

PHI Disclosures Table

Requestor	Authorization Required?	Copy Fee Charged?	Track on Disclosure Accounting?
Accrediting Agencies (JCAHO, CARF)	No	No	No
Attorney for Resident	Yes	Yes	No
Attorney for Facility/Corporation	No	No	No
Contractors/ Business Associates	No, unless their purpose falls outside of TPO.	No	No
For Deceased Persons <input type="checkbox"/> Coroner or Medical Examiner, Funeral Directors <input type="checkbox"/> Organ Procurement	No	No	Yes
Employer <input type="checkbox"/> PHI specific to work related illness or injury, and <input type="checkbox"/> Required for employer's compliance with occupational safety and health laws	No, for the purpose listed. Yes for all others.	No	No
Family Members	No for oral disclosures to family members involved in care; Yes for others.	Yes	No
Entity Subject to the Food and Drug Administration <input type="checkbox"/> Adverse events, product defects or biological product deviations <input type="checkbox"/> Track products <input type="checkbox"/> Enable product recalls, repairs, or replacements <input type="checkbox"/> Conduct post marketing surveillance	No	No	Yes
Health Oversight <input type="checkbox"/> Government benefits program <input type="checkbox"/> Fraud and abuse compliance <input type="checkbox"/> Civil rights laws <input type="checkbox"/> Trauma/tumor registries <input type="checkbox"/> Vital statistics <input type="checkbox"/> Reporting of abuse or neglect	No	No	Yes
Health Care Practitioners and Providers for Continuity of Treatment and Payment	No	No	No
Health Care Practitioners and Providers if <u>not</u> Involved in Care or Treatment (i.e., consultants)	No	No	No
Insurance Companies/Third Party Payors <input type="checkbox"/> Related to Claims Processing	No	No	No

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Judicial and Administrative Proceedings <input type="checkbox"/> Court order, or warrant <input type="checkbox"/> Subpoena	No No - See Subpoena Policy	No Yes	Yes Yes
Law Enforcement <input type="checkbox"/> Administrative request <input type="checkbox"/> Locating a suspect, fugitive, material witness or missing person <input type="checkbox"/> Victims of crime <input type="checkbox"/> Crimes on premises <input type="checkbox"/> Suspicious deaths <input type="checkbox"/> Avert a serious threat to health or safety	No	No	Yes, except for disclosures to correctional institutions.
Public Health Authorities <input type="checkbox"/> Surveillance <input type="checkbox"/> Investigations <input type="checkbox"/> Interventions <input type="checkbox"/> Foreign governments collaborating with US public health authorities <input type="checkbox"/> Recording births/deaths <input type="checkbox"/> Child/elder abuse <input type="checkbox"/> Prevent serious harm <input type="checkbox"/> Communicable disease	No	No	Yes
Research (w/o Authorization)	No, if IRB or Privacy Board approves research study and waives authorization.	No	Yes
Resident/Resident's Personal Representative	No	Yes	No
Specialized Government Functions <input type="checkbox"/> Military and Veterans' activities <input type="checkbox"/> Protective services for the President <input type="checkbox"/> Foreign military personnel <input type="checkbox"/> National security and intelligence activities	No	No	Yes, except for disclosures for national security and intelligence activities.
Workers' Compensation <input type="checkbox"/> Comply w/existing laws (see state law)	No	See applicable State Law	Yes