



### 11.2.4 Uses and Disclosures of Protected Health Information for Treatment, Payment or Health Care Operations

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 employees may use and disclose protected health information only as allowed in this policy and in other policies in Section 11.2 of the Institutional Handbook of Operating Policies(IHOP).

#### 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. Permitted Use and Disclosure

1. UT Health San Antonio may use and disclose protected health information for treatment, payment or health care operations only in the following instances:
  - a. For its own treatment, payment and health care operations as described in this policy.
  - b. For treatment and payment activities of any health care provider (an indirect treatment relationship).
2. UT Health San Antonio may disclose protected health information to another covered entity for health care operations of the entity that receives the information, if each entity has or had a relationship with the individual who is the subject or the PHI being requested, the PHI pertains to such relationship, and the disclosure is:

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- a. For conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, and case management and care coordination;
  - b. For reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care and non-health care professionals, accreditation, certification, licensing or credentialing activities;
  - c. For the purpose of health care fraud and abuse detection or compliance; or,
  - d. When an emergency situation exists.
3. If UT Health San Antonio participates in an organized health care arrangement, parties may disclose protected health information about an individual to another entity that participates in the organized health care arrangement for any health care operations of the organized health care arrangement.
  4. UT Health San Antonio is required to give each patient or personal representative a copy of the Notice of Privacy Practices. This document informs the patient how their information may be used and disclosed.
    - a. The patient or personal representative must sign an acknowledgement that they received the Notice of Privacy Practices. The patient or personal representative has the right to view the Notice of Privacy Practices prior to signing the acknowledgement.
    - b. See IHOP policy [11.3.4 Notice of Privacy Practices](#) for more information.

### B. Incidental Disclosures

1. An incidental disclosure is a secondary use or disclosure that cannot be reasonably prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure of PHI.
2. Incidental uses and disclosures are permissible only to the extent that UT Health San Antonio has applied reasonable safeguards and has implemented the minimum necessary standard where applicable. This means workforce members should conduct discussions regarding patient information in confidential areas when possible; PHI is discussed only with persons who have a need to know; computer screens and workstations are not accessible to the public; the number of family members allowed in a direct treatment area may be limited; etc.
3. There are situations, however, in which a workforce member may be overheard in a communication with a patient or patient's family member as part of normal business in a health care setting. Incidental uses and disclosures of PHI are not required to be included in an accounting of disclosures. See IHOP policy [11.3.1 Accounting of Disclosures of Protected Health Information](#) for guidance.

#### 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.

<b>Effective Date</b>	<b>Action Taken</b>	<b>Approved By</b>	<b>Date Approved</b>
04/2003	Policy Origination		
02/2006	Policy Revision		
03/2013	Policy Revision		
01/2023	Policy Review	ICPO	01/04/23