

SAMPLE ROUTINE DISCLOSURE PROCEDURE FOR TELEPHONE CALLS AND CORRESPONDENCE

Step	Action
1	After party requesting the PHI disclosure (Requestor) identifies himself or herself, determine whether the Requestor is the subject of the information to be disclosed (Covered Person).
1A	If the answer to step 1 is yes, verify the Requestor's identity using Procedure ____ and determine if the Requestor is an adult, an emancipated minor, or an unemancipated minor, using the State Law Survey for guidance when necessary. If the requestor is the adult or emancipated minor who is the subject of the information, disclose the requested PHI to the individual, document the inquiry and response. If the Requestor is an unemancipated minor, refer to Disclosure Grid #1. Document the inquiry and response.
1B	If the answer to step 1 is no, find out the relationship between the Requestor and the Covered Person, e.g., parent, health care provider, another health plan, and then proceed to step 2.
2	Review Covered Person's file for a Personal Representative designation or an Authorization. If the file indicates that the Requestor is the Covered Person's Personal Representative or is authorized to receive the requested information, then verify the Requestor's identity and proceed to step 7. If not, proceed to step 3.
3	Review the Covered Person's file for an approved Restriction on Disclosure or Confidential Communication direction. If the file indicates that the Plan has approved a restriction on disclosure or confidential communication direction that applies to the request, terminate the inquiry; document the inquiry and response. If not, proceed to step 4.
4	Verify the Requestor's identity using Procedure _____.
5	Apply the Disclosure Grid Rules to the disclosure request using your professional judgment. If the Disclosure Grid or states No Restriction on treatment, payment, or health care operations (TPO) disclosures, proceed to step 6. If the Disclosure Grid limits or prohibits the disclosure, proceed to step 7.
6	<p>Provide the minimum necessary amount of information to accomplish the purpose of the permissible requested disclosure. The plan may rely on a request for disclosure as meeting this minimum necessary standard if:</p> <ul style="list-style-type: none"> • The disclosure is to a health care provider for treatment purposes • The <i>disclosure</i> is to a public official and is permitted under § 164.512 (see Procedure _____) and the public official represents that the request is for the <i>minimum necessary</i> information; • The request is from another <i>covered entity</i>; • The request is from a professional in the plan's own workforce or from a <i>business associate</i> in order to provide a professional service to the <i>covered entity</i> and the professional represents that the request is for the <i>minimum necessary</i> information; • The requestor provides documentation or representations that meet the requirements for <i>use and disclosure of PHI for research</i> purposes as explained in Procedure _____. <p>Document the inquiry and response.</p>
7	<p>Provide the limited information or terminate the inquiry as appropriate. Document the inquiry and response.</p> <p>[Note – "Procedure ____" calls for a cross-reference to the appropriate section of the Plan's own policies and procedures, of which the grids would be a part (see § 164.514)].</p>

SAMPLE GRID 1 – CALLERS OR CORRESPONDENTS WHO ARE COVERED UNDER THE PLAN

Caller	Subject of Call					
	<i>Enrollee</i>	<i>Enrollee's Spouse</i>	<i>Enrollee's Former Spouse</i>	<i>Covered Adult dependent or Emancipated child <22¹</i>	<i>Covered Unemancipated Child, including stepchildren and foster children¹</i>	<i>Covered Disabled dependent >22</i>
Enrollee	No restriction on his or her own claims	May ONLY answer specific claim status questions w/o authorization ²	No disclosure w/o authorization	May ONLY answer specific claim status questions w/o authorization ³	May ONLY answer specific claim status questions w/o confirmation of personal representative status or authorization ²	No disclosure w/o proof of personal representative status or authorization ⁴
Enrollee's Spouse	May ONLY answer specific claim status questions w/o authorization ²	No restriction on his or her own claims	No disclosure w/o authorization	May ONLY answer specific claim status questions w/o authorization ²	May ONLY answer specific claim status questions w/o confirmation of personal representative status or authorization ³	No disclosure w/o proof of personal representative status or authorization ⁴
Enrollee's Former Spouse	No disclosure w/o authorization	No disclosure w/o authorization	No restriction on his or her own claims	May ONLY answer specific claim status questions w/o authorization ²	May ONLY answer specific claim status questions w/o confirmation of personal representative status or authorization ³	No disclosure w/o proof of personal representative status or authorization ⁴
Covered Adult Dependent or Emancipated child <22 ¹	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No restriction with respect to his or her own claims	No disclosure w/o authorization	No disclosure w/o authorization
Disabled dependent child >22	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No restriction with respect to his or her own claims
Unemancipated child ¹	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o proof of individual status ⁴	No disclosure w/o authorization

Note 1: A person generally is considered an adult at age 18 (except in Alabama and Nebraska where it's 19 and Pennsylvania where it's 21). Younger persons may be emancipated (treated as adults) under certain circumstances that vary state by state. Emancipation, however, may cause the child to lose coverage, subject to COBRA continuation of coverage rights. Children also are entitled to medical confidentiality under other circumstances. Consult State Law Survey for more information.

Note 2: In response to a question about the status of a specific benefit claim, only disclose whether a claim has been paid and, if so, on what date and in what amount without an authorization. Do not discuss medical history or any other information without an authorization.

