

## HIPAA POLICY

**POLICY: USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION  
FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

**POLICY NUMBER: 2001**

**APPLICABLE FACILITIES: MCH, MCS, PCC**

**EFFECTIVE DATE: APRIL 14, 2003**

**DATE REVIEWED AND/OR REVISED:**

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### **PURPOSE**

To identify the circumstances in which Mayo and its staff may use and disclose Protected Health Information (PHI) for Treatment, Payment and Health Care Operations, and when patient authorization is required to do so.

### **DEFINITIONS**

Archived Medical Record: The Archived Medical Record is the documentation of health care services provided to an individual. The Archived Medical Record is composed of a pre-defined set of documents that are used to respond to requests for the release of information. (See Medical Record Services Policy #2010 - The Electronic Medical Record and the Archived Medical Record) The Archived Medical Record does not include billing records, quality assurance or other peer review information or documents.

Business Associate: A Business Associate is an individual or entity that performs an activity or function on behalf of Mayo that involves access to PHI or the creation of PHI for Mayo. If the arrangement does not involve access to or creation of PHI, it is not a business associate arrangement. See HIPAA Policy #4000 - Business Associate Agreements for more details.

Health Care Operations: Health Care Operations include a wide range of day-to-day activities that support the conduct of business at Mayo. To fall within the definition of Health Care Operations, an activity must fall within one of the following specific provisions:

- (1) Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines. This does not include activities where the primary purpose is research (to develop generalizable knowledge);
- (2) Population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about

treatment alternatives, and related functions that do not include treatment of patients;

- (3) Reviewing the competence or qualifications of health care professionals or evaluating practitioner and provider performance;
- (4) Evaluating health plan performance;
- (5) Conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, or training of non-health care professionals;
- (6) Accreditation, certification, licensing, or credentialing activities;
- (7) Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess loss insurance);
- (8) Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
- (9) Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating Mayo, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
- (10) Business management and general administrative activities of Mayo, including, but not limited to:
  - (i) Management activities relating to implementation of and compliance with the HIPAA Privacy Standards;
  - (ii) Customer service, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that PHI is not disclosed to such policy holder, plan sponsor, or customer;
  - (iii) Resolution of internal grievances;
  - (iv) The sale, transfer, merger or consolidation of all or part of Mayo with another organization that must comply or will be required to comply with the HIPAA Privacy Standards and due diligence related to the sale, transfer, merger or consolidation;
  - (v) Creating de-identified health information; and
  - (vi) Fundraising for the benefit of Mayo.

Payment: Payment includes such activities as obtaining premiums, determining eligibility or coverage, coordination of benefits, adjudication or subrogation of health benefit claims, risk

adjusting amounts, billing, claims management, collection activities, obtaining payment under a contract for reinsurance, related health care data processing, medical necessity or coverage review, utilization review (regardless of when it is performed), and disclosure of certain information to consumer reporting agencies.

Protected Health Information (PHI): Any health information or demographic information that identifies a patient. See HIPAA Policy #2024 - Identifying Protected Health Information for more details.

Treatment: Treatment is the provision, coordination, or management of health care and related services by Mayo or other health care providers. This includes consultation with other health care providers relating to a patient, and referring patients to other health care providers.

## **POLICY**

### **1. Mayo's Use of PHI**

- a. If staff is authorized to have access to a patient's PHI, they may use that PHI within Mayo for purposes that meet the definition of Treatment, Payment or Health Care Operations.
- b. Staff use of PHI for purposes that do not meet the definition of Treatment, Payment or Health Care Operations are addressed by other policies dealing with those specific uses or disclosures.
- c. Staff must follow Mayo's policy on verifying the identity and authority of the requestor. (See HIPAA Policy 2022 - Verification of Identity and Authority of Requestor of Protected Health Information)
- d. Staff will disclose only the minimum amount of PHI necessary for the purpose. (See HIPAA Policy #2023 - Using, Disclosing and Requesting the Minimum Necessary Amount of Protected Health Information)

### **2. Disclosure of PHI Outside Mayo for Treatment, Payment and Health Care Operations**

#### **a. Activities to Assist Mayo**

Staff may disclose PHI to a third party to assist in Mayo's activities that meet the definition of Treatment, Payment or Health Care Operations. Before disclosing PHI to the third party to assist Mayo, staff will determine whether Mayo has a business associate agreement in place with the third party if one is required by Mayo policy. (See HIPAA Policy #4000 - Business Associate Agreements)

b. To Other Health Care Providers

- (1) Staff may disclose a patient's PHI to another health care provider to support the patient's Treatment. If requested by the other health care provider, staff may disclose the entire medical record to the provider.
- (2) Staff may disclose PHI to another health care provider to support the other provider's Payment, to the extent that the PHI pertains to the provided treatment. The other health care provider must submit a written request for the patient's records. Staff will retain this written request in the patient's Archived Medical Record.
- (3) Staff may disclose PHI to another health care provider to support the Health Care Operations of the other provider if the following criteria are met:
  - (a) The other provider has a present or past relationship with the patient;
  - (b) The information sought pertains to the treatment the other provider gave to the patient;
  - (c) Staff confirm that the provider is a "covered entity" under HIPAA and is required to comply with the HIPAA Privacy Standards;
  - (d) The disclosure is limited to the types of Health Care Operations listed in paragraphs (1)-(6) in the definition of Health Care Operations, plus fraud and abuse detection and compliance programs; and
  - (e) The other health care provider submits a written request for the patient's records. Staff will retain this written request in the patient's Archived Medical Record.

c. To Health Plans and/or Payers

Staff may disclose PHI to a health plan and/or payer in the following circumstances:

- (1) The patient has signed the Mayo Conditions of Admission form (MCS 6781) and/or the Information for Registration form (MCS 166) which permit Mayo to disclose PHI to a patient's health plan and/or payer for processing and payment of claims; or
- (2) The health plan and/or payer provides Mayo with the patient's written authorization to disclose medical record information to the health plan and/or payer; or
- (4) The disclosure is to obtain payment for treatment; or

- (5) The disclosure is for the Health Care Operations of the health plan and/or payer listed in paragraphs (1)-(6) in the definition of Health Care Operations, plus fraud and abuse detection and compliance programs.

d. Verification of Identity and Authority of Requestor

Staff will verify the identity and authority of the requestor of the PHI. (See HIPAA Policy #2022 - Verification of Identity and Authority of Requestor of Protected Health Information)

e. Disclosing the Minimum Necessary Amount of PHI

Staff will disclose only the minimum amount of PHI necessary for the purpose. (See HIPAA Policy #2023 - Using, Disclosing and Requesting the Minimum Necessary Amount of Protected Health Information)

4. Disclosure of Special Types of Medical Records

Information relating to communicable diseases (including HIV/AIDS), certain mental health records, and genetic testing is more sensitive. Additional requirements relating to use and/or disclosure of those types of medical records are set forth in the following policies: HIPAA Policy #2002 - Use and Disclosure of Certain Mental Health Information; HIPAA Policy #2003 - Disclosures of Protected Health Information Relating to Communicable Diseases; and HIPAA Policy #2004 - Use and Disclosure of Protected Health Information Relating to Genetic Testing.