**Policy Title:** HIPAA Personal Health Information (PHI)

**Number:** TD-QMP-7002

**Subject:** Define PHI and how it is used

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<th>Primary Department:</th>
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<tr>
<td>TennDent/Quality Monitoring/Improvement</td>
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<th>Prior Policy or Cross Reference(s):</th>
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**Scope:**

TennDent Members and/or potential Members

**Purpose:**

To define the policies for the privacy of personal health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA)

**Authoritative Reference:**

Contract between TennCare and Delta Dental – Attachment B, § I.A.15
Quality Monitoring Program – X.I

**Policy:**

TennDent, in compliance with the federal HIPAA requirements, has adopted the following policies on privacy of health information.

**DEFINITIONS**

Health information: any information, whether oral or recorded, in any form or medium, that is created or received by a health care provider, health plan, public health authority, employer, life
insurer, school or university or health care clearinghouse that: 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.

**Individually identifiable health information:** health information, as defined above, which identifies the individual or for which there is reasonable basis to believe the information can be used to identify the individual.

**Protected health information (PHI):** individually identifiable health information that is transmitted or maintained in an electronic medium or by other means.

**GENERAL POLICY ON PRIVACY**
DDTN is committed to protecting the privacy of the individually identifiable health information that is used in our business, and we do not use or disclose protected health information except as permitted by law.

**RELATIONSHIPS WITH BUSINESS ASSOCIATES**
We obtain written agreement from our business associates that they will safeguard and appropriately use and disclose PHI they receive from us or that they create on behalf of us. If a business associate violates this agreement, we promptly attempt to rectify the situation or, if that is not possible, we terminate our agreement with that business associate.

**USE AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (WHERE AUTHORIZATION IS NOT REQUIRED)**
DDTN uses/discloses PHI for payment activities and health care operations, both of which are permitted by law and do not require us to obtain individual consent or authorization.

We disclose to individuals their own PHI, if requested, if the proper identification is presented.

We disclose PHI to an individual’s personal representative, if requested, so long as the PHI is related to the nature of the inquiry and the proper identification is presented.

We disclose PHI to an agent, broker or benefit consultant to assist an enrollee with his or her plan provided that the agent, broker or benefit consultant is a representative of DDTN, the plan sponsor, or the enrollee, if the proper identification is presented.

We follow established procedures regarding allowable disclosures to plan sponsors to ensure that PHI is disclosed appropriately.

We use/disclose PHI without individual consent or authorization, if necessary, in other situations specified by HIPAA; these include the following uses and disclosures:

a. When required by law
b. For public health activities
c. About victims of abuse, neglect or domestic violence
d. For health oversight activities
e. For judicial and administrative proceedings  
f. For law enforcement purposes  
g. To coroners, medical examiners and funeral directors  
h. For permitted research purposes  
i. To avert a serious threat to health or safety  
j. For specialized government functions, such as national security and intelligence activities  
k. For workers' compensation  
l. When required due to lawsuits, administrative or judicial proceedings  
m. To help a plan sponsor administer the individual’s group health plan.

USES AND DISCLOSURES REQUIRING AUTHORIZATION/REVOCATION OF AUTHORIZATIONS
We obtain proper, written authorization from the individual or the individual’s personal representative if that individual’s PHI is used for any purpose except to carry out payment activities, for health care operations, or as otherwise permitted or required by law without consent or authorization.

We respect the individual’s right to revoke an authorization and will act in accordance with the individual’s directives.

MINIMUM NECESSARY DISCLOSURES OF PROTECTED HEALTH INFORMATION
We take reasonable efforts to use or disclose in our business, or request of another covered entity, only the minimum necessary PHI to accomplish our tasks.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION
We maintain a Notice of Privacy Practices for our members that indicate the uses and disclosures we may make of PHI, their individual rights regarding PHI and our legal responsibilities regarding PHI; we distribute it as required and update it whenever there is a material change in any of the information it contains.

PRIVACY COMPLAINTS
We maintain a process whereby individuals have a right to complain about our compliance with our Privacy Policies and Procedures or the Privacy Rules and include information about this process in our Notice of Privacy Practices.

We will not retaliate against any individual who files a complaint.

ALTERNATIVE COMMUNICATIONS (RIGHT TO REQUEST PRIVACY PROTECTION FOR PROTECTED HEALTH INFORMATION)
We will accommodate reasonable requests from members to use an alternative means of communicating PHI to them, provided that the member attests that the disclosure of the PHI would not endanger the individual in question.

ACCESS TO PROTECTED HEALTH INFORMATION
We permit access by individuals to their PHI and other information that we maintain, except in situations prohibited by law or where access may legitimately be denied.
Prior to releasing PHI, we verify the identity of the individual and/or the individual’s personal representative or appropriate official requesting it.

If access is denied, we will provide a timely, written statement to the individual that explains the denial and informs the individual of the steps that may be taken to register a complaint.

AMENDMENT OF PROTECTED HEALTH INFORMATION
We accept requests from individuals to amend their PHI, but we retain the right to deny these requests as permitted by law.

Prior to amending PHI, we verify the identity of the individual and/or the individual’s personal representative.

If an amendment is denied, we will provide a timely, written statement to the individual that explains the denial and informs the individual of the steps that may be taken to register a complaint.

ACCOUNTING FOR DISCLOSURES OF PHI
We document and track disclosures of PHI that are made for purposes other than TennDent’s payment or health care operations, as well as some disclosures outside the scope of those activities for which authorization is not required.

Individuals may receive an accounting of such disclosures upon request, according to the appropriate time frames established in the law.

ADMINISTRATIVE REQUIREMENTS
We have a designated Privacy Officer to ensure our compliance with the HIPAA privacy rules, to oversee our complaint process, and to receive complaints.

TennDent employees receive training on the company’s HIPAA Privacy Policies and Procedures and are required to perform their duties consistent with them. Failure to do so can result in disciplinary action and lead to termination of employment.

We document in writing our HIPAA policies and procedures (including changes to them), information pertaining to authorizations, and records of complaints; records are retained according to established requirements.

We have appropriate administrative, technical and physical safeguards to protect the privacy of PHI and to limit incidental uses and disclosures that violate the HIPAA privacy standards.

Related Policies and Procedures:
Document and Records Management Policy
Document and Records Management Procedure
HIPAA Access Control Policy
HIPAA Audit Controls Policy
HIPAA Business Associate Contract and Other Arrangement Policy
HIPAA Data Backup and Contingency Planning Policy
HIPAA Data Backup Procedures
HIPAA Device and Media Control Policy
HIPAA Device and Media Control Procedure
HIPAA Facility Access Controls Policy
HIPAA Incident Response and Reporting Policy
HIPAA Incident Response and Reporting Procedures
HIPAA Information Access Management Policy
HIPAA Information Access Management Procedure
HIPAA Password Policy
HIPAA Periodic Evaluation of Security Policies and Procedures
HIPAA Person or Entity Authentication Policy
HIPAA Security Awareness and Training Policy
HIPAA Security Awareness Training Procedure
HIPAA Security Compliance Policy
HIPAA Security Verification and Validation Policy
HIPAA Server, Desktop and Wireless Computer System Policy
HIPAA System Security Procedure
HIPAA Workforce Security Policy

Related Documents:

Request for Alternative Confidential Communication of Protected Health Information
Request for Correction/Amendment of Protected Health Information
Request to Inspect or Receive a Copy of Protected Health Information