

CLINICAL ALERT

Employees Are NOT Entitled To Access Their Own Medical Records.

Release of Protected Health Information (PHI) Policy section 4. W. states the following:

W. MEDICAL STAFF MEMBERS AND EMPLOYEES

1) Medical staff members and employees are **NOT** entitled to access their own Medical Record. Copies of their own Medical Record and/or the Medical Record(s) of family members/others for whom they have valid decision-making authority will be provided only with a valid Authorization. **Release of Information procedures must be followed. Any unauthorized access of a Medical Record and/or PHI including access to employee's own and/or a family member's Medical Record, and access for non-work-related functions, may result in corrective action up to and including termination. See Professional Expectations policy.**

POLICY

Release of Protected Health Information (PHI)

This Policy is Applicable to the following Corewell Health sites:

Beaumont Pharmacy Solutions, Beaumont Post Acute Care, Continuing Care (CHW), Corewell Health Beaumont Grosse Pointe Hospital, Corewell Health Beaumont Troy Hospital, Corewell Health Big Rapids Hospital, Corewell Health Dearborn Hospital, Corewell Health Farmington Hills Hospital, Corewell Health Gerber Hospital, Corewell Health Grand Rapids Hospitals (Blodgett Hospital, Butterworth Hospital, Helen DeVos Children's Hospital), Corewell Health Greenville Hospital, Corewell Health Ludington Hospital, Corewell Health Medical Group East, Corewell Health Medical Group West, Corewell Health Pennock Hospital, Corewell Health Reed City Hospital, Corewell Health South (Niles, St. Joseph, and Watervliet Hospitals.; Corewell Health Medical Group South; Applicable Corewell Health South Regional Sites), Corewell Health Taylor Hospital, Corewell Health Trenton Hospital, Corewell Health Wayne Hospital, Corewell Health William Beaumont University Hospital, Corewell Health Zeeland Hospital, Corporate (Legacy Beaumont Health), Outpatient/Physician Practices (CHW)

Applicability Limited to:	This policy addresses all areas within the Corewell Health West, Corewell Health South and Corewell Health East that disclose or release Protected Health Information (PHI)
Reference #:	544
Version#:	6
Effective Date:	01/16/2024
Functional Area:	HIM/Coding
Department Area:	Health Information Management (HIM), Medical Records

1. Purpose

To facilitate appropriate release of Protected Health Information (PHI); to properly document the Authorization and/or legal authority for release of PHI; to outline the policies intended to maintain the security, privacy, and confidentiality of PHI; and to ensure compliance with applicable federal and state laws and regulations and accrediting organization requirements pertaining to information privacy and disclosure.

2. Definitions

Unless otherwise defined in the policy, the definitions to terms used within this document may be found in the [Digital Services Glossary of Terms Used in Policies and Procedures](#) Compliance with the IS definition of a term is assumed and enforceable within the context of this policy.

3. Policy

The Medical Record is the property of Corewell Health (CH). The Medical Record may include PHI obtained from other health care providers and facilities, which has been incorporated within the patient's Medical Record. To the extent consistent with applicable law, the information contained within the Medical Record belongs to the patient. Corewell Health, as the owner of the Medical Record, assumes responsibility for the safekeeping and maintenance of the privacy, security, and confidentiality of PHI.

Entities will reference associated Documentation contained within this document as applicable
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All information included in a Medical Record is considered confidential. Information in a patient's Medical Record (including PHI) may not be released or made available to anyone outside Corewell Health unless it has been established that there is proper Authorization and/or legal authority to do so. This policy does NOT cover disclosures of information to other health care providers and covered entities who can permissibly access PHI for treatment, payment, and health care operations purposes. See policy [Using and Disclosing Protected Health Information \(PHI\)](#).

- A. Release of PHI from a Medical Record shall be carried out in accordance with all applicable legal, accrediting, and regulatory mandates and in accordance with this and all other applicable policies and procedures.
- B. For requirements of a "valid authorization," see [Authorizations for Use or Disclosure of Protected Health Information Policy](#). In general, medical records created after the Authorization date shall not be provided in response to the disclosure requests. A new Authorization should be obtained if the patient requests any additional records. The information released will be from the date the patient signed the release going back. To obtain medical records created after the date signed by the patient, a new authorization is required.

However, if a patient's stated and documented intent is to authorize an ongoing release of medical records until the date or even the authorization expires, the request should be fulfilled. The authorization form should clearly specify the date range of the records to be released. This includes series visits such as prenatal, INR results, PT/OT/SLP, etc. If an authorization states an event as the expiration time, ask the requester for documentation that the event ending the authorization has not yet occurred.

- C. When an individual requests his/her PHI be disclosed to another person, HIPAA requires that the patient's request must be in writing, signed, dated and the request must identify the designated person/location to send the PHI. See the [Authorizations for Use or Disclosure of Protected Health Information Policy](#). This process can be documented electronically. For example, a patient could request the information to be sent to a third party via email so long as the valid authorization criteria is met. Verbal authorization to release PHI to a third party is NOT permitted.
- D. When a patient requests a copy of his or her own information or a parent/legal guardian requests minor's information during a face-to-face office visit appointment, valid Authorization is not required.
- E. If the Medical Record has incorporated records and information from other health care providers and/or facilities, such records and information should be included in the disclosure with the original copies maintained in the patient's Medical Record. However, those records/information from other providers would be included only if they meet Corewell Health's definition of LHR, see [Legal Health Record \(LHR\) Policy](#)
- F. Requests for information from a patient's Medical Record should be made in writing or electronically through the patient's portal. Patient's may also request their records via telephone, see [Telephone Requests](#) section below.
- G. Requests for Protected Health Information from other health care providers for purposes of continued patient care will be honored upon receipt of a facsimile request. If a telephone request is received for emergent care, information will be faxed to the requesting health provider, however, the health care provider will be requested to fax their request when able to do so. If the requester is from an organization that uses Epic software, Care Everywhere functionality may be used to electronically obtain medical records.
- H. Care Everywhere documents that reside in Epic may be released for continuation of care purposes or to the patient upon written request or Authorization. Care Everywhere records may not be released to a third party without proper authorization.

