

FACILITY DIRECTORIES POLICY

RESPONSIBILITY: Privacy Official or Designee(s), Patient Registration Manager

BACKGROUND:

Federal and state laws limit the situations in which health care information that pertains to individual patients may be disclosed. These laws limit, among other things, the uses of facility directories.

A patient's name and other identifying information may be recorded in one or more facility directories for internal use, as necessary, to efficiently administer Behavioral Health and Health Facilities (BHHF) operations. This includes, for example, a master list of patients who have medical record numbers. However, these directories may not be disclosed to the public.

BHHF may also maintain a separate directory of patients currently in a BHHF facility and may make information in the directory available to members of the public, but only in accordance with this policy. However, these directories may not be disclosed to the public at either Mildred Mitchell-Bateman or William R. Sharpe, Jr. Hospitals.

POLICY:

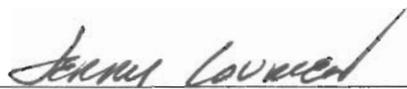
1. The Privacy Official or Designee(s) will approve, in writing, the establishment and maintenance of any facility directory that comes under the terms of this policy. This approval will be retained for as long as the directory is being maintained, and for a period of six years or longer if required by state law or regulation from the date the directory is no longer maintained or the approval is otherwise rescinded. The approval will include the following elements:
 - 1.1. A description of the directory.
 - 1.2. The directory's location and purpose.
 - 1.3. How the directory will be maintained and by whom.
 - 1.4. How information contained in the directory will be disclosed and who will have that authority.
 - 1.5. The method by which copies of the directory, whether hard copy or electronic, will be safeguarded from unauthorized disclosure.
 - 1.6. Disposal procedure for copies of the directory.

2. A facility directory may only contain information about patients currently on the premises of a BHHF facility. The directory may only include the following information:
 - 2.1. Patient name
 - 2.2. Patient location within the BHHF facility

- 2.3. A general description of the patient's condition, to be limited to the levels as defined by the facility.
- 2.4. Religious affiliation
3. Information in a facility directory may only be disclosed upon the authorization of the patient or his representative.
4. Patients must be informed in advance that their information will be included in a facility directory unless they object. They must be told what information will be included and who may have access to this information.
5. Patients must be given the opportunity to object to having their information included in the facility directory, to limit the information that is included, and to restrict or prohibit uses and disclosures of their information in the directory. This includes restrictions on disclosure of directory information to certain people. Unlike other restrictions on the use or disclosure of PHI, BHHF must comply with any objection raised by a patient regarding the disclosure of information in a facility directory. [See PATIENT REQUESTS TO RESTRICT THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION].
6. If an emergency or a patient's incapacity makes it impossible to inform a patient about the facility directory in advance, the patient may be included in a facility directory if a physician or senior manager at the facility [or other member of the workforce, as determined by the facility] approves it as being in the patient's best interest. However, if there is any knowledge of a preference on the patient's part that would limit or prevent including information in the directory, this preference must be honored. The patient's agreement to continued inclusion of some or all information in a facility directory must be obtained once it becomes possible to do so.
7. A patient's agreement or objection to inclusion in a facility directory, and any request to limit or restrict the disclosure of information, may be obtained orally, but must be documented in the patient's medical record.

Effective Date: 4/14/03

Dates Revised:



Jerome E. Lovrien, Commissioner, Bureau for Behavioral Health and Health Facilities