



### 11.2.15 Uses and Disclosure of Protected Health Information for Publications

Chapter 11 - Patient Privacy	Original Effective Date: February 2004
Section: 11.2 Uses and Disclosures of Protected Health Information	Date Last Reviewed: June 2013
Responsible Entity: Chief of Staff and Chief Communications Officer	Date Last Revised: June 2013

#### I. Purpose

The Office of Communications ensures proper consent and authorization is in place to conduct interviews or other activities that involve the use and disclosure of protected health information for publication purposes.

#### II. Scope

UT Health San Antonio (UTHSA) may use a limited data set of patient health information and enter into a data use agreement with recipients of the limited data set to protect the confidentiality of the individual and to allow UTHSA to use or disclose such information for research, public health, or health care operations without the individual's authorization. Any disclosure or request for a limited data set must adhere to the minimum necessary requirements of the federal privacy regulations.

#### III. Policy

##### A. Office of Communications Responsibilities

The Office of Communications staff conducting an interview or similar activity for a publication involving a UT Health San Antonio (UTHSA) patient must ensure that the patient signs a [Patient Authorization Release Form](#) prior to conducting any interviews with patients or their representatives regarding their health information to use for any type of Communications publication. If the patient is a minor or is otherwise unable to provide consent, the parent or legal guardian may provide consent to proceed with the publication activities.

If the Communications staff would like to interview the patient's doctor or other clinical staff member regarding the patient's health information, the patient, or parent or guardian as applicable, must first sign a [Patient Authorization for Release of Health Records to External Parties Form](#). Although it is the clinician's responsibility to ensure that the form is completed prior to disclosing the patient's health information,

## 11.2.15 Uses and Disclosure of Protected Health Information for Publications

Communications staff may assist in getting the form signed by the patient if needed to facilitate the process.

Communications staff are not permitted to access patient records or other health information, unless cleared by the Chief of Staff and Chief Communications Officer. Even if the patient has authorized the staff member to do this, prior approval is required.

The patient consents to the use of his/her pictures, recordings, etc., for specific publication(s), event(s), or other specific activity, and authorizes use or disclosure of specific protected health information for a specific period of time. At a later date, if staff want to use these materials for another purpose, additional patient consent should be obtained, and if additional protected health information is needed from the clinical staff, additional authorization from the patient is required.

### B. Clinical Staff Responsibilities

If the clinician is asked by Communications to participate in an interview regarding a patient, he/she must ensure that there is a signed [Patient Authorization for Release of Health Records to External Parties](#) on file giving permission for the clinician to disclose such information to Communications. If the patient has not signed an authorization form allowing the clinician to release health information to Communications, the clinician must ask the patient to complete one prior to participating in the interview or other use or disclosure of the patient's health information.

#### NOTES

The patient information that is consented to be released by a Patient Authorization Release Form is to be considered current as of the time the Patient Authorization Release Form is signed. If additional information is needed at a later date, the patient may be asked to sign another Patient Authorization Release Form.

When an interview or other activities are conducted that do not involve the use or disclosure of protected health information by the patient or the patient's clinical staff, the patient will be asked to sign a Model Authorization Release Form, [English](#) or [Spanish](#) versions are available.

## IV. Definitions

Publication – Includes internal publications, such as brochures or written or electronic newsletters, and external publications, such as newspaper, radio, or television stories.

## V. Related References

*There are no related documents associated with this Policy.*

## 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 timeperiod 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>
<b>02/2004</b>	Policy Origination		
<b>06/2013</b>	Policy Review		