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- I. Corewell maintains a directory of individuals in its facilities. Only limited information can be shared over the phone. [Using and Disclosing Protected Health Information \(PHI\)](#).
 - J. When releasing information from a fax request, the procedure [Medical Information, Facsimile \(Fax\) Transmission](#) should be followed.
 - K. All requests for copies of or access to a patient's Medical Record will be tracked electronically and/or filed with the Medical Record in accordance with the [Accounting of Disclosures of Protected Health Information Policy](#)
 - L. Electronic transmission (Email) of PHI requires that PHI be sent in a secure and confidential manner in accordance with the [Corewell Health Acceptable Use Policy](#)
 - M. Charges for medical records, see [Copying Fees Policy](#)
 - N. Electronic Signature requirements, reference this policy [Requirements for Acceptance of Electronic Signatures](#).
- 4. Guidelines for Specific Requests of Information in a Medical Record**
- A. **ACCOUNTING OF DISCLOSURES** - Accounting of Disclosures will be done in accordance with System Policy [Accounting of Disclosures of Protected Health Information Policy](#)
 - B. **ADOPTION**
 - 1) Except with proper court order, Corewell Health may not disclose the name of a child before placement for adoption, names of biological parents at the time their parental rights were terminated, or address(es) of biological parents.
 - 2) Unless there is valid Authorization from the biological mother, medical records of the biological mother shall not be released to a third party (i.e., an adoption agency).
 - 3) If information is needed for follow-up care of the adopted child, the information may be sent to the treating physician, only after identifying information of the biological parents has been redacted.
 - 4) If the adoptive parent(s) wish to have copies of the child's Medical Record, all identifiable information regarding the biological parents must be redacted.
 - 5) Requests for records from adoptive parents should be referred to the appropriate adoption agency, if possible.
 - a) Adoptive parent(s) should contact the appropriate adoption agency before the adoption process has been complete.
 - b) Adoption process must be completed before information from the child's Medical Record will be released to the adoptive parent(s) with biological mother's information redacted.
 - 6) In cases of 'open adoption' the above steps may not need to be followed.
 - C. **ATTORNEYS** – Information in a patient's Medical Record may be released to an attorney only upon a presentation of either:
 - 1) A valid Authorization - If the patient is deceased, the attorney must provide documentation that the person who has signed the Authorization has legal authority to do so.
 - 2) A court order signed by a judge or magistrate including a Qualified Protective Order
 - 3) For workers compensation requests by an attorney see [Worker's Compensation](#) section below.
 - D. **AUTOPSY** See [Deceased Individual's Medical Record](#) section below.
 - E. **BEHAVIORAL HEALTH RECORDS**
 - 1) Behavioral health records and information are accorded a higher level of privacy protection by state and federal law and regulation. Care should be taken to assure that any release of behavioral health records or information is done in accordance with all applicable laws and regulations. Questions should be directed to Health Information Management or Privacy.
 - F. **BIRTH CERTIFICATES**
 - 1) The birth certificate, blue worksheet and/or Affidavit of Parentage forms are not considered a part of the patient's Medical Record and therefore may not be released as part of the Medical Record.

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- 2) Copies of birth certificates may be obtained through the County Clerk's office.
- 3) If acknowledgement of paternity occurs during the child's hospital stay, a copy of the paternity papers will be given to the parents at the time of their child's birth. Paternity papers will not be given out if originals are lost or another copy is requested. Parents requesting additional copies will be referred to the probate court located in the county in which the mother lived at the time of the birth.
- 4) If parent(s) need verification of birth, copies of appropriate records may be released upon receipt of valid proof the requester is the child's parent. Birth Verification form to be printed from the VERA system.

G. BLOOD ALCOHOL REPORTS

- 1) Law enforcement personnel with a search warrant/court order or valid Authorization may receive results of blood alcohol tests.
- 2) In accordance with [Section 625\(a\) of the Public Act of 1982, MCLA 257.625a\(6\)](#), chemical analysis of blood alcohol may be released to the Prosecuting Attorney's Office upon receipt of written request.
- 3) Names of individuals who drew the blood and performed the analysis (i.e., the chain of evidence) may also be released.
- 4) Legal Lab Draw – A legal blood draw is a request for the service of performing a venipuncture that is not related to the medical care of the patient. The resulting blood specimen leaves with the presenting officer to be performed at the lab of their choice. These visits are registered in a Customer Relation Management (CRM) module in Epic. Access is limited to laboratory personnel. These encounters are separate from the Epic patient medical record and not part of our legal health record.
 - a) Search warrants for these visits should be forwarded to the lab department for processing.

H. COURT APPOINTED SPECIAL ADVOCATE (CASA)

- 1) To release a Medical Record to a CASA, the CASA must have a court order that includes Medical Record release as part of the order.
- 2) Only release records for names included on the court order.
- 3) Parent or guardian records can only be released with their Authorization or if they are listed as part of the court order.

I. CARE MANAGEMENT/DENIALS MANAGEMENT/CODING/CLINICAL DOCUMENT INTEGRITY PROGRAM/UTILIZATION MANAGEMENT –Care Management Denials

Management, Coding staff, CDI, and Utilization Management staff may have access to, and copies of appropriate, minimum necessary information related to the relevant date(s) of service for purposes of obtaining payer authorization for services and/or payment. They may also have access to and/or copies of information received from other health care providers whose records have been incorporated with the patient's Medical Record for purposes of certification and/or payment.

J. CONSERVATORSHIP - Information from a Medical Record may not be released to the "conservator", except with a valid Authorization or court order.

K. DECEASED INDIVIDUAL'S MEDICAL RECORD

- 1) Insurance Benefits - If information in a deceased individual's Medical Record is requested for life insurance or supplemental insurance benefits, that information may be released to the insurance company upon receipt of an appropriate valid Authorization by one of the following:
 - a) Beneficiary of the insurance policy
 - b) Personal Representative of the deceased individual
- 2) Other Requests -including but not limited to genetic information.
 - a) Any person requesting access to or copies of information in a deceased individual's Medical Record must provide a valid Authorization and documentation of his/her legal authority including **Heirs at Law** and **Personal Representative** (please see [Digital Services Glossary of Terms Used in](#)

[Policies and Procedures](#)) on behalf of the deceased individual. See [MCLA 333.26261 – 333.26271](#).

- b) Deceased (unemancipated) minor's Medical Record information may be released to the parent(s), or, with appropriate documentation, the minor's legal guardian or other person (s) acting in loco parentis with a valid authorization.

3) Autopsy Report

- a) See HIM's [Release of Autopsy and Pathology Report Standard of Work](#).
- b) A copy of the medical examiner's autopsy report must be obtained from the medical examiner's office.
- c) See [Medical Examiner](#) section below.

L. EMANCIPATED MINORS

- 1) An emancipated minor is considered an adult for all purposes under the law. An emancipated minor has the right to access information in his/her Medical Record to the same extent as an adult patient (i.e., a patient who is 18 years of age or older).
- 2) Emancipation may occur by operation of law or pursuant to a petition filed by a minor with the Probate Court.
- 3) An emancipation that occurs by operation of law is:
 - a) Those minors who are legally married.
 - b) When the minor is on active duty with the Armed Forces of the United States.
 - c) When the minor is in custody of a law enforcement agency and when the minor's parent or guardian cannot be promptly located. Emancipation pursuant to this subdivision ends upon termination of medical care or treatment or upon the minor's release from custody, whichever occurs first, for the purpose of consenting to emergency medical treatment.

M. FINANCE REQUEST

- 1) Patient Financial Services may have access to and/or copies of information in a patient's Medical Record for payment purposes.
- 2) Validate the requestor is the payor responsible for the visit.
- 3) If general consent is not signed, a valid Authorization must be obtained from the patient prior to releasing to the payer.
- 4) See [Insurance Companies](#) section below.

