

Alaska Native Medical Center

Accounting of Disclosure of Protected Health Information Procedure # 1001-01 Reference Policy: ANMC Privacy and Security of Protected Health Information (Personally and Individually Identifiable Information) # 1001

1. Purpose

- 1.1. Patients have a right to receive an accounting of certain *disclosures* of Protected Health Information (PHI) as identified by the HIPAA Privacy Rule.
 - 1.1.1. This procedure identifies which disclosures made by staff working at the Alaska Native Medical Center (ANMC) are: (1) reportable; (2) how the disclosures must be documented (accounted for); and (3) how patient requests for an accounting for disclosures will be processed by the Health Information Services Department.
- 1.2. ANMC is required to document those disclosures falling within the requirements to provide this accounting requirement. Many routine disclosures such as those made for Treatment, Payment, and Healthcare Operations or disclosures authorized by a signed authorization form by the patient are not disclosures falling within the accounting of disclosures requirement.

2. Scope

All organizational components of the ANMC accredited campus defined as its staff, residents, non-physician interns, students, volunteers, and contractors.

3. Definitions:

- 3.1. Designated Record Set - Record or group of records maintained by or for that includes: the medical records and billing records about patients maintained by or for; and information used, in whole or in part, by or for to make decisions about patients and subject to an individual's right to request access and amendment.
- 3.2. Legally Designated or Legal Guardian/Personal Representative - A person legally authorized to make healthcare decisions or act on the patient's behalf.
- 3.3. Protected Health Information (PHI) - Individually identifiable health information, including demographic information, in any medium including oral, paper, or electronic, collected from an individual:
 - 3.3.1. created or received by a health care provider, health plan, employer, or health care clearinghouse;
 - 3.3.2. relating 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

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- 3.3.3. identifying the individual or could reasonably be used to identify the individual.
- 3.3.4. Protected Health Information does not include education records covered by federal law or employment records held by a covered entity in its role as employer.
- 3.4. Multiple Disclosures – are multiple disclosures of PHI made to the same person or entity for a single purpose, such as a communicable diseases provided to the Center for Disease Control or information provided to the cancer registry.
- 3.5. Single Disclosure - Disclosure is made to an entity for one purpose, one time, such as disclosing the PHI of a child for suspected neglect to Office of Children’s Services.
- 3.6. Data Breach – an unauthorized or unintentional exposure, disclosure, or loss of sensitive personal information, which can include personally identifiable information.
- 3.7. Treatment, Payment and Healthcare Operations (TPO)
 - 3.7.1. Treatment: is the provision, coordination, or management of health care and related services by one or more health care provider(s), including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another.
 - 3.7.2. Payment:
 - 3.7.2.1. The activities undertaken by:
 - 3.7.2.1.1 a health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or
 - 3.7.2.1.2 a health-care provider or health plan to obtain or provide reimbursement for the provision of health care; and
 - 3.7.2.1.3 the activities relate to the individual to

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whom health care is provided and include, but are not limited to:

- 3.7.2.1.3.1. determinations of eligibility or coverage and adjudication or subrogation of health benefit claims;
- 3.7.2.1.3.2. risk adjusting amounts due based on enrollee health status and demographic characteristics;
- 3.7.2.1.3.3. billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance); and
- 3.7.2.1.3.4. related health-care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
- 3.7.2.1.3.5. utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and
- 3.7.2.1.3.6. disclosure to consumer reporting agencies of any of the following protected health information relating to collection of premiums or reimbursement:
 - name and address;
 - date of birth;
 - social security number;
 - payment history;

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- account number; and
- name and address of the health-care provider or health plan.

