

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Personal Representative Request Policy: 7.4 | Policy: 7.4 Effective Date: May 1, 2016 |
| Personal Representative Request | Effective Date: May 1, 2016 Last Revision Date: September 17, 2024 |
| References: http://www.hhs.gov/ocr/hipaa 45 CFR 164.502(g), https://www.hhs.gov/ocr/index.html | |
| TTUHSC El Paso HIPAA Website: http://elpaso.ttuhscc.edu/hipaa/ | |

Policy Statement

Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) recognizes that individual rights are a critical aspect of maintaining quality care and service and is committed to allowing individuals to exercise rights under the HIPAA Privacy Rule; and other applicable federal state and/or local laws and regulations. To support this commitment, TTUHSC El Paso will maintain and update, as appropriate, written policies and procedures to provide guidance on employee and organizational responsibilities regarding the rights of patients to identify/authorize individuals, telephone numbers, and email addresses to receive or access health information and/or to use for leaving messages regarding appointments and other general information regarding TTUHSC El Paso.

Scope

This policy applies to all health care clinical service areas owned and/or operated by TTUHSC El Paso

Definitions

~~Refer to HPP 1.1 for Glossary of HIPAA Terms~~

~~See Old/New HIPAA Policy Number Cross Reference Chart~~

Procedure

Patients will complete the TTUHSC El Paso Personal Representative Request (Form Attachment A) English or Attachment B Spanish) at their initial visit to identify individuals to whom the patient is granting permission to receive protected health information (PHI) regarding the patient. Patients are not required to re-submit the form unless they ~~are requesting request~~ changes to their information, or the form has been updated.

Medical providers ~~who are~~ involved in the patient's care are not listed on this form.

Except as ~~otherwise~~ stated in 45 CFR 164.502(g), the Privacy Rule requires covered entities to treat an individual's personal representative as the individual with respect to uses and disclosures of the individual's protected health information ~~as well as~~ and the individual's rights under the Rule. Departments may release selected portions of the patient's medical record directly to the patient or authorized individual as requested by the provider (Ambulatory Care Policy 5.11 Release of Health Record Information).

When requesting patient information, including appointment information, the identified individual(s) must be listed on the Personal Representative Request form and must provide at least one of the following ~~in order to~~ verify the relationship to the patient: patient's address, patient's date of birth, last four digits of the ~~patients'~~ patient's social security number.

Formatted: Font color: Dark Red, Strikethrough

Formatted: Font color: Dark Red

Formatted: Font: Not Bold, Strikethrough

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold, Strikethrough

Formatted: Font: Not Bold

Field Code Changed

Formatted: Hyperlink, Font: 11 pt, No underline, Underline color: Auto, Font color: Dark Red, Strikethrough, Not Expanded by / Condensed by

Formatted: Font color: Dark Red, Strikethrough

Formatted: Font color: Dark Red, Strikethrough

Formatted: Strikethrough

Formatted: Font color: Dark Red, Strikethrough

Formatted: Font color: Dark Red, Strikethrough

Formatted: Font color: Dark Red

Formatted: Font color: Dark Red, Strikethrough

Formatted: Font: 12 pt



Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

Appointment information includes disclosure of an appointment or scheduling an appointment.

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

On the Personal Representative Request form, the patient will also list telephone number(s) for which to leave messages (appointment information), as well as e-mail address(s) ~~for the purpose of providing to provide~~ information about the on-line patient portal and general information about TTUHSC El Paso.

TTUHSC El Paso does not allow ~~leaving PHI-PHI to be left~~ on telephone answering machines. See HPP 4.3 if a patient requests their PHI be sent via email and HPP 4.4 for leaving PHI on telephone messages.

This policy and procedure will be documented and retained for ~~a period of 6~~ years from the date of its creation or the date when it last was in effect, whichever is later.

Knowledge of a violation or potential violation of this policy must be reported directly to the institutional privacy officer or the employee compliance hotline at (866) 294-9352 or <http://www.ethicspoint.com> under Texas Tech University System.

Frequency of Review

The TTUHSC El Paso Privacy and Security Committee has the authority for HIPAA policy Approval

Questions regarding this policy may be addressed to the ~~Institutional Privacy Officer, Institutional Privacy Officer~~ or the ~~Institutional Compliance Officer, Institutional Compliance Officer,~~

This policy may be amended or terminated at any time.

Attachment A: Personal Representative Request Form (English)

Attachment B: Personal Representative Request Form (Spanish)

Formatted: Font color: Dark Red, Strikethrough

Formatted: Font color: Dark Red

Formatted: Font color: Dark Red, Strikethrough

Formatted: Font color: Dark Red

~~Review Date: September 30, 2016, November 8, 2017,~~

Formatted: Font: 12 pt

Revision Date: July 5, 2016, November 21, 2017, June 19, 2018, September 17, 2024

Formatted: Font: 12 pt, Font color: Dark Red, Strikethrough

Formatted: Font: 12 pt

Formatted: Font: 12 pt