N. FOSTER PARENTS / WARD OF STATE

- 1) Foster parents and individuals/organizations who have legal authority for patients who have become "wards of the state" may, under certain circumstances, have authority to consent to treatment for the patient and may receive copies of information in the individuals Medical Record.
- 2) Foster parents or the delegated ward of the state representative will be required to complete an Authorization form and provide court documentation appointing them as the foster parent or ward of the state representative.
 - a) Foster parent court documentation is the current guardianship paperwork.
 - b) Ward of the state agency the court documentation will be the court paperwork naming the child as the ward of the state. When they are made wards of the state they are under the care of DHS. DHS then contracts an adoption agency to oversee the case. DHS then has the adoption agency sign a DHS 3600 Case Referral and Acceptance form or for out of state its equivalent.
- 3) See also [Group Homes/Foster Care Facility](#) below.

O. GOVERNMENT AGENCIES

- 1) Information from a patient's Medical Record or PHI may be released to government agencies with a valid Authorization or a valid court order.
- 2) Whenever a state agency or department that has legal authority to access information without a valid Authorization or valid court order, the following steps should be followed:
 - a) The agency should make the request in writing and provide identification demonstrating the authority of the agency/individual to make the request.

- b) The written requests are to be submitted, reviewed and approved by Legal, (see [ROI Resource List](#).) Legal should be immediately notified of requests for the Medical Record or PHI from the following agencies:
 - i. Michigan Department of Community Health,
 - ii. Michigan Department of Licensing and Regulatory Affairs,
 - iii. Federal Bureau of Investigation (FBI),
 - iv. Office for Civil Rights (OCR),
 - v. Michigan Department of Civil Rights,
 - vi. Michigan Attorney General,
 - vii. Department of Justice,
 - viii. Drug Enforcement Agency, or
 - ix. Department of Health and Human Services, Office of the Inspector General.
 - c) For Licensing and Regulatory Affairs (LARA) Nursing Home investigation requests, see [Nursing Homes](#) section below.
- P. GROUP HOME/FOSTER CARE FACILITY**
A valid Authorization is required to release medical records to group home and/or foster care facility. See also [Foster Parents/Ward of State](#) above.
- Q. HOUSE STAFF/MEDICAL AND NURSING STUDENTS** See policy [Professional Expectations](#) and [De-identification of Protected Health Information Policy](#).
- R. INSURANCE COMPANIES**
- 1) Government health insurance programs include Medicare, Medicaid, Champus or other government funded insurance agencies.
 - 2) Insurance companies may receive PHI/Medical Record information for purposes of payment for services without patient Authorization, unless the information requested includes sensitive information (i.e., substance abuse diagnosis and/or treatment information), in which case a specific patient Authorization must be obtained.
 - 3) Release of information to the insurance company may only occur if the insurance company is identified as the patient's insurer at the time of admission to the hospital or the date of other service.
 - a) If the insurance company requests another agency to become involved in a claim, proof of the contractual agreement, i.e., 'a letter of representation' must be received.
 - b) If records are requested for insurance purposes while patient is still admitted to the hospital, request will be processed on an individual basis and based on the Minimum Necessary standard. If possible, records should not be released until the chart is complete.
 - c) If a patient chooses not to have their visit billed to their insurance plan and has paid in full according to (45 CFR 164.522) the visit guarantor will be marked as Privacy Mandate and a Self -Pay Release Restriction flag will be added to the visit to alert staff not to release PHI to insurance plan.
- S. LAW ENFORCEMENT (POLICE OFFICERS)**
- 1) A valid patient Authorization, court order or search warrant must be provided before law enforcement personnel can obtain copies of information in the patient's Medical Record.
 - 2) Proper identification must be presented and recorded prior to disclosure of information, i.e., badge number or driver's license.
 - 3) Certain injuries may be reported in accordance with the law (45 CFR 164.512 (f)) and MCL 750.411)
- T. LEGAL GUARDIAN**
A Legal Guardian may authorize the use and disclosure of Medical Record information on behalf of their ward. A Legal Guardian must complete a Release of Information form (valid Authorization). Staff should request and document the court order granting guardianship

and/or the court-issued letters of authority before releasing information at the request of the Legal Guardian.

U. MEDICAL DEVICE MANUFACTURER

Medical device manufacturer's request for medical records to report adverse or sentinel events to the Food and Drug Administration or for internal quality review to mitigate product defects or problems does not require an authorization. See Food and Drug Administration section of the policy [Using and Disclosing Protected Health Information \(PHI\)](#)

V. MEDICAL EXAMINER

- 1) Medical examiners may request information of the deceased individual including PHI from previous admissions or other facilities when such information is necessary to complete medical examiner duties. The office of the medical examiner must submit their request in writing on appropriate letterhead to identify their office.
- 2) When immediate transmission of information to a medical examiner is necessary, but a fax machine is unavailable, complete a medical examiner release of information request form before releasing information over the phone. This situation may occur in a rural county such as Newaygo.

W. MEDICAL STAFF MEMBERS AND EMPLOYEES

- 1) Medical staff members and employees are not entitled to access their own Medical Record. Copies of their own Medical Record and/or the Medical Record(s) of family members/others for whom they have valid decision-making authority will be provided only with a valid Authorization. Release of Information procedures must be followed. Any unauthorized access of a Medical Record and/or PHI including access to employee's own and/or a family member's Medical Record, and access for non-work-related functions, may result in corrective action up to and including termination. See [Professional Expectations](#) policy.

X. MINORS – TREATMENT OF CERTAIN PROTECTED INFORMATION

- 1) In the State of Michigan, a minor is only legally allowed to consent to treatment for certain services. [See Michigan Laws Related to Right of a Minor to Obtain Health Care Without Consent or Knowledge of Parents](#). If a minor consents to such treatment for himself/herself, the minor must authorize (in writing) the release of any information related to the treatment.
- 2) If a request is received for disclosure of information of a minor pertaining to any of the above services/conditions, staff must review the minor's record to determine whether he/she consented to such care and/or whether the minor consented to the requestor receiving PHI. Under certain circumstances, the minor is the one who consented, additional review must be done on whether the requestor can receive this information and provider decides at his/her discretion that the requestor (parent/guardian) receives the information.
- 3) If a minor child presents parent(s) insurance cards for payment purposes, the potential of parent(s) receiving billing information with diagnoses exists. Staff should inform the minor that such information may be disclosed to parents to secure payment.
- 4) Minors can request a copy of their own medical records for consented and non-consented encounters with proper identification and authorization.

Y. NEWS MEDIA

PHI will not be disclosed to the news media. All media telephone or written requests should be referred to the Communications Department.

Z. NURSING HOMES

If State of Michigan Licensing and Regulatory Affairs (LARA) surveyor requests Medical Record information pursuant to an investigation/complaint of a nursing home, refer to [HIM LARA Standard of Work](#). In general, information may be provided upon proper identification of the LARA surveyor/ investigator.

AA. ORGAN, TISSUE AND EYE DONATION

Protected health information will be released to authorized agency(s) for purposes of organ, tissue and/or eye donation upon request, see the policy [Organ, Tissue, and Eye Donation - Adult and Children](#).

BB. OTHER HEALTH CARE FACILITIES

If patient is a direct transfer to another hospital or other extended/long term care facility or is being followed per documentation in the PHI by Hospice, Visiting Nurses or Home Health Care Agencies, copies of pertinent PHI shall be made available to such agencies/facilities, either before, upon or following discharge for the purpose of continuing care of the patient. To release medical records to another covered entity, a written request or fax cover sheet is acceptable.