3.7.3. Healthcare Operations: Any of the following activities of the covered entity to the extent the activities are related to covered functions:

- 3.7.3.1. conducting quality assessment and improvement activities, population based activities, and related functions not including treatment;
- 3.7.3.2. reviewing the competence or qualifications of health care professionals, evaluating practitioner, provider, and health plan performance, conducting training programs where students learn to practice or improve their skills as health-care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- 3.7.3.3. underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or benefits;
- 3.7.3.4. conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
- 3.7.3.5. business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
- 3.7.3.6. business management and general administrative activities of the entity. [45 CFR 164.501]

3.8. Authorization - An authorization form is written permission from the patients allowing use or disclosure of their protected health information *for purposes other than treatment, payment or health care operations*

4. Procedure for documenting a disclosure of PHI when a patient is not given the

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opportunity to agree or object:

- 4.1. All employees working at ANMC who disclose PHI to organizations, individuals or agencies not for purposes of TPO, nor has been authorized by the patient, shall document their single disclosures on the ANMC intranet accounting of disclosure form. (See attachment 2)
- 4.2. Examples for single accounting of disclosures:
 - 4.2.1. Disclosures from social workers or providers to the Office of Children’s Services (OCS) or Adult Protective Services (APS).
 - 4.2.2. Disclosures for legal purposes. (Exception: Health Information Services employees will use the Privacy Module).
 - 4.2.3. An accidental disclosure, such as an inadvertent fax or disclosure not intended to occur or is directed to the wrong person or entity must be documented on the ANMC accounting of disclosures form located on the intranet.
 - 4.2.4. Disclosures to State of Alaska regarding communicable diseases such as active tuberculosis.
- 4.3. For each single disclosure, ANMC shall promptly make an accurate entry into the intranet electronic accounting of disclosures form as follows:
 - 4.3.1. Log onto the ANMC home page.
 - 4.3.2. Select the “Administration” tab.
 - 4.3.3. Select “Corporate Compliance” from the drop down menu.
 - 4.3.4. Select the “ANMC/Accounting of Disclosure Form” link located on the main screen.
 - 4.3.4.1. The ANMC accounting of disclosure form fields must be filled out with the following elements:
 - 4.3.4.1.1 Patient’s first and last name. Provide middle initial if available.
 - 4.3.4.1.2 Health record number.

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- 4.3.4.1.3 Patient's date of birth if available.
 - 4.3.4.1.4 Date of disclosure.
 - 4.3.4.1.5 Department disclosing the PHI.
 - 4.3.4.1.6 First and last name of employee making the disclosure.
 - 4.3.4.1.7 Title of employee (if applicable).
 - 4.3.4.1.8 Extension of employee (if applicable).
 - 4.3.4.1.9 First and last name of individual to whom the PHI was disclosed.
 - 4.3.4.1.10 Address of person/organization receiving the disclosure (if applicable).
 - 4.3.4.1.11 Agency receiving the disclosure.
 - 4.3.4.1.12 Phone and extension of agency receiving the disclosure (if applicable).
 - 4.3.4.1.13 Type of disclosure was made (i.e. oral, written, electronic, etc.).
 - 4.3.4.1.14 To who or what purpose was disclosure made (i.e. victims of crime, communicable diseases, accidental disclosure, etc.).
 - 4.3.4.1.15 Brief statement of purpose of disclosure and description of PHI disclosed (i.e. immunization records, labs, x-ray, etc.).
- 4.4. Multiple disclosures will not be documented on the ANMC/PCC accounting of disclosures form except for those involving research activities under a waiver of authorization.
- 4.4.1. Examples of multiple disclosures falling into this and would not require the use of the ANMC/PCC accounting of disclosures form:
 - 4.4.1.1. Registries are required to maintain the data or provide

