

ATTACHMENT A

TO AUTHORIZATION POLICY

The “Permitted” and “Required” Uses or Disclosures of Protected Health Information listed in this attachment do NOT require an individual’s signed authorization.

PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION ARE:

1. Disclosing the individual’s Protected Healthcare Information to the individual.
2. Using and disclosing the individual’s Protected Health Information for treatment reasons, to obtain payment, or for health care business operations.
3. Incident to a use or disclosure otherwise permitted or required by the HIPAA Privacy Regulations (e.g. overheard conversations at nursing stations, sign-in sheets).
4. Disclosures of Protected Health Information in response to a signed authorization that the patient has signed for our LSUHSC-NO to release his or her Protected Health Information to another entity.
5. Disclosures of Protected Health Information pursuant to an oral agreement with the individual to make such disclosures to a relative or friend (e.g. family member, friend, or other).
6. Uses or Disclosures of Protected Health Information that are required by law.
7. Disclosure of Protected Health Information for public health activities.
8. Disclosure of Protected Health Information about an individual whom LSUHSC-NO reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency,
9. Authorized by law to receive reports of such abuse, neglect, or domestic violence.
10. Disclosure of Protected Health Information to a health oversight agency for oversight activities authorized by law (e.g. professional boards).
11. Disclosure of Protected Health Information in the course of any judicial or administrative proceeding. (An authorization is not needed, but the disclosure must comply with other requirements of the privacy regulations for judicial disclosures and any state law requirements).

12. Disclosure of Protected Health Information for a law enforcement purpose to a law enforcement official.
13. Disclosure of Protected Health Information in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.
14. Disclosure of Protected Health Information in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime.
15. Disclosure of Protected Health Information about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if LSUHSC-NO has a suspicion that such death may have resulted from criminal conduct.
16. Disclosure to a law enforcement official of Protected Health Information that LSUHSC-NO believes in good faith constitutes evidence of criminal conduct that occurred on the premises of LSUHSC-NO.
17. If LSUHSC-NO is providing emergency health care in response to a medical emergency, other than such emergency on the premises of LSUHSC-NO, LSUHSC-NO may disclose Protected Health Information to a law enforcement official, if such disclosure appears necessary to alert law enforcement.
18. LSUHSC-NO may disclose Protected Health Information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
19. Disclosure of Protected Health Information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
20. Use or disclosure of Protected Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.
21. LSUHSC-NO may use or disclose Protected Health Information, if LSUHSC-NO, in good faith, believes the use or disclosure: (A) is necessary to prevent or lessen a serious and imminent threat to the health safety of a person or the public; (B) is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or, (C) is necessary for law enforcement authorities to identify or apprehend an individual. LSUHSC-NO may disclose Protected Health Information as authorized by and to the extent necessary to comply with Louisiana Workers' Compensation statutes.

22. LSUHSC-NO may use or disclose to a HIPAA Business Associate the following Protected Health Information for the purpose of raising funds for its own benefit, without an authorization:
- a. Demographic information relating to an individual; and,
 - b. Dates of health care provided to an individual.

REQUIRED DISCLOSURES OF PROTECTED HEALTH INFORMATION ARE:

1. To an individual, when requested under and as required by the access or accounting requirements of the HIPAA Privacy Regulations.
2. When required by the Secretary of the Department of Health and Human Services to investigate or determine LSUHSC-NO's compliance with the HIPAA Privacy Regulations.