CC. PATIENT ADVOCATE/DURABLE POWER OF ATTORNEY - "(DPOAH- HEALTH CARE)"

- 1) The Patient Advocate named in a Patient Advocate Designation has access to information in the patient's Medical Record as necessary to make such treatment decisions, or as allowed by the DPOA/Patient Advocate document. Questions regarding Patient Advocates should be directed to Legal and/or Organizational Risk Management.
- 2) Power of attorney expires upon the death of the patient except for decisions regarding.
 - a) Organ donation
 - b) Business affairs after death
 - c) See [Deceased Individual's Medical Record](#) section above for individuals authorized to access deceased individual's protected health information.

DD. PATIENTS AND LEGAL OR PERSONAL REPRESENTATIVES

A patient or his/her Legal Representative (a person who oversees the legal affairs of another, such as an executor or administrator of an estate and a court appointed guardian of a minor or incompetent person) may have access and/or copies of his/her own Medical Record/PHI upon receipt of valid Authorization. Personal Representative (parent, guardian) stands in the shoes of the individual and has the ability to act for the individual and exercise the individual's rights. [Individuals' Right under HIPAA to Access their Health Information](#). A patient and/or their Legal or Personal Representative may also view his/her PHI during their hospitalization/treatment or following discharge, according to the policy [Individual's Right of Access to Protected Health Information Policy](#) All patient access to his/her Medical Record will be under the supervision of a staff member, and care will be taken to ensure that the integrity of the PHI is always maintained. A reasonable fee may be charged for copies of such records in accordance with the [Copying Fees Policy](#) and [Michigan's Medical Record Access Act](#). Care Everywhere records can be released to a patient upon receipt of a written request or Authorization.

EE. PATIENT'S EMPLOYER

- 1) The patient must have signed the General Consent to Treatment form which notifies the patient their information may be released to their employer under certain permitted circumstances. Medical information may be released to an employer without patient Authorization if the records are related to care or services paid for by an employer, or for other purposes that are permitted under law. Information may be provided to an employer's self-funded insurance plan if such plan is the payor for services in accordance with the payment exception of HIPAA. If the Consent form has not been signed, the patient must be contacted to complete an Authorization prior to releasing information to the patient's employer.
- 2) Medical information may be released to an employer or an insurance company who has contracted with Corewell Health to provide examination and evaluation services only (not treatment), without patient Authorization. Only the results of the examination/evaluation may be released to the employer or insurance company. (Example: when a person is sent to the occupational centers for examination as a condition of or prior to employment).
- 3) See [Worker's Compensation](#).

FF. POST ACUTE CARE FACILITIES/SERVICES

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- 1) If the patient is being followed per documentation in the Medical Record by Hospice, Visiting Nurses or Home Health Care Agencies, copies of pertinent Medical Information shall be made available to such agencies/facilities, before, upon or following discharge for the purpose of continuing care of the patient.
- 2) Durable Medical Equipment (DME) – requests from a DME will require an order from a provider or patient signed Authorization.

GG. PROTECTIVE SERVICES – ADULT

- 1) Protective Services may have access to information in the Medical Record of the adult who is suspected to be a victim of abuse for the purpose of investigating such abuse without the Authorization of the patient/legal guardian/etc.
- 2) Requests received via fax or mail must contain the case number or the court number and signature of the social worker involved. Upon receipt of this request, information regarding the potential victim may be faxed to expedite the process.
- 3) Information in the Medical Record of the accused in the case of a suspected abuse or neglect will not be released without valid Authorization and/or court order.
- 4) Request to speak to a staff member should be sent to Social Services to handle.
- 5) See HIM's [Child/Adult Protective Services Standard of Work](#).

HH. PROTECTIVE SERVICES – CHILD

- 1) Protective Services may have access to information in the Medical Record of the child who is suspected to be a victim of abuse for the purpose of investigating such abuse without the Authorization of the parents/legal guardian/etc.
- 2) Requests received via fax or mail must contain the case number or the court number and signature of the social worker involved. Upon receipt of this request, information regarding the potential victim may be faxed to expedite the process.
- 3) Information in the Medical Record of the parent(s) and/or the accused in the case of a suspected abuse or neglect will not be released without valid Authorization and/or court order.
- 4) Parents suspected of child abuse may access the child's Medical Record information unless their rights have been terminated or Michigan law allows us to withhold the records if it may harm the patient. The SH Care Management/Utilization Management/Social Services department may be contacted for additional information if necessary.
- 5) Request to speak to a staff member should be sent to Social Services to handle.
- 6) See HIM's [Child/Adult Protective Services Standard of Work](#).

II. PSYCHOTHERAPY NOTES

Psychotherapy Notes may only be released if there is a valid Authorization signed by the patient and specifically requests the release of Psychotherapy Notes. In general, psychotherapy notes as defined by HIPAA are not included in the patient's Epic medical record.

JJ. QUALIFIED PROTECTIVE ORDER (QPO)

Is an order of a court that prohibits the parties from using or disclosing PHI for any purpose other than the litigation or proceeding for which the information was requested. See HIM's [Qualified Protective Order Standard of Work](#).

KK. RESEARCH

Refer to System Policy [Using and Disclosing Protected Health Information \(PHI\)](#) Questions should be directed to Health Information Management or Privacy

LL. RESTRICTIONS OF PHI

Refer to System Policy [Requests for Restrictions on Uses and Disclosures of Protected Health Information Policy](#).

MM. SCHOOL PUBLIC HEALTH ACTIVITIES

Requests for release of immunization records of a student or prospective student to a school or licensed daycare does not require a signed Authorization and may be disclosed to the school or licensed daycare via verbal consent by a parent/guardian/adult student according to the policy [Using and Disclosing Protected Health Information \(PHI\)](#) Such verbal consent

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must be documented in the Medical Record as a telephone encounter or logged into the Epic Release module.

NN. SERIOUS OR NON-SERIOUS COMMUNICABLE DISEASES AND INFECTIONS

A valid Authorization signed by the patient must be obtained before any information related to HIV, HIV test (whether one was performed and/or results), AIDS, and AIDS related complex (ARC), or other communicable diseases such as sexually transmitted disease, venereal disease, and tuberculosis and hepatitis B may be released. Release of information about communicable disease to the Health Department is mandated by the State of Michigan and does not require an Authorization.

OO. SEARCH WARRANT

- 1) If a search warrant is served requesting information in a patient's Medical Record, contact Legal in accordance with the [Accepting and Responding to Search Warrants, Subpoenas, Surveys, and Other Legal Requests](#) policy. Also see HIM's [Search Warrant Standard of Work](#).
- 2) Search warrants for a legal lab draw should be forwarded to the lab department for processing, see [Blood Alcohol Reports](#) section above.

PP. SOCIAL SERVICES

If a request is received during the patient's admission for copies of Medical Record information to assist the patient in applying for government benefits (i.e., Medicaid), information may be released to the outside individual/organization pursuant to valid Authorization. Release may include information in the Medical Record that is created after the date the Authorization was signed, provided such information is relevant to the application for benefits, and it is consistent with patient's stated intent. See section 3B. [Requirements of valid Authorization](#) above.

