



## **ATLANTIC INTERNAL MEDICINE RELEASE OF PATIENT PROTECTED HEALTH INFORMATION POLICY**

Effective: February 1, 2016

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### Introduction

Atlantic Internal Medicine (AIM) has adopted this Release of Patient Protected Health Information (PHI) Policy to comply with legal and accreditation standards governing release of medical information and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, and its Administrative Simplification provisions, 45 C.F.R. 160, *et seq.*, 45 C.F.R. 162, *et seq.*, and 45 C.F.R. 164, *et seq.*, in accordance with the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, and HIPAA OMNIBUS Final Rule establishing national standards for electronic health care transactions and the security and privacy of health data consistent with the applicable laws that govern the use, confidentiality, integrity and disclosure of PHI.

### Purpose

This policy defines permitted uses and disclosures of protected health information, with or without written authorization, including the procedures to follow when patients request to disclose their medical information to another physician, hospital, or medical facility, an attorney, an insurance company, or any other party as authorized by the patient.

1. PHI may be accessed/used or (disclosed) without written authorization as provided by 45 C.F.R. § 512 only under the following circumstances:
  - as required by law to the extent such use or disclosure complies with and is limited to the relevant requirements of such law;
  - for qualifying public health activities and purposes and to comply with applicable public health regulations;
  - for permitted disclosures about victims of abuse, neglect or domestic violence (See also Appendix O);
  - for permitted disclosures for health oversight activities;
  - in the course of certain judicial or administrative proceedings;
  - for qualifying law enforcement purposes to a law enforcement official (See also Appendix P);
  - for permitted disclosures to coroners and medical examiners and funeral directors (See also Appendix I);
  - for permitted disclosures for cadaveric organ, eye or tissue donation purposes;
  - to researchers for a qualifying preparatory research protocol or as authorized by the patient or an IRB approval;
  - when in good faith the use or disclosure is necessary to avert a serious threat to health or safety and is consistent with applicable law and standards of ethical conduct;
  - for certain specialized government functions; or
  - as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other comparable programs.

2. PHI may also be disclosed without written authorization when adequate notice is provided to the patient as provided by 45 CFR § 164.520 for activities related to the treatment of the patient, payment (such as billing, claims management, collective activities, and related health care data processing) and AIM health care operations, as defined by 45 CFR § 164.501.
3. PHI may be disclosed as expressly authorized by the patient or other legally authorized individual/or entity (See also Appendix M) and/or with a written authorization from the patient if:
  - The authorization is in writing, is dated, and is signed or otherwise authenticated with the exception of immunization records which may be disclosed to a school with the verbal permission of the parent or the patient.
  - The authorization specifies the information to be disclosed.
  - The authorization specifies the entity or location to disclose the information.
  - The authorization specifies the person or persons to receive the information.

### Policy

All persons authorized to release medical records and information must read, understand, and comply with this policy to ensure release of health information requests are processed according to AIM policy and to maintain privacy and confidentiality of all health information.

### Procedure

1. All medical record requests with the exception of Continuum of Care requests are handled by the Medical Records Department of AIM. All information contained in patient medical records, whether stored in hard copy or other electronic media, shall be considered confidential PHI.
2. PHI should not be released without the written authorization of the patient for purposes other than treatment, payment, health care operations, or as allowed or required by law or regulation. However, most uses and disclosures of psychotherapy notes for treatment, payment and health care operations require a written authorization as described below. Psychotherapy notes may not be used or disclosed without written authorization unless first approved by the Chief Medical Officers and Chief Legal Counsel.

*NOTE: If a patient pays out-of-pocket in full for a specific item or service rendered and request that AIM not bill their health plan or disclose their PHI to their health plan with respect to the item or service rendered for purposes of payment or health care operations AIM will honor this request.*