Note 3: During the caller verification process, ask the parent to confirm that he or she is in control of making health care decisions for the child. You can explain that a new federal privacy law called HIPAA requires you to ask this question. An affirmative reply is confirmation of personal representative status in most cases. However, if the caller wishes to discuss medical history and the care involves mental health, substance abuse, family planning, or sexually transmitted diseases, consult the State Law Survey to identify potential limitations on parent's health care decision making authority. If a potential limitation exists, contact the child's health care provider to find out whether or not the parents are making the child's health care decisions. Document the conversation. If the child is making his own health care decisions, do not discuss treatment related matters with the parents.

Note 4: In the case of a disabled dependent child age 22 and older, request that the parent submit written proof of legal guardian status or a Authorized Representative Designation Form signed by the disabled person. In the case of an unemancipated child, request that the child make a written request for the information, including written proof that the child is entitled to, and is making, his or her own health care decisions. Consult the State Law Survey for more information.

SAMPLE GRID 2 – CALLERS OR CORRESPONDENTS WHO ARE NOT COVERED UNDER THE PLAN

Caller	Subject of Call					
	Enrollee	Enrollee's Spouse	Enrollee's Former Spouse	Covered Adult dependent or Emancipated Child <22 ¹	Covered Unemancipated Child, including stepchildren and foster children ¹	Covered Disabled dependent >22
Adult child of enrollee (not covered)	May ONLY answer specific claims status questions w/o authorization ²	May ONLY answer specific claims status questions w/o authorization ²	May ONLY answer specific claims status questions w/o authorization ²	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization
Attorney	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization
Auto Insurer	No disclosure w/o authorization ⁴	No disclosure w/o authorization ⁴	No disclosure w/o authorization ⁴	No disclosure w/o authorization ⁴	No disclosure w/o authorization ⁴	No disclosure w/o authorization ⁴
Congressional staff	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization
Employing agency	May ONLY confirm enrollment w/o authorization	May ONLY confirm enrollment w/o authorization	May ONLY confirm enrollment w/o authorization	May ONLY confirm enrollment w/o authorization	May ONLY confirm enrollment w/o authorization	May ONLY confirm enrollment w/o authorization
Friend of Enrollee, or of Spouse, or of Disabled Dependent >22	May ONLY answer specific claim status questions w/o authorization ²	May ONLY answer specific claim status questions w/o authorization ²	May ONLY answer specific claim status questions w/o authorization ²	No disclosure w/o authorization	No disclosure w/o authorization	May ONLY answer specific claim status questions w/o authorization ²
Health care provider or billing service	No restriction on TPO related discussions ³	No restriction on TPO related discussions ³	No restriction on TPO related discussions ³	No restriction on TPO related discussions ³	No restriction on TPO related discussions ³	No restriction on TPO related discussions ³
U.S. Department of Health and Human Services	Refer to Privacy Official (or designee)	Refer to Privacy Official (or designee)	Refer to Privacy Official (or designee)	Refer to Privacy Official (or designee)	Refer to Privacy Official (or designee)	Refer to Privacy Official (or designee)
Health or Long Term Care Insurer/Benefit Plan	No restriction on TPO related discussions ³	No restriction on TPO related discussions ³	No restriction on TPO related discussions ³	No restriction on TPO related discussions ³	No restriction on TPO related discussions ³	No restriction on TPO related discussions ³
Life Insurer	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization	No disclosure w/o authorization
Workers Compensation Insurer	No restriction on TPO related discussions ⁴	No restriction on TPO related discussions ⁴	No restriction on TPO related discussions ⁴	No restriction on TPO related discussions ⁴	No restriction on TPO related discussions ⁴	No restriction on TPO related discussions ⁴
Legal Guardian with authority to make health care decisions for subject of call	No restriction – caller is personal representative	No restriction – caller is personal representative	No restriction – caller is personal representative	No restriction – caller is personal representative	No restriction – caller is personal representative	No restriction – caller is personal representative

Note 1: A person generally is considered an adult at age 18 (except in Alabama and Nebraska where it's 19 and Pennsylvania where it's 21). Younger persons may be emancipated (treated as adults) under certain circumstances that vary state by state. Emancipation, however, may cause the child to lose insurance coverage, subject to COBRA continuation of coverage rights. Children also are entitled to medical confidentiality under other circumstances. Consult State Law Survey for more information.

Note 2: In response to question about the status of a specific claim, only disclose whether a claim has been paid and, if so, on what date and in what amount without an authorization. Do not discuss medical history or any other information without an authorization.

Note 3: Disclosures must be related to treatment, payment, or healthcare operations ("TPO") purposes. Refer non-routine or non-TPO related calls to the Plan's Privacy Official (or designee).

Note 4: The plan may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries. Refer non-TPO related calls to the Plan's Privacy Official (or designee). If an auto insurer claims that authorization is not required because no-fault coverage is involved, consult the Plan's Privacy Official (or designee). Note that workers compensation disclosures **must be tracked** so fill out a tracking form and provide it to the Plan's Privacy Official (or designee) for each disclosure.