

Routine or Recurring Disclosures Protocol and Criteria

Revision Date: 4/8/03

REQUESTER	AUTHORITY	PURPOSE	DISCLOSURES
Ambulance company	Notice of Privacy Practices: Payment	Obtain demographics and insurance information for billing	Face sheet with patient demographics and insurance information
Attorney	Patient Authorization	Evaluate individual's medical condition in support of a lawsuit	Specific information requested [minimum necessary standard will not apply to disclosure pursuant to an authorization; may disclose information as described in authorization]
Collection agency	Notice of Privacy Practices: Payment	Obtain payment on past due accounts	File of patient names, addresses, dates of service, amounts owed
Coroner	Required by Law	Investigate a suspicious death	Specific information requested
Disability determination	Patient Authorization	Evaluate individual's medical condition in support of disability benefits	Specific information requested [see authorization comment above]
Employer	Plan Documents	Evaluate utilization	Plan summary information [aggregate information, not individually identifiable health information would not be PHI and would thus not be subject to HIPAA]
Employer	Patient Authorization	Evaluate drug usage for pre-employment screening	Drug testing results [see authorization comment above]
Insurance company	Notice of Privacy Practices: Payment	Substantiate care provided for payment	Specific information requested
Life insurance company	Patient Authorization	Evaluate individual's medical condition for issuance of a life insurance policy	Specific information requested [see authorization comment above]
National security agencies	Required by Law	Varies	Specific information requested [when making disclosures to public officials in accordance with 164.512, may rely on requested disclosure as minimum necessary if the public official so represents]

REQUESTER	AUTHORITY	PURPOSE	DISCLOSURES
Police	Required by Law	Investigate accidents or crimes	Specific information requested [see public officials comment above]
Food and Drug Administration	Patient Consent to Research includes Authorization for Use and Disclosure	Oversee the conduct a clinical trial	Specific information requested [see authorization and public officials comments above]
Researcher	Patient Consent to Research includes Authorization for Use and Disclosure [this is not the source of the authority if the disclosure is for treatment purposes]	Treating a patient in a clinical trial	Full access to the medical record for treatment purposes
Researcher	IRB/PB approved Waiver of Authorization	Approved research protocol	As indicated in approved study protocol
Researcher	Completed Research Certification Form	Approved research protocol	As indicated in approved study protocol and limited to data on decedents
Potential Researcher	Notice of Privacy Practices: Use for Research; Completed Investigator Certification Form	Review of records preparatory to research	Access to specific set of medical records [required representations from potential researcher can satisfy minimum necessary standard]
School	(Parent) Authorization	Evaluate child's medical condition for school activities	Specific information requested [see authorization comment above]
State data commission	Notice of Privacy Practices: Operations	Support a state-wide registry	File of specific data elements requested
Workers' Compensation	Required by Law	Evaluate individual's medical condition for benefits	Specific information requested