QQ. STEP-PARENTS

Stepparents cannot have access to stepchildren's records and may not sign the Authorization to release records unless appropriate court documents are provided, demonstrating that the stepparent has the proper legal authority to make health care decisions, including release of PHI, for and on behalf of the minor.

RR. SUBPOENAS

- 1) Validity of Subpoena
 - a) A subpoena will be honored (i.e., information released) only if it is either (i) accompanied by a valid Authorization, or (ii) signed/stamped by a judge, or magistrate. Grand jury subpoena can be signed/stamped by a judge, magistrate, or court clerk.
 - b) A subpoena signed by a plaintiff attorney or prosecutor by itself is not sufficient for the release of information unless it is a worker's compensation subpoena. See [Worker's Compensation](#) section below.
 - c) Information may be released in response to a subpoena signed by a United States Attorney or the State Attorney General. Upon receipt staff are required to contact Legal prior to releasing PHI.
 - d) An out-of-state subpoena must be signed by a judge or magistrate or accompanied by a valid Authorization.
 - e) A subpoena must include the date/time for compliance.
 - f) Any pushback from a requester to comply with the above requirements contact Legal.
 - g) Contact Legal as outlined in the [ROI Resource List](#).
- 2) Type of Subpoenas:
 - a) Appear in Court - Medical record custodian may be required to appear in court to authenticate that the medical records are kept in the normal course of business. See [HIM's Subpoena to Appear Standard of Work](#)
 - b) Appear at Deposition - An oral examination taken under oath and conducted by an attorney to produce testimony that may be submitted as evidence in a

pending trial or hearing. Records will not be provided following deposition without a court order and/or a valid Authorization.

- c) Subpoena Duces Tecum - Produce copies of information from the patient's Medical Record. The physical presence of a certified copy of the information is acceptable in court. If the subpoena requests the original record, ORM shall be notified. See [HIM's Subpoena to Produce Standard of Work](#)
- d) Grand Jury – Disclosure of protected health information without the individual's valid Authorization is permitted per 45 CFR 164.512 (f) (1) (ii) (B) for a grand jury subpoena. Grand Jury subpoena can be signed/stamped by a judge, magistrate, or court clerk.
- e) Government Agencies - Information from a patient's Medical Record or PHI may be released to government agencies with a valid Authorization, with a valid court order or if required by law to an applicable state agency or department, (i.e., Nursing Home).

SS. SUBSTANCE USE

- 1) Information pertaining to substance use diagnosis and treatment is accorded a higher level of privacy protection by state and federal law and regulation. Care should be taken to assure that any release of any such information is done in accordance with applicable law and regulation. Questions should be directed to Health Information Management or Privacy.
- 2) A valid Authorization that states the request of substance use records and is signed by the patient must be obtained before any information pertaining to diagnosis, referral and/or treatment of substance use may be released.
- 3) Sensitive information provided by the patient during a normal course of care does not require a valid Authorization to release PHI, unless clinical evidence corroborates substance use.
- 4) An Authorization without specifically requesting substance use for the release of PHI or other information is not sufficient for this purpose.

TT. TELEPHONE REQUESTS

To promote an exceptional patient experience at Corewell Health, patients may verbally request their medical record release to themselves by telephoning the HIM (Health Information Management) Department at any of the Corewell Health facilities. See [Patient Telephone Requests for Medical Records](#)

UU. WORKER'S COMPENSATION BUREAU/BOARD OF MAGISTRATES AND INSURANCE CARRIER

Where a Worker's Compensation case is opened, no authorization is required for a request related to that case. These requests should be limited to the date of injury and beyond. Charge requester the rate allowed under the Worker's Compensation Act.

- 1) If a Worker's Compensation subpoena requests "any/all records or PHI" then professional judgment must be utilized to determine whether "any/all" may apply to sensitive categories of information (e.g., substance abuse, mental health, sexually transmitted diseases) and whether the Minimum Necessary standard can be met in fulfilling the request. See [De-identification of Protected Health Information Policy](#).
- 2) Insurance Carriers
 - a) Facilities shall provide workers disability compensation carriers with copies of PHI related to the treatment of workers compensation injuries. This does not require separate patient Authorization as it is included in the general consent.
 - b) Release of such PHI is required for Michigan Workers Compensation.
- 3) Workers Compensation Subpoena
 - a) This subpoena does not require a patient Authorization to release information in the patient's Medical Record.
 - b) The subpoena is acceptable if signed and dated by an attorney.

- c) Information may be released in response to a subpoena signed by a magistrate, or an Authorization signed by the patient.
 - d) Requests/subpoenas to release sensitive information (e.g., mental health, substance abuse, sexually transmitted diseases) require valid patient Authorization or magistrate signature.
- 4) Employer - See [Patient's Employer](#) section above.

5. Revisions

Corewell Health reserves the right to alter, amend, modify or eliminate this document at any time without prior written notice.

6. **Policies Superseded and Replaced:** This policy supersedes and replaces the following policies as of the effective date of this policy: [Release of Protected Health Information (PHI), ADM-R00-S0508, SHGR, original/effective date 03/01/2000]

7. References

- [Accepting and Responding to Search Warrants, Subpoenas, Surveys, and Other Legal Requests](#)
- [Accounting of Disclosures of Protected Health Information Policy](#)
- [Authorizations for Use or Disclosure of Protected Health Information Policy](#)
- [De-identification of Protected Health Information Policy](#)
- [Individual's Right of Access to Protected Health Information Policy](#)
- [Medical Information, Facsimile \(Fax\) Transmission](#)
- [Medical Records Access Act 2004 \(MCL333.26263\)](#)
- [Michigan Mental Health Code, Chapter 330, Public Act 258 of 1974, § 330.1001-330.2106](#)
- [MyChart- Enrollment, Grand Proxy and Revoke Access](#)
- [Organ, Tissue, and Eye Donation - Adult and Children](#)
- [Requirements for Acceptance of Electronic Signatures](#)
- [Requests for Restrictions on Uses and Disclosures of Protected Health Information Policy](#)
- [Section 625\(a\) of the Public Act of 1982, MCLA 257.625a\(9\)](#)
- [Corewell Health Acceptable Use Policy](#)
- [Patient Telephone Requests for Medical Records](#)
- [Title 42 Code of Federal Regulations, Part 2](#)
- [Using and Disclosing Protected Health Information \(PHI\)](#)

8. Policy Development and Approval

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Release of Protected Health Information (PHI), release, medical record, record, phi, authorization,

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SYSTEMWIDE POLICY

Professional Expectations

This Policy is Applicable to the following Corewell Health sites:

