



## 11.2.14 Uses and Disclosures Requiring the Opportunity to Agree or Object

Chapter 11 - Patient Privacy	Original Effective Date: April 2003
Section: 11.2 Uses and Disclosures of Protected Health Information	Date Last Reviewed: January 2023
Responsible Entity: Chief Compliance and Privacy Officer	Date Last Revised: January 2023

### I. Purpose

UT Health San Antonio may use or disclose protected health information provided that the individual is informed in advance of the use or disclosure and has the opportunity to agree to or to prohibit or restrict the use or disclosure as described in this policy.

### II. Scope

This policy applies to all faculty, staff, students, residents, healthcare providers, researchers, contractors, or any other individual (collectively, Workforce Member, including employees and non-employees) who has direct or indirect access to patient protected health information (PHI) created, held or maintained by any UT Health San Antonio controlled affiliate, including, but not limited to its clinics, hospitals, and research operations.

### III. Policy

#### A. Facility Directories

1. Except when an objection is expressed, UT Health San Antonio may use the following portions of the patient's PHI to maintain a directory of individuals being treated in its clinic.
  - a. The individual's name;
  - b. The individual's location in the facility;
  - c. The individual's condition described in general terms that do not communicate specific medical information about the individual; or,
  - d. The individual's religious affiliation.

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2. Workforce members may disclose facility directory information, as listed above, to members of the clergy even if the clergy member does not inquire about an individual by name.
3. Workforce members may disclose directory information, except for the individual's religious affiliation, to other persons who ask for the individual by name. UT Health San Antonio has the right to withhold some portions of the patient's facility directory information, if based on professional judgement, it determines that this is in the patient's best interest.
4. UT Health San Antonio gives the individual the opportunity to object to such uses and disclosures. The individual is informed of information included in the directory via the "Notice of Privacy Practices". If the individual objects, UT Health San Antonio will not include the individual's information in the directory, as permitted by this policy.
5. If the opportunity to object to uses or disclosures cannot be practically provided because of the individual's incapacity or an emergency treatment circumstance, UT Health San Antonio may use or disclose some or all of the PHI as described in this policy if such disclosure is:
  - a. Consistent with a prior expressed preference of the individual, if any, that is known to the health care provider; and,
  - b. In the individual's best interest as determined by UT Health San Antonio, in the exercise of professional judgment.
6. UT Health San Antonio must inform the individual and provide an opportunity to object to uses and disclosures for directory purposes as required by this policy when it becomes practical to do so, such as when the patient is able to state their preferences or when a reliable personal representative for the patient becomes available.

### B. Family and Friends

1. Workforce members may disclose to a family member, other relative, or a close personal friend of the individual, or any other person identified by the individual, the PHI directly relevant to such person's involvement with the individual's care or payment related to the individual's health care.
2. Workforce members may use or disclose PHI to notify or to assist in notifying a family member, personal representative, or another person responsible for the care of an individual of the individual's location, general condition, or death.
3. If the individual is present, or is otherwise available prior to a use or disclosure and has the capacity to make health care decisions, a Workforce member may use or disclose the PHI if they:
  - a. Obtain the individual's agreement;

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- b. Provide the individual with the opportunity to object, and the individual does not express an objection; or,
  - c. Reasonably infer from the circumstances, based on the exercise of professional judgement, that the individual does not object to such a disclosure.
4. If the individual is not present or the opportunity to agree or object cannot practically be provided because of the individual's incapacity or in an emergency circumstance, a Workforce member may, in exercise of professional judgement, determine whether the disclosure is in the best interest of the individual. If a Workforce member decides to do this, they should disclose only the PHI that is directly relevant to the person's involvement with the individual's health care.
5. Workforce members may use professional judgment and experience with common practices to make reasonable inferences of an individual's best interest in allowing another person to act on behalf of an individual to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI.
6. UT Health San Antonio may use or disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purposes of coordinating with such entities the uses and disclosures permitted in this policy. This is in effect to the extent that based on professional judgment, such activities do not interfere with the ability to respond to emergency situations.

### **IV. 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.*

### **V. Related References**

For questions regarding this policy, contact the Privacy Program Director at 210-567-2014 or [compliance@uthscsa.edu](mailto:compliance@uthscsa.edu).

### **VI. Review and Approval History**

- A. The approving authority of this policy is the University Executive Committee.
- B. The review frequency cycle is set for three years following the last review date, a time period that is not mandated by regulatory, accreditation, or other authority.

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<b>Effective Date</b>	<b>Action Taken</b>	<b>Approved By</b>	<b>Date Approved</b>
04/2003	Policy Origination		
03/2013	Policy Revision		
01/2023	Policy Review	ICPO	01/04/23