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- copies to the Health Information Services (HIS)
Department of the data disclosed to entities.
- 4.4.1.2. Electronic disclosures automated to the State of Alaska –
i.e. STDs.
- 4.4.1.3. Disclosures to the cancer or tumor registry or the death and
birth registries.
- 4.4.1.4. Data elements required for a multiple disclosure:
 - 4.4.1.4.1 The date of the first disclosure for the
accounting period
 - 4.4.1.4.2 The name of the entity or person who
received the protected health information
and if known the address of the entity or
person.
 - 4.4.1.4.3 A brief description of the protected health
information disclosed.
 - 4.4.1.4.4 A statement of the purpose of the disclosure.
 - 4.4.1.4.5 The frequency, periodicity, or number of the
disclosures made during the accounting
period.
 - 4.4.1.4.6 The date of the last disclosure during the
accounting period.
- 4.4.2. Example of multiple disclosures that will be accounted for using the
ANMC/PCC accounting of disclosures form:
 - 4.4.2.1. Research activities approved by the Institutional Review
Board with a waiver of authorization.
 - 4.4.2.1.1 Principle Investigators must document the
disclosure on the electronic form
(Attachment 2) for each patient.
- 4.5. Responding to Patient Requests for all types of disclosures as described in
sections 4.1 and 4.2 when patient requests and accounting of such disclosures.

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- 4.6. Procedure for responding to patient requests for an accounting of disclosures.
 - 4.6.1. The Health Information Services Department (HIS) is responsible for responding to requests for an accounting of disclosures.
 - 4.6.2. Requests for an accounting of disclosures must be in writing and made on ANMC's Request for an Accounting of Disclosures Form. (Attachment 1)
 - 4.6.3. The Form must be completed in person in the Health Information Services Department (HIS) in order to document the date of the intake of the request for processing.
 - 4.6.4. HIS staff will verify the identity and authority of the requestor. If the requestor is not the patient, HIS staff will determine whether the requestor has appropriate proof and documentation demonstrating the requestor's authority to act as the legally designated or legal guardian/personal representative of the patient.
 - 4.6.4.1. Patients 18 and over must provide acceptable identification as listed in section 4.6.4.5. below.
 - 4.6.4.2. Parent(s)/legal guardian(s)/representative(s) of patients under the age of 18 must provide their identification as listed in section 4.6.4.5. below, as well as a copy of the legal custody or legal guardianship paperwork if applicable and their signature.
 - 4.6.4.3. An emancipated minor must provide a copy of the court order proving the change of legal status along with acceptable identification.
 - 4.6.4.4. In the case of adoption, a copy of the court order or traditional/cultural/tribal adoption paper(s) must be provided, as well as a copy of the adoptive parent(s) picture identification and their signature.
 - 4.6.4.5. Examples of acceptable documentation:
 - 4.6.4.5.1 State Driver's License
 - 4.6.4.5.2 State Identification (ID)
 - 4.6.4.5.3 Military ID

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- 4.6.4.5.4 Federal ID
- 4.6.4.5.5 U.S. Passport
- 4.6.4.5.6 State Birth Certificate
- 4.6.4.5.7 Court ordered adoption decree
- 4.6.4.5.8 Court ordered emancipation
- 4.6.4.5.9 Traditional/Cultural/Tribal Adoption document

- 4.6.5. The requestor's signature will be verified by HIS staff.
- 4.6.6. Prior to granting the request for an accounting of disclosures, further consultation may be required if HIS staff has reasonable belief that:
 - 4.6.6.1. The patient has been, or may be subject to, domestic violence, abuse, or neglect by the requestor.
 - 4.6.6.2. Treating the requestor as the legally designated or legal guardian/representative of the patient could endanger the patient.
 - 4.6.6.3. It is not in the best interest of the patient to treat the requestor as the legally designated or legal guardian/representative.
 - 4.6.6.4. HIS may reconsider its decision if provided with sufficient evidence to the contrary.
- 4.6.7. Prior to accepting the request the HIS staff shall review the following details on the form with the requestor:
 - 4.6.7.1. ANMC will provide an accounting of its disclosures of Protected Health Information, except for those disclosures made:
 - 4.6.7.1.1 To carry out treatment, payment and healthcare operations.
 - 4.6.7.1.2 To the patient (or, when permissible, the patient's legally designated or legal guardian/representative) pursuant to the right to access the patient's health information.