SYSTEMWIDE

Beaumont Pharmacy Solutions, Beaumont Post Acute Care, Continuing Care (CHW), Corewell Health Beaumont Grosse Pointe Hospital, Corewell Health Beaumont Troy Hospital, Corewell Health Big Rapids Hospital, Corewell Health Dearborn Hospital, Corewell Health Farmington Hills Hospital, Corewell Health Gerber Hospital, Corewell Health Grand Rapids Hospitals (Blodgett Hospital, Butterworth Hospital, Helen DeVos Children's Hospital), Corewell Health Greenville Hospital, Corewell Health Ludington Hospital, Corewell Health Medical Group East, Corewell Health Medical Group West, Corewell Health Pennock Hospital, Corewell Health Reed City Hospital, Corewell Health South (Niles, St. Joseph, and Watervliet Hospitals.; Corewell Health Medical Group South; Applicable Corewell Health South Regional Sites), Corewell Health Taylor Hospital, Corewell Health Trenton Hospital, Corewell Health Wayne Hospital, Corewell Health William Beaumont University Hospital, Corewell Health Zeeland Hospital, Corporate (Legacy Beaumont Health), Corporate (Legacy Spectrum Health System), Outpatient/Physician Practices (CHW), Priority Health

Applicability Limited to:	N/A
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Functional Area:	Human Resources, Team Member Relations
Department Area:	Human Resources

1. Purpose

Corewell Health team members contribute to our mission of improving health, instilling humanity, and inspiring hope by continuously exhibiting standards of behavior and performance that demonstrate the Corewell Health values of clarity, collaboration, compassion, courage, and curiosity and by following our [Code of Excellence](#).

We strive to employ individuals of character and commitment who do not require a detailed list of work rules to consistently meet a high standard of performance and behavior. Outlined here are general expectations to guide our team members, and this is not an all-inclusive list of work rules.

Corewell Health reserves the right to address, at a level within its sole discretion, any performance or conduct issues not addressed, specifically in this policy.

Please note: Because Corewell Health is a healthcare organization, we are subject to laws and have legal obligations that are not applicable to many other employers. This policy, and many others, reflect that fact. However, Corewell Health respects every team member's legal rights. This policy is not intended to, and will not be applied in any manner to, restrict or interfere in any way with team members' rights to engage in any activity that is protected by law, including any activity that is protected by federal labor law. If you have any questions or concerns regarding your legal rights, you should feel free to speak with your leader or a member of Human Resources. Information on your rights under federal labor law is available [here](#) (see § 157).

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2. Definitions

- 2.1. **Employed Team Member:** an individual on Corewell Health's payroll (including physicians and other providers) who may also receive benefits, if eligible, directly from Corewell Health; May also be referred to as employee.
- 2.2. **Non-Employed Team Member:** an individual who does not receive payroll or benefits from Corewell Health, performs 'work' on behalf of the organization, and has physical (badge) access and/or logical (information system access).

3. Responsibilities

All team members must conduct themselves in a manner that ensures the orderly and efficient operation of Corewell Health's business and creates a safe work environment for our team members, patients, and health plan members.

4. Compliance

- 4.1. Team Members should take time to read and become familiar with the details of any policies that apply to them and to follow any expectations outlined. Seek clarification from your leader or from HR (Human Resources) if you need it. When policies are not followed, there may be coaching or performance correction that results.
- 4.2. When a team member is covered by a collective bargaining agreement (CBA) and the terms of the CBA are different, the team member should follow the CBA instead of the policy.

5. Policy

5.1. Model Corewell Health Values

- 5.1.1. As a leading health system recognized for high integrity, quality, innovation, expertise and compassion, our strong values guide our behaviors and actions with every interaction.
- 5.1.2. We serve people throughout our communities and support one another as team members through our commitment to living our values of clarity, compassion, collaboration, curiosity, and courage.

5.2. Key Professional Expectations

5.2.1. Ethical Expectations

- 5.2.1.1. Respect and abide by federal, state, and local laws.
- 5.2.1.2. Respect the property and belongings of Corewell Health, its team members, patients, residents, and health plan members.
- 5.2.1.3. Be truthful in all that you say, do, document, and share.
- 5.2.1.4. Treat everyone with respect regardless of race, color, national origin, sex, disability, age, religion, genetic information, marital status, height, weight, gender, pregnancy, sexual orientation, gender identity or expression, veteran status, or any other legally protected category.
- 5.2.1.5. Maintain appropriate professional boundaries within your scope of service delivery, including with patients, residents, clients, family members, guests, health plan members, and other team members.

5.2.2. Conduct Expectations

- 5.2.2.1. Bring your heart to work every day.
- 5.2.2.2. Be mindful that you represent Corewell Health within the community and on social media.

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- 5.2.2.3. Demonstrate patience, compassion, and professionalism in your words, actions, reactions, gestures, emotions, and tone.
 - 5.2.3. Maintain strict confidence of confidential or proprietary information.
 - 5.2.3.1. Do not share or disclose confidential or proprietary information maintained or received by Corewell Health, including HIPAA (Health Insurance Portability and Accountability) protected information, medical information, patient identities, clinical or business practices, strategic plans, financial data, organizational performance, information technology or any other such information not readily available to the public whether during or after employment with Corewell Health.
 - 5.2.3.2. Do not access, disclose, discuss, or otherwise reveal information about patients, members, visitors, team members or employment candidates except that which is required in performing your job or which you have a legal right to share.
 - 5.2.3.3. Do not share passwords, access codes or any other information assigned to you to access systems or confidential information.
 - 5.2.4. Adhere to all policies and procedures.
 - 5.2.4.1. Policies and procedures guide our behaviors, our work processes and reinforce requirements to provide safe, quality care to our patients and our members.
 - 5.2.4.2. Team members should become familiar with those policies and procedures specific to their work region, facility, department, and position as well as corporate and other policies like HR, Infection Prevention, Safety, Finance, and Business Assurance.
 - 5.2.4.3. Demonstrate professionalism in what you wear to work. Adhere to the [Dress Code and Identification \(ID\) Badge](#) policy for your role including your personal hygiene.
 - 5.2.5. Workplace Recordings
 - 5.2.5.1. Corewell Health is committed to promoting open communication among team members, health plan members, patients, and residents. At the same time, Corewell Health is dedicated (and in some cases legally obligated) to safeguard confidential information such as protected health information, proprietary information and trade secrets, and confidential business strategies and information. Therefore, team members may not record conversations, phone calls, or Corewell Health meetings with any recording device, such as a mobile phone or recorder, unless they receive prior written permission from legal, the recording is required by the organization's needs, and it fully complies with the law and any applicable policy.
 - 5.2.5.2. Recordings of virtual meetings are acceptable when announced in advance or visible and/or the meeting itself indicates it is being recorded and is for the purpose of further review by participants or by team members who were unable to attend and would benefit from the information for business purposes.
 - 5.2.6. Performance Expectations
 - 5.2.6.1. Accomplish the duties and expectations of your job on time, consistently, and with a high standard of excellence.
 - 5.2.6.2. Comply on time (and before expiration) with the expectations of your position related to required licenses, certifications, education, immunizations, health requirements, competencies, learning, and evaluations.

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- 5.2.6.3. Be accountable for what you are responsible for doing or delivering.
- 5.2.6.4. Be open to feedback and be committed to continuous improvement.
- 5.2.6.5. Actively participate in your development discussions, performance feedback and evaluations, goal setting, and maintaining your talent profile.
- 5.2.6.6. Comply with the expectations of [Attendance and Reliability](#) and be ready to begin your job duties at your scheduled start time.
- 5.2.6.7. During times of higher-than-normal work volume or critical staffing vacancies, team members may be required to work additional hours above their FTE (Full Time Equivalent) to meet the needs of the business.

