

	Policy Number: 5521	Applies to Product Type: <input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> CMC	Page 1 of 1
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: <b>Policy on Incidental Uses and Disclosures</b>			

**Policy Statement**

CHG will take steps to ensure that all Incidental Uses and Disclosures are in accordance with HIPAA.

**Purpose**

The purpose of this policy is to outline appropriate Uses and Disclosures of Protected Health Information (“PHI”) by Community Health Group and Community Health Group Partnership Plan (collectively, “CHG”) that are incident to Uses and Disclosures otherwise made in accordance with the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996, 45 CFR Parts 160 and 164 (“HIPAA”).

**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. “Incidental Use or Disclosure” means a Use or Disclosure of PHI that is incidental to a Use or Disclosure otherwise appropriate under or permitted by HIPAA.

**Procedure**

CHG’s Workforce Members may make Uses or Disclosures of PHI that are incidental to or a byproduct of a Use or Disclosure permissible under HIPAA and under CHG’s HIPAA-related policies and procedures without an Authorization under the following circumstances:

1. Workforce Members must comply with CHG’s Policy on Uses, Disclosures of, and Requests for PHI in Compliance with the Minimum Necessary Standards; and
2. Workforce Members must apply reasonable safeguards to limit the Incidental Use or Disclosure (see Policy on Safeguards). Examples of reasonable safeguards include taking appropriate precautions to avoid being overheard when discussing an individual’s PHI with that individual, his or her family members or other Workforce Members or Medical Staff.

The Compliance Department shall be responsible for training Workforce Members on Incidental Uses and Disclosures in compliance with this policy and HIPAA.

**CONTACT FOR QUESTIONS**

If a Workforce Member has questions about this policy, such Workforce Member should contact the Compliance Officer.

**Regulatory:** HIPAA Act of 1996; 45 CFR 160 and 164

**NCQA:** None

**Attachments:** None

**Department Head**

*Regulatory Affairs Manager*  
 Title: ~~Compliance Officer~~  
 Signature: *[Signature]*  
 Date: 4-12-18

**Division Chief**

Title: Associate Chief Executive Officer  
 Signature: *[Signature]*  
 Date: 4.18.18