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- 4.6.7.1.3 That constitute incidental disclosures occurring as a by-product of a use or disclosure otherwise permitted or required by law as long as appropriate.
 - 4.6.7.1.4 Pursuant to an authorization signed by the patient or the patient's legally designated or legal guardian/representative.
 - 4.6.7.1.5 For ANMC's directory or to persons involved in the patient's care or other notification purposes.
 - 4.6.7.1.6 For national security or intelligence purposes.
 - 4.6.7.1.7 To correctional institutions or law enforcement officials if the patient was in the custody of such institution or official as prescribed by law.
 - 4.6.7.1.8 As part of a limited data set.
 - 4.6.7.1.9 That occurred prior to April 14, 2003.
- 4.7. Timing of Response.
- 4.7.1. ANMC shall act on the request no later than 60 days after receipt of the request.
 - 4.7.1.1. ANMC may extend this time for one additional 30 day period as long as, within the initial 60-day time period, HIS informs the patient in writing of the reason(s) for the delay and the date by which the patient can expect the accounting.
- 4.8. Response:
- 4.8.1. ANMC shall, in a timely manner, provide the accounting of disclosures to the patient or, when permissible, the patient's legally designated or legal guardian/representative on the Accounting of Disclosures Form (Attachment 2). To do so, ANMC shall collect a copy of each Internal Disclosure Tracking Form from every site for the

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patient, review the Internal Disclosure Tracking Form(s), verify the disclosures are subject to an accounting, and complete the Accounting of Disclosure Form.

- 4.8.1.1. 4.8.1.1.. Collection of disclosures shall include:
 - 4.8.1.1.1 HIS will obtain the data to provide an accounting of disclosures when a request has been made by a patient for an accounting falling under the multiple accounting standards. Mandatory public health disclosures (i.e. sexually transmitted diseases).
 - 4.8.1.1.2 Organ & tissue donor disclosures.
 - 4.8.1.1.3 Disclosures for community health purposes(i.e. Trauma Registry).
 - 4.8.1.1.4 Subpoenas and court orders.
 - 4.8.1.1.5 State disclosures for communicable disease reporting.
 - 4.8.1.1.6 Disclosures completed by Health Information Services and logged into the Med Series 4/Privacy Administration Module.
 - 4.8.1.1.7 Disclosures logged into the Accounting of Disclosures Health Records Database on the ANMC Intranet.
 - 4.8.1.1.8 Disclosures made by the Institutional Review Board.
- 4.8.2. An accounting may include disclosures made in the six years prior to the date the accounting is requested but not before April 14, 2003.
- 4.8.3. HIS staff will complete the Accounting of Disclosures Form which includes the following:
 - 4.8.3.1. Name and address, if known, of organization or entity

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receiving the PHI.

4.8.3.2. Description of what was disclosed.

4.8.3.3. Date of disclosure.

4.8.3.4. Purpose of the disclosure.

4.8.3.5. If multiple disclosures to the same person or entity for the period covered by the request, the following will be included:

4.8.3.5.1 Standard accounting information for the first disclosure during the period.

4.8.3.5.2 Frequency, periodicity, or number of the disclosures made during the accounting period.

4.8.3.5.3 Date of the last such disclosure during the accounting period.

4.8.4. Prior to disclosing the form to the patient, the form will be reviewed by an HIS manager.

4.9. Temporary Suspensions of Accounting for Disclosures to Health Oversight Agencies or Law Enforcement Officials.

4.9.1. ANMC shall review the request and the Internal Disclosure Tracking Form and determine if a law enforcement official or health oversight agency has requested disclosures to such organization not be included in an accounting of disclosure at this time. If so, omit the relevant disclosures from the disclosure accounting.

4.9.2. A health oversight agency or law enforcement official may ask ANMC to suspend a patient's right to receive an accounting of disclosures if the agency or official provides a written statement that such an accounting to the patient would likely impede the agency or official's duties.