5.3. Use Work Time and Corewell Health Equipment/Property Appropriately

- 5.3.1. Team members may not perform activities for pleasure (such as reading, crafts, etc.), or conduct personal business (such as work for another organization for which the team member may provide services or otherwise support, a team member's own business pursuits or schoolwork) during working hours without authorization. Personal activities may be performed during rest and meal periods in accordance with Corewell Health policies.
- 5.3.2. Team members may not misuse, damage, neglect, use or possess without authorization, the equipment or property of Corewell Health or of other individuals. This includes but is not limited to the use of any facilities, equipment, and or supplies for diagnosing or treating self or others unless the individual is registered as a patient at the time of treatment and any services provided are ordered and/or delivered through appropriate standards of patient care.
- 5.3.3. Team members may not add, run, download, or install any computer software to Corewell Health computer systems without prior approval to do so.
- 5.3.4. Corewell Health property should not be removed from the work site without management's prior written approval. All surplus items must be channeled through Purchasing. If items cannot be used elsewhere in the organization, Supply Chain will donate the items to area charitable organizations. Team members may not leave the premises or work location with Corewell Health owned scrubs in their possession.

5.4. Use Computer and Technology Equipment Appropriately

- 5.4.1. Team members are expected to use Corewell Health computer, voice mail and electronic communications resources only in full compliance with Corewell Health's policies whenever they are used. Under no circumstances may these resources be used in any manner which disrupts business operations or violates the law or Corewell Health policy. All electronic communications and other information created, stored, or transmitted on these resources is the property of Corewell Health. Users of these resources should have no expectation of privacy with respect to such usage. Corewell Health reserves the right to access, monitor, review, copy or disclose any communications, files or other information team members create, receive or view on these resources, and team members should consequently have no expectation of privacy with respect to their usage of these resources.
- 5.4.2. Access codes must be kept confidential and authentication devices must be protected.

- 5.4.3. Corewell Health respects the right of its team members to use electronic resources such as websites and weblogs as a medium of self-expression. For additional guidance, please reference the [Social Media Policy](#).
 - 5.4.4. Use of personal websites, weblogs, social networking sites, e-mail, instant messaging, and other electronic communications systems to disclose confidential or proprietary information is prohibited.
 - 5.4.5. Use of mobile devices or cellular phones for personal reasons should be limited to meal and rest periods where appropriate and should not be used or answered for personal matters when working with patients, members, visitors, or other customers. Leaders should initiate performance coaching to address any initial concerns. Team members should also follow the Patient Photography Videotaping Imaging policy.
- 5.5. Maintain a Violence Free Environment
- 5.5.1. Team members must not use threatening, coercive or violent behavior, whether overt or implied, and whether written, verbal, or physical.
 - 5.5.2. Team members must not use or possess weapons during work time, in Corewell Health vehicles or on Corewell Health premises (regardless of whether the property is owned or leased). This includes weapons which may be stored in any vehicle that come onto the work site whether the team member is licensed to carry the weapon, concealed or otherwise. Exception: Security team members as authorized by their job description.
- 5.6. Maintain Accurate Time Records
- 5.6.1. Exempt team members are responsible for accurately reporting time off.
 - 5.6.2. Non-exempt team members are responsible to clock in and out as applicable in order to record all time worked to receive appropriate payment.
 - 5.6.3. If overtime is necessary to complete assigned work, team members should be authorized prior to incurring the overtime.
 - 5.6.4. Work performed “off the clock” is never acceptable. Team members who work off the clock will be paid for all time worked but will be subject to disciplinary action up to and including termination of employment.
 - 5.6.5. Team members must not clock in or out for others.
 - 5.6.6. Team members must not falsify their time records. Falsification of time records resulting in additional compensation or time not worked is considered theft and misconduct.
- 5.7. Maintain Social Security Number Privacy
- 5.7.1. Social security numbers obtained from employed and non-employed team members, patients or any others are confidential information.
 - 5.7.2. Social security numbers will be obtained, retained, used, disclosed, and disposed of only for legitimate business reasons in accordance with this policy and applicable federal, state, and local laws.
 - 5.7.3. Obtaining social security numbers: Documents or other records containing social security numbers are to be requested, obtained, or created only for legitimate business reasons. Such legitimate business reasons include but are not limited to:
 - 5.7.3.1. Verifying eligibility for employment in accordance with the Immigration Reform and Control Act,
 - 5.7.3.2. Tax reporting purposes (e.g., IRS (Internal Revenue Service) Form W-4), for new hire reporting, or, for contractors or vendors, for tax reporting purposes such as completion of an IRS Form 1099.
 - 5.7.3.3. Investigating an applicant’s or team member’s credit, criminal, educational, or driving record.

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- 5.7.3.4. Administering health insurance plans, team member benefit plans or programs, retirement programs, or other team member employment plans or programs.
- 5.7.3.5. Patients' social security numbers for tax reporting purposes or for purposes of establishing a customer-specific account or other record.
- 5.7.4. **Retention & Access to Social Security Numbers**
 - 5.7.4.1. All documents containing social security numbers (whether partial or complete) will be maintained in confidential secured files.
 - 5.7.4.2. Only team members who have a legitimate business reason will have access to documents containing social security numbers. Such team members must access or use social security numbers in a manner that prevents unauthorized individuals from seeing, using, or accessing the number(s).
 - 5.7.4.3. No team member may access, use, copy, or disclose a social security number (or documents containing them) in a way that would disclose anyone's social security number in a public way, or to any person who is not expressly authorized by Corewell Health to access social security numbers for legitimate business purposes. Where a document containing a social security number is to be distributed to persons outside of Corewell Health, and the social security number is not relevant to the legitimate business purpose for which the document is being shared, the social security number must be redacted or otherwise rendered unreadable.
 - 5.7.4.4. Team members using documents containing social security numbers will take appropriate steps to secure such documents when not in immediate use to ensure the confidentiality of social security numbers to the maximum extent possible.
- 5.7.5. **Disposal of Documents Containing Social Security Numbers**
 - 5.7.5.1. When documents containing social security numbers are to be disposed of, they must be disposed of in a way that ensures that the numbers remain confidential to the extent practicable, as required by law. Hardcopy documents containing social security numbers must be destroyed by shredding or another secure fashion. Electronic records containing social security numbers must be deleted using IS programs and techniques that ensure the numbers are no longer accessible.
 - 5.7.5.2. **Unauthorized Use/Disclosure of Social Security Numbers:** Any team member who obtains, uses, or discloses social security numbers for unauthorized purposes or contrary to the requirements of this policy shall be subject to performance correction, up to and including termination of employment, or termination of their contractual or other relationship with Corewell Health.

5.8. Conflicts of Interest

- 5.8.1. Team members shall not engage in any outside employment, activity, financial relationship, investment, or other interest that may compete with or conflict with Corewell Health's interests unless an exception or approval is provided in writing by Human Resources or Compliance, consistent with applicable conflicts of interest policy or other policy.

