



TMA Privacy and Civil Liberties Office Information Paper



MEDICAL FACILITY DIRECTORY: USE AND DISCLOSURE

HIPAA Privacy ♦ August 2010

I. Supporting Policies for this Information Paper

- A. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR 164.510(a)) sets forth the requirements for any covered entity that maintains a medical facility directory.
- B. The Department of Defense Health Information Privacy Regulation (DoD 6025.18-R, C6.1) implements that part of the HIPAA Privacy Rule relating to this issue by establishing requirements for any medical facility directory maintained by a military treatment facility (MTF).

II. Definitions Associated with Uses and Disclosures of PHI for Medical Facility Directories

- A. Disclosure: The release, transfer, provision of access to, or divulging in any other manner of PHI outside the entity holding the information.
- B. Use: With respect to PHI, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.
- C. Covered Entity: A health plan or a healthcare provider within the MHS that transmits any health information in electronic form to carry out financial or administrative activities related to healthcare.
- D. MHS: All DoD health plans and all DoD healthcare providers that are, in the case of institutional providers, organized under the management authority of, or in the case of covered individual providers, assigned to or employed by TMA, the Army, the Navy, or the Air Force.

III. Guidance for Using and Disclosing PHI for Medical Facility Directories

- A. A covered entity is permitted to maintain a directory of the patients in its facility.
- B. Except when an objection is expressed, the following PHI may be included in a facility directory:

1. Patient's name
 2. Location in the facility
- C. The covered entity must inform a patient of the PHI that may be included in the directory and the persons to whom it may disclose such information (including disclosures to clergy regarding religious affiliation).
1. The covered entity must provide the individual with the opportunity to object to, prohibit, or restrict the uses and disclosures of their PHI via the directory.
 2. If the patient objects to the use or disclosure, it should be documented by the covered entity and shall remain valid for the duration of the patient's care.
- D. If the patient is incapacitated or in an emergency treatment situation and therefore unable to object to being included in the facility's directory, the covered entity may use or disclose some or all PHI if the disclosure is:
1. Consistent with a prior expressed preference of the patient.
 2. In the patient's best interest as determined by the covered entity, while exercising professional judgment.
- E. In an emergency circumstance, the covered entity must inform patients as soon as practical about the use and disclosure of their PHI for the facility directory and provide them an opportunity to object.