4.9.2.1. The agency or official must specify how long the right to receive an accounting must be suspended.

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- 4.9.2.2. During the period of suspension, any disclosures requiring an accounting should be reviewed as described in Section 4.9.1 above.
 - 4.9.2.3. At the end of the suspension period, a patient's right to receive an accounting of the applicable disclosure is reinstated.
- 4.10. If the request for temporary suspension is made orally, ANMC must document the identity of the agency or official who made the request and must exclude the disclosure(s) for no longer than 30 days from the date of the request, unless a written request is provided during that time. If the agency or official provides a written request meeting the requirements of (above), ANMC must temporarily suspend the patient's right to an accounting for the time period specified in the written request.
- 4.11. Charges.
 - 4.11.1. ANMC shall provide the accounting of disclosure once during any 12-month period without charge.
 - 4.11.1.1. For additional accountings, ANMC (HIS) may impose a reasonable, cost-based fee as long as ANMC informs the patient in advance and provides the patient with an opportunity to withdraw or modify their request to avoid or reduce the fee.
- 4.12. The Request for An Accounting of Disclosures form and Accounting of Disclosures form will be filed and retained in the patient's health record.

Reference: 45 CFR § 164.528

Attachments:

1. Health Information Services' "Request for an Accounting of Disclosure Form"
2. Health information Services' "Accounting of Disclosures Form"
3. Internet Access Guide to Electronic Accounting of Disclosure Form

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Responsibility	Director Health Information Services
Written	5/2009
Approval	Executive Management Team
Date approved	4/20/10
Date last reviewed	10/2009
Date last revised	New
Supersede	None

Official Signature on File
o/s: Dan Neumeister
ANMC Administrator

REQUEST FOR AN ACCOUNTING OF DISCLOSURES

Patient Name	Date of Birth	Patient Record Number
Patient Address	City, State, Zip	Telephone # Alternate #
<p>I would like an accounting of disclosures for the following time frame (not to exceed six years prior to the date of this request or begin prior to April 1, 2003):</p> <p>From: _____ To: _____</p> <p>I am seeking an accounting of only a certain type(s) of disclosure, or disclosures, to a specific person/entity: D Yes D No</p> <p>If yes, please describe:</p>		
<p>Address to send accounting (if different from above and accounting is to be mailed):</p>		
<p>I have read and understand that as provided by federal law this accounting of disclosures excludes the following disclosures:</p> <ol style="list-style-type: none"> 1. To carry out treatment, payment, and health care operations. 2. To the patient or the patient's legal guardian/representative pursuant to the right to access the patient's health information. 3. That constitute incidental disclosures occurring as a by-product of a use or disclosure otherwise permitted or required by law as long as appropriate. 4. Pursuant to an authorization. 5. For the facility's directory or to persons involved in the patient's care or other notification purposes. 6. For national security or intelligence purposes as prescribed by law. 7. To correctional institutions or law enforcement officials for individuals in the custody of such institution or official. 8. As part of a limited data set. 9. That occurred prior to April 14, 2003. <p>Additionally, there may be situations where ANMC must temporarily suspend the right to an accounting.</p>		
<p>Signed: _____ Patient or Patient's Legal Guardian/Representative</p> <p>Authority: _____ (If signed by Patient's Legal Guardian/Representative)</p>		<p>Date: _____</p>
For Organization Use Only:		
D Request Accepted		D Request Suspended
Date and Time Request Received:		Date and Time Accounting Suspended:
Name and Title of Staff Member Processing Request:		
Verification Method:		

ALASKA NATIVE MEDICAL CENTER ACCOUNTING OF DISCLOSURES

Patient Name	Date of Birth	Patient Record Number
Patient Address	City, State, Zip	Telephone # Alternate #

You requested an accounting of disclosures on:

For the time frame of:

As provided by federal law, this accounting of disclosures excludes the following disclosures:

1. To carry out treatment, payment, and health care operations.
2. To the patient or the patient's legal guardian/representative pursuant to the right to access the patient's health information.
3. That constitute incidental disclosures occurring as a by-product of a use or disclosure otherwise permitted or required by law as long as appropriate.
4. Pursuant to an authorization.
5. For the facility's directory or to persons involved in the patient's care or other notification purposes.
6. For national security or intelligence purposes as prescribed by law.
7. To correctional institutions or law enforcement officials for individuals in the custody of such institution or official.
8. As part of a limited data set.
9. That occurred prior to April 14, 2003.

