

Disability Paperwork:
Best Practices for HIPAA Compliance
July 30, 2016

When completing paperwork involving a patient's disability it is critical to understand how this paperwork is processed in order to avoid any potential HIPAA violations. The following scenarios should be reviewed carefully prior to filing any paperwork related to these disabilities:

FMLA/Medical Leave/Long Term Disability/Short Term Disability:

When completing FMLA, medical leave, or disability paperwork for a patient, the information should be provided directly to the patient rather than sent to the employer. Under HIPAA, a doctor or other health care provider cannot disclose PHI directly to a patient's employer to verify leave unless the patient signs a written authorization form that complies with HIPAA. Disclosure to a patient's employer without an authorization may constitute a HIPAA Privacy breach reportable to the HHS Office for Civil Rights (OCR).

Note written authorization is not required to provide the information to the patient. Thus if the form is given by the employer to the employee and the employee obtains the information from his care provider and then gives the form back to his/her employer, an authorization/release is not necessary.

Worker's Compensation:

Under HIPAA guidelines, PHI collected by a healthcare organization or health plan can be disclosed to others who are not part of Yale without a signed patient authorization only in limited circumstances. Worker's Compensation is one of these exceptions. When a patient indicates that their visit is related to a worker's compensation claim, the associated claims or paperwork should be filed directly to the Worker's Compensation carrier NOT the employer. Should you have any questions related to Worker's Compensation, please address them to Connie Rinaldi at connie.rinaldi@yale.edu

Social Security Disability:

Social Security Disability claim forms include patient authorization for disclosure of the patient's PHI to Social Security; therefore a separate authorization from the patient is not required.

We recognize that taking the time to confirm that these documents are completed and filed properly can be time consuming in the context of a busy clinical practice, however, the time is well spent in comparison to the time lost in investigating a potential breach and the erosion of trust created through notifying patients that their information has gone to an inappropriate entity or their employer.

Who should complete this paperwork?

The provider completing this paperwork should be the treating provider of the patient's related condition (i.e. If a patient is being seen by an orthopedic provider for a back injury, the orthopedic should be the provider completing the paperwork, not the patient's OB/GYN).