I. 11.2.1 Use and Disclosure of Protected Health Information Without Authorization

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

Identify circumstances when protected health information may be used or disclosed without a patient authorization to the extent that such use or disclosure is required by law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

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. UTHSA may disclose PHI without a patient authorization in the following circumstances:

1. When required by law, including (§164.512(a));
2. For reporting abuse, neglect, or domestic violence;
3. To law enforcement officials for law enforcement purposes; or
4. For judicial or administrative proceedings, see policy 11.2.10 Use and Disclosure for Judicial or Administrative Proceedings in the Institutional Handbook of Operating Policies (IHOP) for additional guidance;
5. For reporting public health activities;
6. For reporting health oversight activities;
7. To coroners and funeral directors when allowed by law;
8. For organ and tissue donation purposes;

9. To avert a serious and imminent threat to the health and safety of a person or the public;
10. For specialized government functions (See IHOP policy 11.2.11 Uses and Disclosures for Specialized Government Functions);
11. Workers' compensation;
12. By whistleblowers; and
13. By workforce members who are crime victims.

B. Requirements

1. Situations Required by Law

   UTHSA must meet the requirements pertaining to disclosures relating to: victims of abuse, neglect, or domestic violence; disclosures for law enforcement purposes, as described in the following section of this policy; and judicial and administrative proceedings, as described in IHOP policy 11.2.10 Use and Disclosure for Judicial or Administrative Proceedings.

2. Abuse, Neglect, or Domestic Violence

   Workforce members may disclose PHI about an individual whom they reasonably believe is a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, as authorized or required by law:

   a. To the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law;
   b. If the individual agrees to the disclosure; or
   c. To the extent the disclosure is expressly authorized by statute or regulation, and:
      i. The workforce member, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
      ii. If the individual is unable to agree because of incapacity, a law enforcement or other authorized public official may receive the report if the PHI sought is not intended to be used against the individual; and an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

   In making a disclosure as permitted above, workforce members must promptly inform the individual, in the exercise of professional judgment, that such a report has been or will be made, except if:

   a. the workforce member believes informing the individual would place the individual at risk of serious harm; or
   b. the workforce member would be informing a personal representative, and the workforce member reasonably believes the personal representative is responsible

for the abuse, neglect or other injury, and that informing such person would not be in the best interests of the individual as determined by the workforce member.

3. Law Enforcement Purposes

Workforce members may disclose PHI as required by law, including laws that require the reporting of certain types of wounds or other physical injuries. Disclosure will be made in compliance with and as limited by the relevant requirements of:

a. A court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer;

b. A grand jury subpoena; or

c. An administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that:

i. The information sought is relevant and material to a legitimate law enforcement inquiry;

ii. The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and

iii. De-identified information could not be reasonably used. See IHOP policy 11.2.9 De-identification of Protected Health Information.

Workforce members may disclose PHI in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that the workforce member discloses only the following information:

a. Name and address;

b. Date and place of birth;

c. Social Security number;

d. ABO blood type and Rh factor;

e. Type of injury;

f. Date and time of treatment;

g. Date and time of death, if applicable; and

h. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars and tattoos.

i. Except as permitted in the above list, a workforce member may not disclose for these purposes any PHI related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue.

ii. In addition, workforce members may disclose PHI in response to a law enforcement official's request for such information about an individual who

is or is suspected to be a victim of crime, other than disclosures that are subject to this section, if the individual agrees to the disclosure; or the workforce member is unable to obtain the individual's agreement because of incapacity or other emergency circumstance, provided that:

(1) The law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim;

(2) The law enforcement official represents that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and

(3) The disclosure is in the best interest of the individual as determined by the covered entity, in the exercise of professional judgment.

UTHSA will disclose PHI about a deceased individual to law enforcement officials for the purpose of alerting law enforcement of the death of the individual if a workforce member has a suspicion that such death may have resulted from criminal conduct.

Also, workforce members may disclose to a law enforcement official PHI that they believe, in good faith, constitutes evidence of criminal conduct that occurred on UTHSA premises.

Finally, a UTHSA health care provider providing emergency health care in response to a medical emergency, other than such emergency on the UTHSA premises, may disclose PHI to a law enforcement official if such disclosure appears necessary to alert law enforcement to:

i. The commission and nature of a crime;

j. The location of such crime or of the victim(s) of such crimes; and,

k. The identity, description, and location of the perpetuator of such crime.

If a UTHSA care provider believes that the medical emergency described in the above paragraph of this section is the result of abuse, neglect, or domestic violence of the individual in need of emergency health care, the above paragraph does not apply. Any disclosure to a law enforcement official for law enforcement purposes is subject to the policy on abuse, neglect, or domestic violence noted above.