We have reviewed the relevant data in our records to determine what disclosures may have been made. Listed below are the specific person(s)/entities:

Date of Disclosure	Name of Entity/Person Who Received Information	Method of Disclosure	Brief Description of Information Disclosed	Brief Statement of Purpose of Disclosure

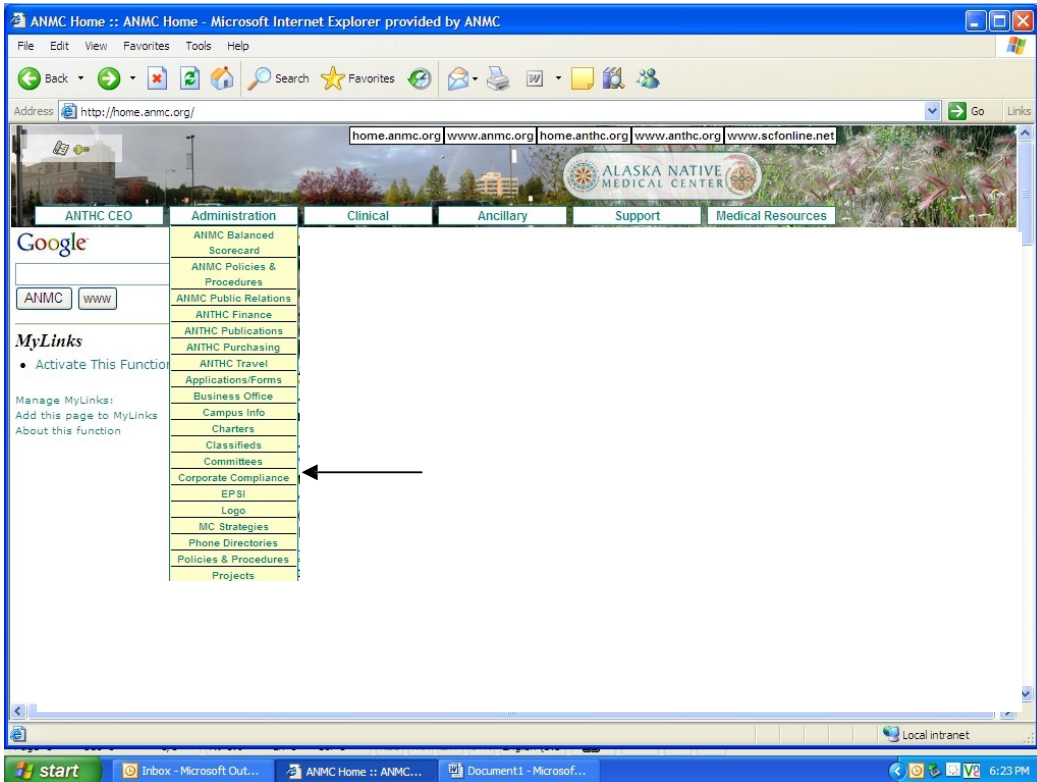
A COPY OF THIS FORM SHALL BECOME A PART OF THE PERMANENT HEALTH RECORD

<i>For Organization Use Only:</i>	
Date and Time Request Received:	Date and Time Request Sent:
Name and Title of Staff Member Processing Accounting:	
Verification Method: (When Accounting is picked up in person by requestor)	

Attachment 3

Internet Access Guide to Electronic Accounting of Disclosure Form

- 1) Select Corporate Compliance



2)

