	Policy Number: 5518	Applies to Product Type: <input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> CMC	Page 1 of 2
Original Effective Date: September 25, 2013	Revision Effective Date: May 1, 2017		
Policy Applies to: All Staff	Classification Series: 5500-5999 Regulatory Affairs		
Policy Title: Policy on Uses and Disclosures of PHI Requiring Opportunity to Agree or Object			

Policy Statement

CHG will Use and Disclose PHI in accordance with applicable law. CHG will ensure it has provided an individual the opportunity to agree before disclosing PHI to third parties involved in the individual's care or Payment for such individual's care, for notification purposes or for disaster relief purposes.

Purpose

The purpose of this policy is to outline the procedures of Community Health Group and Community Health Group Partnership Plan (collectively, "CHG") for Using and Disclosing Protected Health Information ("PHI") to third parties involved in an individual's care or Payment for such individual's care, for notification purposes, and for disaster relief purposes.

Definitions


The following are definitions of key terms used in this policy. The definitions of other capitalized terms used in this policy and not defined in this Section can be found in the Glossary.

1. **"Authorization"** means the signed authorization language permitting CHG to Use or Disclose PHI for purposes beyond the scope of Treatment, Payment or Health Care Operations.
2. **"Disclose" or "Disclosure"** means, with respect to PHI, the release of, transfer of, provision of access to, or divulging in any manner, of PHI outside of CHG's internal operations or to any person or entity other than its Workforce Members.
3. **"Opportunity to Agree or Object"** means that the individual is informed in advance of the Use or Disclosure and has the opportunity to agree to, prohibit or restrict the Disclosure in accordance with this policy. This term includes both oral and written communications by Workforce Members to an individual.
4. **"Protected Health Information" ("PHI")** means information that (i) is created or received by a Health Care Provider, Health Plan, employer or Health Care Clearinghouse; (ii) relates to the past, present or future physical or mental health or condition of an individual; the provision of Health Care to an individual, or the past, present or future Payment for the provision of Health Care to an individual; and (iii) identifies the individual (or for which there is a reasonable basis for believing that the information can be used to identify the individual).
5. **"Use" or "Uses"** means, with respect to PHI, the sharing, employment, application, utilization, examination or analysis of such information within CHG's internal operations.
6. **"Workforce" or "Workforce Members"** means employees, volunteers, trainees and other persons whose conduct, in the performance of work for CHG, is under the direct control of CHG, whether or not they are paid by CHG.

Procedure

CHG may Use or Disclose an individual's PHI without Authorization in certain situations described in this section, if CHG gives the individual an opportunity to agree or object prior to using or disclosing his or her PHI.

1. Individuals shall have the opportunity to agree or object to their PHI being Used or Disclosed to third parties involved in their care or payment for their care, for notification purposes, and for disaster relief purposes, as described below.

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2. The Member Services Department shall be responsible for asking individuals whether they object to their PHI being used or disclosed for the purposes described in this policy, for documenting such response in the individuals' medical record and for communicating individuals' responses to appropriate Workforce Members to ensure proper Use and Disclosure of individuals' PHI for the purposes described in this policy, as set forth below.

a. Involvement in the Individual's Care or Payment for Such Care and Notification Purposes

- i. CHG may disclose (without Authorization) to a family member, a close personal friend of the individual, or any other person identified by the individual, an individual's PHI directly relevant to that person's involvement with the individual's care or to Payment related to the individual's care.
- ii. CHG may also use or disclose an individual's PHI (without Authorization) to notify, or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual, of the individual's location, general condition, or death.
- iii. If the individual is not present or cannot agree or object because of the individual's incapacity or because of an emergency circumstance, and upon the professional judgment of the attending physician that the disclosure is in the individual's best interest, CHG may disclose information that is directly relevant to that person's involvement with the individual's care.

b. Disaster Relief Purposes

- i. CHG may use or disclose an individual's PHI to public or private disaster relief agencies to coordinate the notification of family and friends regarding an individual's location, condition or death. CHG shall provide the individual an opportunity to agree or object to such use and disclosure (or otherwise use its professional judgment regarding the appropriateness of such disclosure) to the extent that it does not interfere with CHG's ability to respond to emergency circumstances.

DOCUMENTATION RETENTION

All documents created pursuant to this policy shall be maintained in the Customer Services Department.

CONTACT FOR QUESTIONS

If a Workforce Member has any questions or is uncertain about the requirements of this policy, such Workforce Member should contact Customer Services Department.

Regulatory: 45 CFR § 164.510

NCQA: None

Attachments: None

Department Head

Title: Regulatory Affairs Manager
~~Compliance Officer~~

Signature: 

Date: 4-12-18

Division Chief

Title: Associate Chief Executive Officer

Signature: 

Date: 4.18.18