- 5.8.2. Other than compensation from Corewell Health for a job performed, and as consistent with conflict-of-interest policies, team members shall not have a financial or other personal interest in a transaction between Corewell Health or any of its business units, a vendor, supplier, provider, customer or competitor.
 - 5.8.3. Team members should not engage in any financial, business, or other activity that competes with Corewell Health's business, may interfere, or appear to interfere with the performance of their duties, or that involves the use of Corewell Health property, facilities, or resources.
 - 5.8.4. Team members should not be employed in an area where they have a direct or indirect reporting relationship with a family member or where there is a situation that creates a conflict of interest or a perceived conflict of interest. Team members have a duty to disclose where such situations may exist to their leader or Human Resources.
 - 5.8.5. Team members (or leaders) who are aware of any potential conflict of interest, or who have any questions about the application of this section, should discuss the matter with their leader, a member of Human Resources or the Compliance Department.
- 5.9. Addressing Professional Concerns
- 5.9.1. Resolving and reporting concerns
 - 5.9.1.1. Team members are encouraged to directly address concerns of professional expectations or other violations with other team members as appropriate.
 - 5.9.1.2. If a team member is not comfortable addressing the concerns directly, they can report them to their leader, to Human Resources (1-877-ASKHR11 (275-4711)) or if they wish to remain anonymous, they can report to the confidentially to 1-877-319-0266.
 - 5.9.2. Responding to concerns
 - 5.9.2.1. When serious matters arise that could threaten the safety and well-being of patients, residents, members, team members or visitors, a leader or HR may immediately remove the team member from the workplace. This may occur at any time but is more likely during an evening or weekend shift or while fact finding is underway.
 - 5.9.2.2. All concerns reported will be appropriately reviewed and evaluated.
 - 5.9.2.3. The reporter will be kept confidential to the extent possible, however, there may be occasions when the details of the situation reveal the reporter.
 - 5.9.2.4. Retaliation by any individual will not be tolerated.
 - 5.9.2.5. The individual reporting the concern will be apprised of the matter's progress, where appropriate, but will not be privy to the resolution or outcome for confidentiality reasons.
- 5.10. Conducting Fact-Finding (Investigation)
- 5.10.1. Serious matters, allegations, or complex issues may require fact finding.
 - 5.10.2. Fact finding investigations of team members should be conducted in partnership with Human Resources (unless the fact finding is related explicitly to clinical practice); Human Resources may engage counsel to assist with or to conduct fact finding under privilege.
 - 5.10.3. All fact finding will be documented.
 - 5.10.4. The team member accused of wrongdoing will have an opportunity to provide input and share their perspective regarding the situation. Failure to disclose

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criminal arrests or convictions as required or to cooperate in a related investigation may result in performance correction or separation from employment.

- 5.10.5. Fact finding will be conducted thoroughly and as promptly as possible considering all factors involved.
- 5.10.6. Unless permitted by CBA, non-team members, such as attorneys, family members, or others, are not permitted to participate in or attend fact findings.
- 5.10.7. A team member may be placed on leave during fact finding.
 - 5.10.7.1. When placed on leave, the employed team member should be paid for any scheduled shifts while on leave.
 - 5.10.7.2. If it is determined there is no wrongdoing on the part of the team member, or the team member is returned to work without being separated, there will be no negative impact to their compensation. If the conclusion of the fact-finding results in an employed team member not returning to work, any remaining PTO (Paid Time Off) will be applied to the time paid while on leave.
 - 5.10.7.3. The leader can retain the team member's ID badge and suspend physical (ID badge) or computer and account (Digital Services) access while on leave.

5.11. Off-duty Conduct

- 5.11.1. Corewell Health respects team member privacy and has no desire or intention to regulate off-duty conduct that is unconnected to Corewell Health's business.
- 5.11.2. All team members, however, should be aware that Corewell Health has the right—and in some cases the legal obligation—to respond to off-duty behavior that intersects with the workplace in material fashion including reputational harm to Corewell Health.
- 5.11.3. Corewell Health's Harassment Free Workplace, Social Media, Code of Excellence, and Equal Employment Opportunity Policies, for example, are not limited solely to conduct that takes place on Corewell Health's premises.
- 5.11.4. Corewell Health may evaluate appropriate action in situations where a team member's off-duty actions or communications harm or may harm Corewell Health's reputation or services, render a team member unable to fully perform his or her duties, or lead to the reasonable refusal, reluctance, or inability of others to work with the team member.
- 5.11.5. Team members are strongly discouraged from wearing or displaying their ID badge, clothing or insignia with Corewell Health brand names (including Corewell Health, Spectrum Health, Beaumont Health, Priority Health, etc.) when attending public events related to political or social issues that are not sanctioned by Corewell Health. Examples of such events include: political or social issue based marches, protests, walk-outs or demonstrations, and political activism or fundraising events.
- 5.11.6. Licensed Healthcare Professionals, Vice Presidents and Above
 - 5.11.6.1. The off-duty conduct of team members who are licensed healthcare professionals, vice presidents, senior vice presidents, and executive vice presidents can have a particularly significant impact on the public trust in, and reputation of, Corewell Health.
 - 5.11.6.2. In addition to the above policy requirements for all team members, when engaging in off-duty conduct that is not sanctioned by Corewell Health, licensed healthcare professionals and executives are expected to:

- 5.11.6.2.1. Ensure the health of patients is not jeopardized and patient care is not compromised.
- 5.11.6.2.2. Avoid conduct or activity that is intimidating or threatening or that is rude or derogatory toward a patient, group of patients or any member of the public.
- 5.11.6.2.3. Refrain from using their title or role and affiliation with Corewell Health to influence a benefit or result.

5.12. Disclosure of Criminal Arrests or Convictions

5.12.1. Disclosure of Felony Arrests

- 5.12.1.1. Team members must disclose to their leader as soon as practicably possible any arrest resulting in felony charges. Misdemeanor arrests do not need to be reported.

5.12.2. Disclosure of Misdemeanor or Felony Conviction

- 5.12.2.1. Team members must disclose to their leader as soon as practicably possible any felony conviction or any non-traffic related misdemeanor conviction. If driving is a required part of the team member's job duties, traffic related misdemeanor convictions must be disclosed to their leader as soon as practically possible.

- 5.12.3. Leaders will partner with Human Resources to determine eligibility to continue working during the adjudication process and will evaluate any obligations related to participation in any federal healthcare programs. The outcome will also consider the Off-Duty Conduct section of this policy.

5. Revisions

Corewell Health reserves the right to alter, amend, modify or eliminate this policy at any time without prior written notice.

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- 6. **Policies Superseded and Replaced:** This policy supersedes and replaces the following policies as of the effective date of this policy: Acceptable Behavior and Harassment Prevention, #9412562, Beaumont Health; Self-Disclosure of Criminal Arrests and Convictions, #7788207, Beaumont Health; Personal Relationship Policy, #7775656, Beaumont Health

7. References

- [Attendance and Reliability](#)
- [Code of Excellence](#)
- [Dress Code and Identification \(ID\) Badge](#)
- [Social Media Policy](#)
- [Corewell Health Acceptable Use Policy](#)

6. Policy Development and Approval

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7. Keywords:

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