

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

POLICY NUMBER: 7524-25

CATEGORY: HIPAA Policies

CONTENT: General Policy on Uses and Disclosures of Protected Health Information

APPLICABILITY: This policy is applicable to all workforce members of the Health Care Services Division Administration and Lallie Kemp Medical Center to include employees, physician/practitioner practices, vendors, agencies, business associates and affiliates.

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INQUIRIES TO: Health Care Services Division
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Note: Approval signatures/titles are on the last page

LSU HEALTH CARE SERVICES DIVISION
General Policy on Uses and Disclosures of Protected Health Information

I. STATEMENT OF POLICY

The employees of the LSU Health Care Services Division (HCS D) may use and disclose protected health information (PHI) for treatment, payment and healthcare operations (TPO), as allowed by the Health Insurance Portability and Accountability Act (HIPAA) statutes, or as required by law. However, the HCS D facility and its employees must limit PHI use and disclose to the “minimum necessary” amount of information required to complete the desired task. This policy will provide guidance to the HCS D facilities and providers to ensure compliance with the Privacy Regulations set forth by HIPAA.

Note: Any references herein to HCS D also applies and pertains to Lallie Kemp Medical Center.

II. IMPLEMENTATION

This policy and subsequent revisions to the policy shall become effective upon approval and signature of the HCS D Chief Executive Officer or designee.

III. DEFINITIONS

Use with respect to individually identifiable health information: The sharing, employment, application, utilization, examination, or analysis of information that identifies, or reasonably can be used to identify, an individual within an entity that maintains such information.

- A. **Disclosure:** The release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.
- B. **Treatment:** The provision, coordination, or management of health care related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or for the referral of a patient for health care from one health care provider to another.
- C. **Payment:** Any activities undertaken either by a health plan or by a health care provider to obtain premiums, determine or fulfill its responsibility for coverage and the provision of benefits or to obtain or provide reimbursement for the provision of health care. These activities include, but are not limited to:

- Determining eligibility, and adjudication or subrogation of health benefit claims;
- Risk adjusting amounts due based on enrollee health status and demographic characteristics;
- Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care processing;
- Review of healthcare services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
- Utilization review activities, including pre -certification and preauthorization services, concurrent and retrospective review of services; and
- Disclosure to consumer reporting agencies of certain PHI relating to collection of premiums or reimbursement.

D. Health Care Operations: Any one of the following activities to the extent the activities are related to providing health care:

1. Conducting quality assessment and improvement activities, including outcomes, evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting patients with information about treatment alternatives, and related functions that do not involve treatment;
2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, 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, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
3. 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;
4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
5. Business planning and development, such as conducting cost management and planning related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or covered policies, and
6. Business management and general administrative activities:
 - Management activities related to HIPAA compliance,
 - Customer Service,
 - Resolution of internal grievances,
 - Sale, transfer, merger, or consolidation of covered entities,

- Creating de-identified health information or limited data set, and fundraising for the benefit of the LSU System facility.
- 7.

E. **Minimum Necessary:** When using or disclosing PHI or when requesting PHI from another health care provider or health organization, the LSU HCSD facility personnel must limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. Minimum Necessary does not apply in the following circumstances:

1. Disclosures by a health care provider for treatment (students and trainees are included as health care providers for this purpose),
2. Uses and Disclosures based upon a valid authorization to use and disclose PHI,
3. Disclosures made to the Secretary of Health and Human Services,
4. Uses and disclosures required by law, and
5. Uses and disclosures required by other sections of the HIPAA privacy regulations.

F. **Indirect Treatment Relationship:** A relationship between an individual and a health care provider in which:

1. The health care provider delivers health care to the individual based on the orders of another health care provider; and
2. The health care provider typically provides services or products, or reports the diagnosis or results associated with the health care, directly to another health care provider, who provides the services, products or reports to the individual.

G. **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. Includes demographic data that relates to:

1. The individual’s past, present or future physical or mental health or condition;
2. The provision of health care to the individual, or;
3. The past, present, or future payment for the provision of health care to the individual, and that identified 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.

The following identifiers are considered individually identifiable information that are protected in the healthcare setting and connected to a patient:

- Name

- Dates such as date of birth, date of service, date of death, admission date, discharge date, and all ages over 89
- All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code and their equivalent geocodes
- E-mail or social media usernames
- Phone numbers and fax numbers
- Social Security number
- Insurance Identification numbers
- Account, medical record, or other identification numbers
- Certificate/license numbers
- Vehicle identifiers and serial number, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images; and
- Any other unique identifying number, characteristic, or code

IV. **PROCEDURES**

A. **Acknowledgements**

Except in an emergency treatment situation, the HCSD facility must make a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practice provided in accordance with HCSD Policy 7515, *Use of Notice of Privacy Practices*, and if not obtained, document good faith efforts to obtain such acknowledgment and the reason why the acknowledgment was not obtained.

B. **Permitted Uses and Disclosures**

The HCSD Facility and its workforce may use and disclose PHI for:

1. its own treatment, payment, or healthcare operations.
2. treatment activities of a health care provider.
3. the payment activities of another covered entity or healthcare provider.
4. the healthcare operation activities of another covered entity or health care provider, if each entity has or had a relationship with the individual who is the subject of the PHI being requested, and the disclosure is:
 - a. for a purpose listed in the definition of health care operations; or,
 - b. for the purpose of health care fraud and abuse detection or compliance.
5. another covered entity that participates in an organized healthcare arrangement with the HCSD facility for any health care operation activities of the organized health care arrangement.

6. as required by law or permitted by the HIPAA statutes.

In order for the HCSD facility to use and disclose PHI for purposes other than those listed above, see HCSD Policy 7501 *Uses and Disclosures of PHI Requiring a Patient's Written Authorization*.

C. Prohibited Uses and Disclosures

The HCSD Facility and its workforce may not use and disclose PHI for purposes not outlined in Section IV. 3. Specifically, PHI may not be used for personal reasons (not related to a workforce members own PHI). This includes the access of PHI for reasons of curiosity or intent to use the information that may result in harm to the patient. PHI of family members, co-workers, or others known to the workforce member is not to be accessed, used or disclosed without the expressed written permission of the patient to whom the PHI belongs, or in the absence of a treatment, payment, or operational need to access that PHI for work related duties.

D. Psychotherapy Notes

Psychotherapy notes are not to be included as PHI that may be disclosed, unless authorization is obtained for such use or disclosure. For information regarding proper uses and disclosures for Psychotherapy notes, see the HCSD Policy 7501, *Uses and Disclosures of PHI Requiring a Patient's Written Authorization*.

E. Enforcement

All supervisors are responsible for enforcing this policy. Individuals who violate this policy will be subject to the appropriate and applicable disciplinary process, up to and including termination or dismissal.

V. EXCEPTION

The HCSD CEO or designee may waive, suspend, change, or otherwise deviate from any provision of this policy deemed 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 regulations.

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A handwritten signature in black ink, appearing to read "Wayne Wilbright". The signature is written in a cursive style with a large initial "W".

04/16/2025