3. Any disclosures of PHI without a written authorization when the patient is not present may only be made with the approval of the Chief Medical Officer or Chief Legal Counsel in accordance with the terms of this policy.
4. Original medical records are the property of AIM and should *only* be released under extenuating circumstances such as in accordance with Federal or State laws, court orders and/or subpoenas. A Director should be notified and approve these types of requests.
5. A photocopy or facsimile copy of a request/authorization for the release of confidential PHI shall be considered as valid and acceptable as the original document as long as it is legible and meets authorization criteria.
6. The authorization for release of information shall be maintained in either the paper medical record or a designated electronic file for those records which are stored electronically for the appropriate record retention period for medical records or for not less than **six years** from the date of release, whichever is longer.
7. Regulations of the Board (18VAC85-20-26) state that practitioners must maintain a patient record for a minimum of **six years** following the last patient encounter with the following exceptions:
  - Records of a minor child, including immunizations, must be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of **six years** from the last patient encounter regardless of the age of the child;

- Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or
- Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

8. **Verification:** When a patient and/or their legal representative come on-site to obtain a copy of their (*patient's*) record(s), their identity shall be verified prior to disclosure of any information.

- Written authorization for release of a patient's PHI must include the following:
  - *Patient full name, date of birth, social security number (MRN Number), phone number, current address and forwarding address if relocating*
  - *The office the release is being released from (AIM/ )*
  - *The office, entity, and/or individual(s) the release is being released to (including suite, apt or building number)*
  - *Information or Health Records to be disclosed*
  - *Purpose of Disclosure*
  - *Patient or legal representative **MUST SIGN** and date as well as **SIGN** the acknowledgement of the cost*
  - *Date of records requested (PULL CHARTS/BURN XRAY CD IF NEEDED)*

NOTE: *Under the Privacy Rule, a covered entity may use or disclose protected health information pursuant to a copy of a valid and signed authorization, including a copy that is received by facsimile or electronically transmitted. If any doubt as to the validity of the patient and/or legal representative signature on the release authorization, then disclosure shall be withheld pending a decision from a **Director**.*

9. **Response Time:** Virginia Code 32.1-127.1:03 - Health Care entities must disclose a patient's health care records to a patient in accordance with a written request for disclosure. Health Care entities must furnish copies of or allow access to a patient's health care records within *30 calendar days* of receiving a written request for access to such records. Requests for records must be dated and signed by the requestor and include a reasonable description of the records sought as well as evidence of authority of the requestor to receive the records. Upon receipt of such a request, the health care entity has *30 calendar days* to do one of the following:

- *Provide copies of the records;*
- *Inform the requestor if the information does not exist or cannot be found; or*
- *Inform the requestor of the provider who now maintains the records; or*
- *Deny the records for specific reasons set out in Section F of the statute*

Virginia Code 32.1-127.1:03 and 8.01-413 B (Therapeutic Privilege Rule) - provides that the patient's physician or clinical psychologist may make a notation in a patient's record that furnishing of the records "*would be reasonably likely to endanger the life or physical safety of the individual or another person, or that such health record makes reference to a person other than a health care provider and the access requested would be reasonably likely to cause substantial harm to such referenced person.*" The law exempts AIM from providing psychotherapy notes based on an individual's request. See Appendix E. If a patient's request for their record is denied for this reason; the provider must permit the record to be copied and reviewed by a provider, selected by the patient, of similar licensure, training, and experience to the individual who made the notation in the chart and that practitioner may make a judgment as to whether the records should be made available to the patient.

AIM must also inform the individual of the individual's right to request in writing that AIM designate at its own expense to review the records and make a judgement as to whether the records should be made available to the patient. This person must be a physician or clinical psychologist, whose licensure, training, and experience is at least equivalent to that of the physician or clinical psychologist that placed the notation not to release the records and who did not participate in the original decision to deny the health records. The reviewer can be an uninvolved AIM provider. AIM shall comply with the judgement of the reviewing physician or clinical psychologist.

10. **Receipt of Requests by Release of Information (ROI):** When a request for medical records or subpoena is received, the following procedures must be followed:

- a. With respect to requests for medical records:
  - i. The request or authorization shall be marked with the date of receipt.
  - ii. Once date stamped, the request must be scanned into the Shared Drive for processing and response.
  
- b. With respect to subpoenas and other process:
  - i. Employees must comply with the procedures described in the Acceptance of Summons, Complaints and Subpoenas Policy and mark the Summons, Complaint or Subpoena with date of receipt and forward to the Registered Agent for the Company, which as of March 1, 2019 will be the Chief Legal Counsel
  - ii. Once received by the Chief Legal Counsel, the Summons, Complaint and/or Subpoena must be scanned into the shared drive for processing and response.

Refusal to Honor Authorization

AIM personnel authorized to release information will not honor a patient authorization when they have a reasonable doubt or question as to the following information:

- Identity of the person presenting the authorization.
- Status of the individual as the duly appointed representative of a minor, a deceased, or an incompetent person.
- Legal age or status as an emancipated minor.
- Patient capacity to understand the meaning of the authorization.
- Authenticity of the patient's signature.
- Current validity of the authorization.

In such situations, the employee shall refer the matter to the Chief Medical Officer or Chief Legal Counsel for review and decision.

11. Requests for the release of confidential PHI that cannot be honored and/or denied for specific reasons set out in Section F of the statute shall be returned to the requester with a written explanation by AIM's Patient Information Security Manager.

12. Subpoenas – General Policy

1. The party requesting the issuance of subpoena shall be billed for all fees associated with complying with the subpoena.
2. Subpoenas shall receive top priority for disclosure to the requesting party within the time frame established by the subpoena.
3. Applicable law and regulations: Va. Code §8.01-413 (*this code allows release in response to a subpoena*); Va. Code §32.1-127.1:03; HIPAA Regulation, 45 CFR Part 164, Security and Privacy.  
NOTE: *If there is a conflict between the Virginia Code and HIPAA provisions, the Virginia Code prevails if it is more stringent.*

Subpoenas that Request/Require AIM personnel to Appear in Court

- Contact a Director or the AIM Practice Manager
- 1232 Perimeter Parkway, Suite 205
- Phone: (757) 975-4695; Fax: (757) 852-0699
- Scan and e-mail or fax the subpoena to a Director and await their direction/instructions.

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## Appendix A Charges

AIM will charge a reasonable fee to offset the costs associated with specific categories of requests. AIM will base the fee on an assessment of such factors as the costs of equipment and supplies, employee costs, and administrative overhead and shall include postage, including express mail costs when incurred at the request of the authorizing party. The state of Virginia has established maximum fees for copies of patient records. AIM may waive fees for good reason and shall note the reason for waiver in the release of information tracking log.

- State Disability - \$15.00  
*Legal Reference:* State sets fees
- All Workers Comp - \$10.00 plus .50 per page 1-50 pages, .25 per page 51 + pages plus actual postage  
*Legal Reference:* Rules of VA Workers Comp Commission 4 4.2– “Nominal Copying Charge”
- Subpoena, Attorney, Insurance Company - \$20.00 plus .50 per page 1-50 pages, .25 per page 51+ pages plus actual postage and shipping costs when records or papers requested are produced in paper or hard copy OR \$20.00 plus \$0.37 per page for up to 50 pages, \$0.18 per page 51+ pages plus actual postage and shipping costs when records or papers requested are produced in electronic format, except the total amount charged to the requester for records or papers produced in electronic format pursuant to this subsection, including any postage and shipping costs and any search and handling fee, shall not exceed \$150 for any request made on and after July 1, 2017, but prior to July 1, 2021, or \$160 for any request made on or after July 1, 2021.  
*Legal Reference:* VA Code 8.01-413
- Patients - There is a charge to the patient for a personal copy or the permanent transfer of their records to entities that are not divisions of Atlantic Internal Medicine. Atlantic Internal Medicine will invoice the patient directly for a \$10.00 processing fee plus \$.10/page.

## Appendix B Court-Ordered Subpoenas

1. Court-ordered subpoenas must be signed by a judge. Subpoenas signed by a clerk or deputy clerk are not considered “court ordered.”
2. Court-ordered subpoenas must be compiled with strictly based on the language of the Order.
3. If a subpoena is Court-Ordered, notice to the patient and the motion to quash (*to declare formally, especially in a court of law, that something such as an indictment or subpoena is not valid*) process are not required.
4. Only the records specifically authorized in the language of the Order should be released.
5. Don’t have to wait the *15 calendar day* period before processing.

