

**THE TEXAS A&M UNIVERSITY SYSTEM
HEALTH SCIENCE CENTER INTERNAL POLICIES**

**16.99.99.Z0.31 Privacy and Security Requirements During
Disasters Internal Policy**

Approved January 26, 2011

1. GENERAL/OVERVIEW

This policy applies to TAMHSC health care providers, its participating physicians and clinicians, employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of the health care provider and has been designated as a member of the TAMHSC Health Care Component. This policy pertains to protected health information covered by the TAMHSC Health Care Component's Notice of Privacy

2. INTERNAL POLICY/RESPONSIBILITIES/PROCESS

During times of disaster¹, the TAMHSC Health Care Component will be permitted to disclose Protected Health Information to public or private entities authorized by law or by their charter to assist in disaster relief efforts.

2.1 Notification.

2.1.1 Disclosures may be made to assist in the notification of (including identifying or locating) a family member or personal representative of an individual, or another person responsible for the care of the individual, of the individual's location, general condition, or death.

2.1.2 TAMHSC health care providers should ask for the individual's agreement to such disclosures, or give the individual an opportunity to object, to the extent that doing so would not interfere with the ability to respond to emergency circumstances.

2.2 Secretary's Waiver During Emergency.

Pursuant to the Project BioShield Act of 2004, the Secretary of the United States Department of Health and Human Services (the "Secretary") is authorized to waive penalties for failing to comply with certain provisions of the HIPAA Privacy Regulations. If the Secretary issues such a waiver, then TAMHSC Health Care Component will, as necessary and consistent with the waiver, suspend compliance with the following HIPAA Privacy Regulations, for the period of time specified by the TAMHSC Privacy/Security Officer:

- 2.2.1 The requirement to obtain a patient's permission before speaking to family and/or friends;
- 2.2.2 The requirement to honor a request to opt out of any facility directory;
- 2.2.3 The requirement to distribute a Notice of Privacy Practices;
- 2.2.4 The requirement to allow a patient to request confidential communications; and
- 2.2.5 The requirement to allow a patient to request privacy restrictions.

After this time, the TAMHSC Health Care Component will comply with the above HIPAA Privacy Regulations requirements with respect to any patient still under its care. The TAMHSC Health Care Component shall not take any actions pursuant to a waiver in a manner that discriminates among individuals on the basis of their source of payment or their ability to pay.

2.3 Verification of Identity.

- 2.3.1 In an emergency, the TAMHSC Health Care Component shall permit the disclosure of Protected Health Information to other providers (e.g., physicians, hospitals) even if the outside providers are not known to the TAMHSC Health Care Provider, providing the TAMHSC Health Care Component exercises reasonable professional judgment to ensure that the person/entity to whom information is being disclosed is, indeed, a treatment provider.
- 2.3.1 The TAMHSC Health Care Component may respond to a request from a hospital seeking protected health information in a circumstance described as an emergency, if the TAMHSC Health Care Component determines that the patient's interests are best served by making the disclosure.

3. VIOLATIONS

The TAMHSC Privacy/Security Officer has general responsibility for implementation of this policy. Employees who violate this policy will be subject to disciplinary action up to and including termination of employment. Anyone who knows or has reason to believe that another person has violated this policy should report the matter promptly to his or her supervisor or the TAMHSC Privacy/Security Officer. All reported matters will be investigated, and, where appropriate, steps will be taken to remedy the situation. Where possible, every effort will be made to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this policy will itself be considered a violation of this policy that may result in disciplinary action up to and including termination of employment.

OFFICE OF RESPONSIBILITY

Vice President of Finance and Administration

ⁱ HIPAA Code: §164.512(j)