ANMC Home :: Helpful Links - Microsoft Internet Explorer provided by ANMC

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address <http://home.anmc.org/admin/corpcorpliance/helpfulLinks.cfm> Go Links

home.anmc.org www.anmc.org home.anthc.org www.anthc.org www.scfonline.net

ANTHC CEO Administration Clinical Ancillary Support Medical Resources

ALASKA NATIVE MEDICAL CENTER

Google

You are here: [ANMC Intranet](#) > [Administration](#) > [Corporate Compliance](#) > Helpful Links

Helpful Links

Welcome to the Compliance Information Center for the Alaska Native Tribal Health Consortium. Here you will find answers to your frequently asked questions. We hope you find this site useful. If you have any questions, concerns or complaints please contact one of the Compliance Team members.

Subwebs
No pages meet the criteria

Local Pages

- Accounting of Disclosure Form
- Code of Conduct
- Compliance Program
- Elements of An Effective Compliance Program Flow Chart
- EMTALA
- Helpful Links
- Hotline Information
- Licensed Professional Statutes and Regulations
- Meet Your Compliance Team
- Message from Your Chief Corporate Compliance Officer
- Policy and Procedure

Need to make an Accounting of Disclosure? Please click on the link below.

[Accounting of Disclosure Form](#) ←

Please Note: If you are a SouthCentral Foundation workforce member but work on the ANMC Accredited Campus you should select the [ANMC Accounting of Disclosures](#) link above to make an accounting.

Important Links:

- [Disclosure of Protected Health Information Form](#)
- [Notice of Privacy Practices](#)

Local intranet

start | Inbox - Microsoft Out... | ANMC Home :: Helpfu... | 6:22 PM

3)

ANMC PHI Form ver 4.0 - Microsoft Internet Explorer provided by ANMC

Address: http://home1.anmc.org/qaweb/phi_entry/index.cfm?fuseaction=released.firstDisclosure

***** Release of Patient Health Information(PHI) *****

Required:

- Account Numbers
- Biometric Identifiers including Finger and Voice Prints
- Certificate/License Number
- Device Identifiers and Serial Numbers
- Full Face Photograph or Similar Image
- Hospital Discharge Date
- Medical Record Number
- Reason Patient is in Hospital
- Treatment and Medications

Choose at least one

- Address
- Caregiver or Provider Notes
- Date of Birth or Age
- Electronic Mail Addresses
- Health Plan Beneficiary Number
- Information about Past Health Conditions
- Name
- Social Security Number (SSN)
- Vehicle Identifiers and Serial Numbers
- Any Other Unique Identifying Number
- Certificate of Indian Blood (CIB)
- Date of Death
- Fax Number
- Hospital Admission Date
- IP (Internet Protocol) Address
- Other Dates Directly Related to Patient
- Telephone Number

Submit Clear Entries Close

4)

ANMC PHI Form ver 4.0 - Microsoft Internet Explorer provided by ANMC

Address: http://home1.anmc.org/qaweb/phi_entry/index.cfm?fuseaction=released.main&pid=601&CFID=579545&CFTOKEN=33088352

***** Release of Patient Health Information(PHI) *****

To be filled out by: Any health care person releasing confidential patient health information.

Reason to report: ANMC is now mandated by law to record any disclosure of confidential patient healthcare information.

Section I: ** Required

**Patient First Name:

**Patient Last Name:

Patient Middle Initial:

**Chart/Medical Record Number: (enter NA if not applicable)

Date of Birth: Month Day Year

Section II:

Date of Disclosure: May 28 2009

**Department Disclosing Information:

**First Name of Person Disclosing Information:

**Last Name of Person Disclosing Information:

Title of Person Disclosing Information:

Phone Extension of Person Disclosing Information:

Who PHI was disclosed to:

**PHI Disclosed To: First Name

**PHI Disclosed To: Last Name

PHI Disclosed To: Address

PHI Disclosed To: City State Zip