## Appendix C Subpoenas Issued by Attorneys or by Clerks/Deputy Clerks

1. First Step: The subpoena must meet the following requirements. If these requirements are not met, then do not release records.
  - a. The date to return the information is at least 15 calendar days from the date the subpoena was issued by the attorney/clerk.
  - b. The subpoena is signed by an attorney and includes the attorney’s address and phone number and a certificate signed by the attorney.
  - c. “*Notice to Health Care Entities*” is attached or included in the text of the subpoena or it is clear that the patient received notice of the subpoena directly or through the patient’s attorney.
  - d. If these requirements are met, move on to the Second Step.
2. Second Step: After *15 calendar days* have passed since the subpoena was issued by the attorney/clerk, the person requesting the information must submit a written certification stating one of the following:
  - a. Option One:
    - The time to file a motion to quash (*to declare formally, especially in a court of law, that something such as an indictment or subpoena is not valid*) has lapsed and no motion to quash was filed (*or the court has resolved any motions in favor of release of the records*).

- Once such certification is received, provide the records within *5 calendar days* of receiving the written certification or by the return date indicated on the subpoena (*whichever is later*).

b. Option Two:

- A motion to quash has been filed. If a motion to quash has been filed, place the records in a sealed envelope and attach to the sealed envelope a cover letter to the clerk of court or administrative agency which states that confidential health records are enclosed and are to be held under seal pending a ruling on that motion to quash the subpoena. The sealed envelope and the cover letter shall be placed in an outer envelope or package for transmittal to the court or administrative agency.

NOTE: *Do not release records until a written certification or Order signed by a Judge is received.*

#### Appendix D

##### **Drug and Alcohol Abuse Records (42 C.F.R. Part 2, Subpart E)**

Drug and Alcohol abuse patient records shall not be released in response to a subpoena unless accompanied by either (1) An Order signed by a Judge; or (2) An authorization signed by the patient.

- If the subpoena is signed by the “*Judge*” then release is appropriate.
- This Federal Law protects and pertains to all alcohol and drug abuse patient records, including those of minor patients.
- This federal rule requires that a notice accompany each disclosure made with a release. The notice states:

*This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.*

#### Appendix E

##### **Psychotherapy (Mental Health) Notes**

Psychotherapy Notes are any notes recorded by any mental health professional (*psychiatrist, psychologist, licensed clinical social worker, etc.*) documenting individual or group counseling and which are separately maintained by the mental health professional. Psychotherapy notes do not include annotations relating to medication and prescription monitoring, counseling session start and stop times, treatment modalities and frequencies, clinical test results, or any summary of any symptoms, diagnosis, prognosis, functional status, treatment plan, or the individual’s progress to date. Psychotherapy Notes may only be released pursuant to (1) An Order signed by a Judge; or (2) Written Authorization signed by all participants in the counseling session (*i.e. if a couple participates in therapy together, both must sign the release authorization*).

#### Appendix F

##### **Search Warrant**

Pursuant to Virginia code 19.2-53, when presented with a search warrant made out to the facility or department in search of patient information, a Director (757) 232-8764 must be contacted. A search warrant for patient information will be honored and copies of the patient’s record will be provided.

#### Appendix G

##### **Government Agencies and Law Enforcement Personnel**

Law enforcement personnel and government agencies including Social Security Administration, Armed Forces, Department of Vocational Rehabilitation Services and Internal Revenue Service shall have access to health care information upon receipt of a valid authorization from the patient. If the patient is involved in the commission of a crime and proper documentation is shown to demonstrate this; law enforcement officers may have access to the medical record without patient authorization. Prior to such release, a Director (757) 232-8764 shall be contacted and approval obtained to disclose the information. Accounting of the disclosure shall be made in the record.

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**Appendix H**  
**Blood Alcohol Testing**

As a general rule, a police officer should only be allowed to review a patient's medical record with a proper subpoena or search warrant. The provisions of law pertaining to confidentiality of medical records and medical treatment shall not be applicable to reports or records of blood alcohol tests sought or admitted as evidence under the provisions of this section. Owners or custodians of such reports or records may disclose them, in accordance with regulations concerning patient privacy promulgated by the U.S. Department of Health and Human Services, without obtaining consent or authorization for such disclosure. As provided by Virginia Code § 19.2-187.02, no person who is involved in taking blood or conducting blood alcohol tests shall be liable for civil damages for breach of confidentiality or unauthorized release of medical records because of the evidentiary use of blood alcohol test results under this section, or as a result of that person's testimony given pursuant to this section.

