

**NAME OF HOSPITAL**

<b>HIPAA REGULATION</b>	<b>OBLIGATION OF COVERED ENTITIES</b>	<b>REFERENCE: 4.5</b>
<b>SUBJECT:</b>	<b>OPPORTUNITIES TO AGREE OR OBJECT</b>	<b>EFFECTIVE: 00/00/2003</b>
<b>DEPARTMENT:</b>	<b>HOSPITAL WIDE</b>	
<b>APPROVED BY:</b>		<b>REVISED:</b>

\_\_\_\_\_ has adopted a policy on providing opportunities to our patients to agree or object to our use or disclosure of PHI without seeking an authorization in certain instances. This is to comply with our obligations under the privacy standards and to ensure that patient information is maintained with the required level of privacy.

**POLICY: ON OPPORTUNITIES TO AGREE OR OBJECT**

It is the policy of \_\_\_\_\_ to use protected healthcare information in some instances as stated in the privacy notice, without the written consent or authorization of the patient. This will only take place provided the patient is informed in advance of how his or her PHI is to be used or disclosed and given a meaningful opportunity to agree or object to the use or disclosure of the PHI. The individual does not have to agree or object in writing.

Please contact the person listed below with questions on this policy and/or to report violations.

Name:  
Phone number:  
Address:  
Fax:

**NAME OF HOSPITAL**

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<b>DEPARTMENT:</b>	<b>HOSPITAL WIDE</b>	
<b>APPROVED BY:</b>		<b>REVISED:</b>

\_\_\_\_\_ has adopted the following procedure to provide an opportunity to our patients to agree or object to our use or disclosure of PHI without seeking an authorization in certain instances. This is to comply with our obligations under the privacy standards and to ensure that patient information is maintained with the required level of privacy.

**PROCEDURE: TO PROVIDE OPPORTUNITIES TO AGREE OR OBJECT**

- Inform the patient that there are situations in which healthcare information might be used that do not require the patient's authorization or consent.
- The information that might be released includes:
  - Patient's name
  - Healthcare condition without providing the diagnosis
  - Location within the organization
  - Religion
- This information might be provided to:
  - Clergy
  - Anyone who asks for the patient by name, or
  - The organization's directory
- The organization may disclose confidential healthcare information to a family member, other relative, close personal friend, significant other or any other person named by the patient if relevant to that named person's involvement in the patient's care or is responsible for paying the patient's healthcare services.

- The organization may inform a family member, other relative, close personal friend, significant other, representative or any other person named by the patient of the patient's location, general condition or death.
- The organization may use or disclose PHI for certain national priority purposes;
  - Use and disclosure as required by law.
  - Public health activities
  - Health oversight activities
  - Judicial and administrative proceedings.
  - Law enforcement purposes
  - Workers compensation
- If the organization suspects that a patient is a victim of domestic violence or abuse, disclose information to the appropriate authorities.
- In the event the patient does not have the opportunity to agree or object to the release of confidential healthcare information, the organization can release the information utilizing professional judgment, determining if releasing the information is in the best interests of the patient, and then release only that information that is relevant to the person's involvement in the patient's healthcare.
- In the event of a disaster, the organization may release confidential healthcare information to a public or private entity to assist in disaster relief efforts.
- The patient can verbally refuse to have this healthcare information provided. Notations will be made in the medical record of the individuals indicating agreement or objection to the use or disclosure.
- In the event of an emergency, should the patient be unable to provide consent or verbally refuse the release of confidential healthcare information, the organization's healthcare providers are expected to maintain that information that would be in the patient's best interests.

Please contact the person listed below with questions on this procedure and/or to report violations.

Name:  
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Fax: