

	HIPAA Rules on Information Sharing OP-306-03	Dept:	Outpatient Phlebotomy 324306
		Effective Date:	February, 2011
		Revised Date:	February, 2019
		Contact:	Rinard Howard
Name & Title: Greg Pomper, MD Medical Director		Date:	
Signature:			

1) General Procedure Statement:

- a. **Purpose:** The laboratory adheres to HIPAA (Health Information Portability and Accountability Act) as interpreted by Medical Center statements of policy. All employees will take necessary precautions to protect patient’s medical, billing, and demographic information. Such precautions include using shred bins when discarding patient documents and only discussing or inquiring about patient’s information when necessary for the job. All employees will verify the identity of individuals inquiring about patient information as well as determining the purpose of the inquiry. Every employee works to assure that individual’s Protected Health Information (PHI) is only shared with people immediately involved in care decisions or billing for that care.
- b. **Responsible Department/Scope:**
 - 1.Procedure owner/Implementer: Outpatient Phlebotomy
 - 2.Procedure prepared by: Rinard Howard, MHA PBR – ASCP
 - 3.Who performs procedure: Outpatient Phlebotomy staff

2) Key Terms:

Use: Sharing of PHI within or among the Medical Center departments.

Disclosure: Sharing of PHI outside of the Medical Center.

Incidental Disclosure: Information that can be seen on log sheets, sign-in rosters, waiting rooms, and non-specific telephone conversations.

3) Policy Notes:

1. When concerned about a privacy issue, any employee may call 713-HIPA (4472).
2. When concerned about the security of computers, telephones or other electronic information systems, any employee may call 713-4472.
3. Employees may also call the Medical Center's Compliance Hotline at 1-877-880-7888.
4. If you see violations of privacy or security policies, you must immediately report them to you supervisor or one of the above numbers.

4) Related Procedures: N/A

5) References: N/A

6) Attachments: N/A

7) Revised/Reviewed Dates and Signatures:

Reviewed/Revised Date: _____ By: _____
(Medical Director/Designee)

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