**Appendix I**  
**Deceased or Incompetent Patient**

Pursuant to Virginia Code 32.1-127.1:03 D (24) Providers may disclose the records of a deceased or mentally incapacitated patient to the personal representative or executor of the deceased patient or the legal guardian or committee of the incompetent or incapacitated patient or if there is no personal representative, executor, legal guardian or committee appointed, to the following persons (*see example/scenario and specified order of priority below*):

*EXAMPLE: If there is documented diagnosis of Alzheimer's or Dementia ... for patients who are deemed mentally incapable, in the absence of a guardian or appointed agent under a Power of Attorney or Advance Directive, Virginia Code permits the release of the records to the patient's surrogate decision maker following the hierarchy delineated under § 54.1-2986, which means the records could be released to the patient's husband (as her legal surrogate decision maker). If not able to make that determination from the record, then AIM has to have some other reliable evidence of the patient's mental incapacity (beyond the family's representation) before releasing the record to the husband. The goal, of course, is to ensure that TPMG is complying with the requirements incumbent upon it to safeguard the patient's privacy.*

54.1-2986: The following persons, in the specified order of priority:

1. *A guardian for the patient; or*
2. *The patient's spouse except where a divorce action has been filed and the divorce is not final; or*
3. *An adult child of the patient; or*
4. *A parent of the patient; or*
5. *An adult brother or sister of the patient; or*
6. *Any other relative of the patient in the descending order of blood relationship*

**Appendix J**  
**Minor Patients**

Pursuant to Virginia code section 32.1-127.1:03 D1, if the patient is under the age of 18, the signature of either parent/legal guardian shall be required, except under the following circumstances, under which the minor is considered an adult (*Pursuant to Virginia Code section 54.1-2969 E*) for consent for release of information purposes:

- *The minor was diagnosed and/or treated for a sexually transmitted disease (venereal disease or AIDS);*
- *The minor was diagnosed and/or treated for pregnancy, birth control, or family planning;*
- *The minor received outpatient psychiatric or psychological treatment;*
- *The minor received outpatient treatment for substance abuse;*
- *The minor is married or a member of the armed services or has been adjudicated as an emancipated minor (must provide legal/court documentation).*

*NOTE: When presented with a request for information from a parent, defined in Virginia Code section 32.1-127.1:03 B as a biological, adoptive, or foster parent, for medical records of a minor, who meets any of the exception criteria stated above, a written authorization from the minor child must be obtained prior to releasing any information.*



Pursuant to Virginia Code section 20-124.6 notwithstanding any other provision of law, neither parent, regardless of whether such parent has custody, shall be denied access to the academic, medical, hospital or other health records of that parent's minor child unless otherwise ordered by the court for good cause shown.

Age of Legal Medical Consent - *Traditionally, children have been deemed legally incapable of consenting to their own medical care or treatment. In general, parents have the authority to decide whether their minor children will receive medical treatment. Common law recognized an exception to the need for parental consent in cases of emergency. Statutory law has created more exceptions to this requirement, namely in cases where a child is emancipated, married, pregnant, or a parent. In addition, several states have enacted "minor treatment statutes," which typically provide that from 14 to 17 years old, a minor may consent to ordinary medical treatment. When a parent refuses to consent to medical attention for a seriously ill or dying child, even if on religious grounds, the states may act according to their **Parens Patriae** (a doctrine that grants the inherent power and authority of the state to protect persons who are legally unable to act on their own behalf) power and obtain a court order to secure the necessary medical treatment. Owing to a high incidence of venereal diseases among teenagers, all states have adopted statutes authorizing minors to consent to the treatment of sexually transmitted diseases. Similarly, most states have laws allowing a child to seek treatment for alcohol or drug abuse without parental consent. Constitutional guarantees of the right to abortion extend to minors, as does the right to privacy. The Supreme Court has upheld state statutes that require the consent of only one parent if the statutes also offer an expeditious judicial bypass procedure (a hearing before a judge in which the minor requests that parental consent be waived). States can no longer absolutely require two-parent notification or consent before a minor may undergo an abortion.*

#### **Appendix K** **Continuity of Care**

- Upon the request of the dictating physician, through dictation of carbon copy notations, copies of medical record documents shall be furnished to continuing care providers.
- PHI shall be released to another facility or a physician's office without patient authorization, when the information is needed to provide continuing care. However, the request must be made in writing prior to releasing the information.
- Copies of pertinent medical records of a patient transferred directly to another health care facility will accompany the patient to the receiving facility.
- When a patient is unable to sign an authorization to release information but the information is needed for treatment, the request for information shall indicate that the patient is unable to sign or be signed by the patient's legal representative if present.

