

**LOUISIANA STATE UNIVERSITY  
HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LA**

**POLICY NUMBER:** 7505-25

**CATEGORY:** HIPAA Policies

**CONTENT:** Use and Disclosure of Protected Health Information for Facility Directory Purposes  
- Form for Permission to Use and Disclose Protected Health Information for Facility Directory

**APPLICABILITY:** This policy is applicable to the Health Care Services Division Administration (HCSDA) and Lallie Kemp Medical Center (LKMC) to include employees, physician/practitioner practices, vendors, agencies, business associates and affiliates.

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**INQUIRIES TO:** HCSD  
Compliance Section  
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**Note: Approval signatures/titles are on the last page**

**LSU HEALTH CARE SERVICES DIVISION  
USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR FACILITY  
DIRECTORY PURPOSES**

**I. STATEMENT OF POLICY**

Lallie Kemp Medical Center (LKMC) must provide patients with the opportunity to agree to or prohibit the use or disclosure of their Protected Health Information in its facility's directory.

**II. PURPOSE**

To provide guidance to the health care facilities and providers affiliated with the LSU Health Care Services Division (HCSD) on the requirements of the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (HIPAA Privacy Regulations), for using a patient's Protected Health Information in a facility's directory.

**III. IMPLEMENTATION**

This policy and subsequent revisions to the policy shall become effective upon approval and signature of the HCSD Chief Executive Officer (CEO) or Designee.

**IV. DEFINITIONS**

**Protected Health Information (sometimes referred to as "PHI")** – for purposes of this policy means individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. It includes demographic data that relates to:

- A. The individual's past, present, or future physical or mental health or condition;
- B. The provision of health care to the individual; or
- C. The past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. PHI includes many common identifiers such as name, address, birth date, social security number, etc.

**V. PROCEDURE**

- A. The patient or personal representative must be given an opportunity to object to being listed in the facility directory at the time of admission or service.

- B. The facility must take the following steps before including any of a patient's PHI in the facility's directory:
1. Inform the patient of the facility's policies regarding its directory, if any; and
  2. Provide the patient with an opportunity to not be included in the facility's directory listing or to restrict some or all of his/her PHI that the facility desires to include in the directory.
- C. If a patient does **not** orally or in writing object to his or her PHI being listed in the facility directory, the facility may include the following in the release of PHI from its facility directory and care of the patient:
1. The patient's name;
  2. The patient's location in the facility;
  3. The patient's condition described in general terms that do not communicate specific medical information about the individual (e.g., "fair", "good", "critical", etc.); or
  4. The patient's religious affiliation.
- D. If a patient does **not** orally or in writing object to his or her PHI being listed in the facility directory, the facility may **disclose** for directory purposes the information in V.3:
1. Except for religious affiliation, to persons other than members of the clergy who ask for the patient by name; and
  2. To members of the clergy.
- E. The information described above may be disclosed to members of the clergy whether the clergy ask for the patient by name. In addition, the patient's religion may be made available to members of the clergy.
- F. The form included as Attachment A may be used to document the patient's preference to permit or prohibit inclusion of PHI in the facility directory. A notation may be made in the facility's electronic medical record, or any other means of documentation may be used in lieu of using Attachment A.

#### Emergency Situations

Emergency situations may arise in which the patient is not able to be given the opportunity to object to being listed in the facility's directory.

1. If the opportunity to object to being listed in the facility directory cannot practically be provided because of the patient's incapacity or an emergency treatment circumstance, the facility may list the patient in the facility's directory if the listing is:

- a. Consistent with a prior expressed preference of the patient, if any, known to the facility; and
  - b. In the patient's best interest as determined by the facility in the exercise of professional judgment.
2. When it becomes practical to do so, the facility must inform the patient of the PHI included in the facility directory, to whom such PHI may be disclosed, and must at that point provide the patient with an opportunity to object to being listed in the facility directory.

## **VI. RESPONSIBILITY**

It is the responsibility of the registration department to secure the written Permission to Use and Disclose Protected Health Information for Facility Directory.

## **VII. EXCEPTION**

The HCSD CEO or designee may waive, suspend, change or otherwise deviate from any provision of this policy he or she deems necessary to meet the needs of the agency as long as it does not violate the intent of this policy, state and/or federal laws, Civil Service Rules and Regulations, LSU Policies/Memoranda, or any other governing body's regulations.

**Permission to Use and Disclose Protected Health Information  
For Lallie Kemp Medical Center Facility Directory**

I am exercising my right to permit or prohibit inclusion of my Protected Health Information in a directory of patients maintained by the Lallie Kemp Medical Center throughout the course of this admission.

**(Check the box that applies and sign at the bottom of the page)**

☐ **I do not** wish to be listed in the Facility Directory.

☐ **I do** wish to be listed in the Facility Directory and I agree that my name, location in the facility, brief description of my condition, and religious affiliation (accessible only to clergy members) can be included in the Facility Directory.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Relationship if not Patient: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_ Patient's SS#: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

\_\_\_\_\_

If option communicated orally by patient, recorded by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Department/Title: \_\_\_\_\_

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