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

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

## II. 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).

## 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. Permitted Use and Disclosure

1. UTHHSA 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 defined in this policy set forth in the Patient Privacy Policies Glossary.
    b. For treatment and payment activities of any health care provider (an indirect treatment relationship).
2. UTHSA may disclose protected health information to another covered entity for health care operations. If each entity has or had a relationship with the individual who is the subject of the PHI being requested, the PHI pertains to such relationship, and the disclosure is:
    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 UTHSA 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. UTHSA 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 acknowledgment 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 acknowledgment.

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 UTHSA 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.

## 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.

## VII. Review and Approval History

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

| Effective Date | Action Taken | Approved By | Approved Date |
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| 04/2003 | Policy Origination | | |
| 02/2006 | Policy Revision | | |
| 03/2013 | Policy Revision | | |
| 01/2023 | Policy Review | ICPO | 01/04/2023 |
| 08/2026 | Policy Review/Discretionary Edits | ICPO | 08/24/2026 |