#### **Appendix L** **Change of Physician Release of Information**

##### Purpose

Procedures to follow when patients request their medical information are sent to a provider outside of AIM for continuum of care. This is specific to only those patients who are changing their Primary Care Provider.

##### Procedure

*Only records that have been signed off by the provider may be included in the requests, if records have not been completed and are needed for a patient transferring care outside of AIM, please reach out to the site's office manager who will work with the physician to ensure the records have been completed in a timely fashion.*

***Patients transferring care from their Primary Care Provider (PCP): This is also known as Continuing Care.***

For patients transferring care from a AIM Primary Care Provider (PCP) to another Primary Care Provider (PCP) outside of AIM, all signed and completed scanned/generated documentation in the medical record shall be included with the medical records request.

Information related to AIDS, (Acquired Immunodeficiency Syndrome) or HIV, (Human Immunodeficiency Virus), Psychological assessments, and treatment for alcohol and/ or drug abuse, may not be included unless specifically authorized by the patient.

**Appendix M**  
**Patient's Attorney Request**

Pursuant to the Virginia Code section 8.01-413 B, a patient may appoint an attorney as a legal representative for the purpose of obtaining information. The patient must authorize such appointment in writing. Information may be released to the attorney for dates of service up to six months subsequent to the date of patient authorization and appointment of the attorney as the legal representative. Each request for information must be dated later than the date of appointment and be accompanied by a copy of the original authorization.

**Appendix N**  
**Patient Review/Access**

Requests to access medical records for viewing may be received. Under such circumstances a valid request and authorization to release information must be obtained. The requestor may make an appointment to view the medical record. Under no circumstance shall AIM personnel attempt to interpret the medical record. Only assistance to accessing the information requested may be given.

**Appendix O**  
**Abuse, Neglect or Domestic Violence**

- **Child abuse or neglect may be reported** to any law enforcement official authorized by law to receive such reports and the agreement of the individual is not required (45 CFR 164.512(b) (1) (ii)).
- **Adult abuse, neglect, or domestic violence may be reported** to a law enforcement official authorized by law to receive such reports (45 CFR 164.512(c)):
  - If the individual agrees;
  - If the report is required by law; or
  - If expressly authorized by law, and based on the exercise of professional judgment, the report is necessary to prevent serious harm to the individual or others, or in certain other emergency situations (see 45 CFR 164.512(c)(1)(iii)(B)).
  - Notice to the individual of the report may be required (see 45 CFR 164.512(c) (2)).

**Appendix P**  
**Inmates or Individuals in Custody**

The Privacy Rule is balanced to protect an individual's privacy while allowing important law enforcement functions to continue. The Rule permits covered entities to disclose protected health information (PHI) to law enforcement officials, without the individual's written authorization, under specific circumstances summarized below. Disclosures for law enforcement purposes are permitted as follows:

**To respond to a request for PHI by a correctional institution or a law enforcement official having lawful custody** of an inmate or others if they represent such PHI is needed to provide health care to the individual; for the health and safety of the individual, other inmates, officers or employees of or others at a correctional institution or responsible for the transporting or transferring inmates; or for the administration and maintenance of the safety, security, and good order of the correctional facility, including law enforcement on the premises of the facility (45 CFR 164.512(k)(5)).

NOTE: Except when required by law, the disclosures to law enforcement summarized above are subject to a minimum necessary determination by the covered entity (45 CFR 164.502(b), 164.514(d)). When reasonable to do so, the covered entity may rely upon the representations of the law enforcement official (as a public officer) as to what information is the minimum necessary for their lawful purpose (45 CFR 164.514(d) (3) (iii) (A)). Moreover, if the law enforcement official making the request for information is not known to the covered entity, the covered entity must verify the identity and authority of such person prior to disclosing the information (45 CFR 164.514(h)).