4. Public Health Activities

   a. UTHSA may disclose health information for public health activities to:

      i. A public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the

direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority;

ii. A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect;

iii. A person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety, or effectiveness of such FDA-regulated product or activity. Such purposes include:

(1) Collect or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations;

(2) Track FDA-regulated products;

(3) Enable product recalls, repairs, or replacement or look back (including locating and notifying individuals who have received products that have been recalled, withdrawn or are the subject of look back); or

(4) Conduct post-marketing surveillance.

iv. A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if UTHSA or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation; or

v. An employer, about an individual who is a member of the workforce of the employer, if:

(1) UTHSA provided health care to the individual at the request of the employer to conduct an evaluation relating to medical surveillance of the workplace, or to evaluate whether the individual has a work-related injury;

(2) The PHI that is disclosed consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance;

(3) The employer needs such findings in order to comply with other federal regulations or other state law having a similar purpose, to record such illness or injury, or to carry out responsibilities for workplace medical surveillance; and

(4) UTHSA provides written notice to the individual that PHI related to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to the employer:

(a) By giving a copy of the "Notice of Privacy Practices" to the individual at the time the health care is provided; or

(b) If the health care is provided on the work site of the employer, by posting the "Notice of Privacy Practices" in a prominent place at the location where the health care is provided.

5. Health Oversight Reporting

   a. UTHSA may disclose PHI without an authorization to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

      i. The health care system;

      ii. Government benefit programs for which health information is relevant to beneficiary eligibility;

      iii. Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or

      iv. Entities subject to civil rights laws for which health information is necessary for determining compliance.

   b. A health oversight activity does not include an investigation or other activity where the individual is the subject of the investigation or activity, and the investigation or other activity is not directly related to:

      i. The receipt of health care;

      ii. A claim for public benefits related to health; or

      iii. Qualifications for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.

   c. If a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health, the joint activity or investigation is considered a health oversight activity for purposes of this Policy.

6. Coroners and Funeral Directors

   UTHSA may release PHI on descendants to:

   a. Coroners and medical examiners for the purpose of identifying a deceased person, determining the cause of death, or other duties as authorized by law.

   b. Funeral directors consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to perform their duties, UTHSA may disclose the PHI prior to, and in reasonable anticipation of the individual's death.

7. Organ and Tissue Donation Purposes

   UTHSA may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transporting of cadaveric organs, eyes, or tissue for the purpose of facilitating donation or transportation.

8. Avert a Serious Threat to Health or Safety

    a. UTHSA may, consistent with applicable law and standards of conduct, use or disclose PHI if:

        i. UTHSA, in good faith, believes the use of disclosure;

        ii. Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and

        iii. Is a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or,

        iv. It is necessary for law enforcement authorities to identify or apprehend an individual:

            (1) Because of a statement by an individual admitting participation in a violent crime that a workforce member reasonably believes may have caused serious physical harm to the victim; or

            (2) Where it appears from all circumstances that the individual has escaped from a correctional institution or from lawful custody.

    b. A use or disclosure may not be made:

        i. If the information described above is learned by a workforce member in the course of treatment which is designed to alter or change the individual's desire to commit the criminal conduct, which would be the basis of making the disclosure; or,

        ii. When an individual initiates or is referred to UTHSA for treatment, counseling, or therapy.

9. Worker's Compensation

    UTHSA may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or similar programs, established by law, which provide benefits for work-related injuries or illnesses with regard to health.

10. Whistleblowers

    UTHSA is not considered to have violated the requirements of this Policy if a member of its workforce or a business associate discloses PHI, provided that;

    a. The workforce member or business associate believes in good faith that UTHSA has engaged in conduct that is unlawful or otherwise violates professional or clinical standards, or that the care, services, or conditions provided by UTHSA potentially endangers one or more patients, workers, or the public; and

    b. The disclosure is to:

        i. A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of UTHSA or to an appropriate health care accreditation organization for the purposes of reporting the allegations of failure to meet professional standards or misconduct by UTHSA, or,

ii. An attorney retained by or on behalf of the workforce member or business associate for the purpose of determining the legal options of the workforce member or business associate with regard to the conduct described above.

11. Workforce Crime Victims

UTHSA is not considered to have violated the requirements of this Policy if a member of its workforce who is the victim of a criminal act discloses PHI to a law enforcement official, provided that:

a. The PHI disclosed is about the suspected perpetrator of the criminal act; and

b. The PHI disclosed is limited to name and address, date and place of birth, social security number, ABO blood type and rh factor, type of injury, date and time of treatment, date and time of death, if applicable, and a description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.

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.

Office for Civil Rights (OCR), (2015, November 8) Right of an Individual to Request Restriction of Uses and Disclosures [§164.512]. Audit Protocol. HHS.gov.

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		
02/2006	Policy Revision		
01/2023	Policy Review	ICPO	01/04/2023
08/2026	Policy Review/Discretionary Edits	ICPO	08/24/2026