity: Chief Compliance and Privacy Officer	Date Last Revised: September 2026

II. Purpose

The purpose of this policy is to outline the requirements for using or disclosing protected health information without an individual's authorization for judicial and administrative proceedings.

III. Scope

This policy applies to all Workforce Members—including faculty, staff, students, healthcare providers, contractors, and researchers—who have direct or indirect access to Protected Health Information (PHI). This includes all PHI maintained by UT Health San Antonio (UTHSA) and its controlled affiliates, such as clinics, hospitals, and research facilities.

IV. Policy

A. PHI may be disclosed without authorization for judicial and administrative proceedings as described in this Policy.

B. Requirements

1. UTHSA workforce members may disclose PHI without authorization for judicial and administrative proceedings if it is:
    a. In response to an order of a court or administrative tribunal, provided that workforce members only disclose the PHI expressly authorized by such order; or,
    b. In response to a subpoena, discovery request, or other lawful process, which is not accompanied by an order of a court or administrative tribunal, if:
        i. Workforce members receive satisfactory assurance from the requesting party that reasonable efforts have been made to notify the individual whose PHI is being requested; or,

ii. Workforce members receives satisfactory assurance from the requesting party that reasonable efforts have been made to obtain a qualified protective order that meets the requirements of this section.

c. If satisfactory assurance is received from a party seeking PHI along with a written statement and accompanying documentation demonstrating that:

i. The party requesting such information has made a good faith attempt to provide written notice to the individual (or, if the individual's location is unknown, to mail a notice to the individual's last known address);

ii. The notice included sufficient information about the litigation or proceeding in which the PHI is requested to permit the individual to raise an objection to the court or administrative tribunal; and,

iii. The time for the individual to raise objections to the court or administrative tribunal has elapsed, and:

(1) No objections were filed; or,

(2) All objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

iv. For the purposes of this section, if satisfactory assurance is received from a party seeking PHI including a written statement and accompanying documentation demonstrating that:

(1) The parties to the dispute giving rise to the request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or,

(2) The party seeking PHI has requested a qualified protective order from such court or administrative tribunal. For purposes of this policy, a "qualified protective order" means, with respect to PHI requested under this section, an order of a court or of an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that:

(a) Prohibits the parties from using or disclosing PHI for any purpose other than the litigation of proceeding for which such information was requested; and,

(b) Requires the return or destruction of PHI (including all copies made) at the end of the litigation or proceeding.

v. Notwithstanding guidelines as described above, UTHSA may disclose PHI in response to a lawful process without receiving full satisfactory assurance (as described above), if a UTHSA workforce member makes reasonable efforts to provide notice to the individual sufficient to meet the requirements of this section or to seek a qualified protective order.

V. Definitions

Terms used in this document have the meaning set forth in the Patient Privacy Policies Glossary *unless a different meaning is required by context.*

VI. Related References

For questions regarding this policy, contact the Privacy Program Director at 210-567-2014 or compliance@uthscsa.edu.

Health Insurance Portability and Accountability Act (HIPAA) of 1996
HIPAA Privacy Rule, 45 CFR Part 160 and Subparts A and E of Part 164
*HIPAA Security Rul*e, 45 CFR Part 160 and Subparts A and C of Part 164

VII. Review and Approval History

The approving authority of this policy is the University Executive Committee.

Effective Date	Action Taken	Approved By	Approved Date
04/2003	Policy Origination		
03/2013	Policy Revision		
01/2023	Policy Review, Discretionary Edits	ICPO	01/04/2023
09/2026	Policy Review, Discretionary Edits	ICPO	09/21/2026