

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 1 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE:

The sharing of Confidential Information among entities that qualify as “HCA Healthcare Entities” (as defined below) shall be governed by: (i) this Policy, which is also referred to as the “**HCA Healthcare Information Sharing Policy**,” and (ii) the “**Policy on Responding to Reference Requests About Practitioners**.”

The sharing of Confidential Information with entities that are not HCA Healthcare Entities will occur **only** pursuant to the “**Policy on Responding to Reference Requests About Practitioners**” (as adopted by individual HCA Healthcare Entities) or other applicable policy or procedure on responding to reference requests about Practitioners.

PURPOSE:

Information sharing is an essential and integral part of the credentialing, privileging, and professional practice evaluation/peer review activities of HCA Healthcare Entities. It promotes timely and informed determinations regarding Practitioners in furtherance of two primary objectives: (i) ensuring patient safety and the quality of care provided to patients; and (ii) fostering a culture of continuous improvement for Practitioners. Information sharing is particularly important in a health system such as HCA Healthcare, where collaborative care is provided by multiple health care professionals and entities in an integrated setting.

POLICY:

1. **Two Types of Information Sharing.** This Policy promotes two types of information sharing by HCA Healthcare Entities: (1) **responding** to requests for Confidential Information from other HCA Healthcare Entities (“**pull**” information sharing); and (2) proactively **notifying** other HCA Healthcare Entities of certain events and disclosing Confidential Information related to those events (“**push**” information sharing).
2. **No Waiver of Peer Review Privilege.** This Policy is intended to reinforce that the appropriate and deliberate sharing of Confidential Information is a component part of the peer review activities of all HCA Healthcare Entities. As such, the information sharing procedures outlined in this Policy have been drafted to comply with state and federal laws and to prevent any waiver of the confidentiality protections that apply to peer review activities.
3. **Authorization for Information Sharing Among HCA Healthcare Entities.**
 - a. **Separate Authorization Generally Not Required.** Except as set forth in **Section 3 in the Procedure**, below, Practitioners are not required to sign separate authorization forms to

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 2 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

permit the sharing of Confidential Information described in this Policy because of:

- i. the Practitioner’s obligation to comply with HCA Healthcare policies – including this Policy – as a condition of Medical Staff membership, employment, or other affiliation with HCA Healthcare or an HCA Healthcare Entity;
- ii. the affiliated status of HCA Healthcare Entities; and
- iii. language permitting the sharing of Confidential Information that is contained in the Medical Staff Bylaws or similar documents, policies, application forms, employment agreements, employment manuals, and/or service contracts of HCA Healthcare Entities.

b. **Adoption of Language to Permit Information Sharing.** HCA Healthcare Entities shall ensure that language permitting the sharing of Confidential Information described in this Policy is included in their Medical Staff Bylaws or similar documents, policies, application forms, employment agreements, employment manuals, and/or service contracts. Such language should be substantially similar to the sample language included as **Appendix A** to this Policy. If such language has not been adopted, the HCA Healthcare Entity shall determine whether the Practitioner’s written authorization should be obtained prior to the sharing of Confidential Information described in this Policy.

4. **Definitions.** The following definitions apply to this Policy:

- a. **Authorized Representative** means the Chief Executive Officer, President, Executive Director, Administrator, Medical Director, Chief Medical Officer (“CMO”), Chief Operating Officer, or PPE Specialists (or those with similar positions and titles) at any HCA Healthcare Entity, or their designees as set forth in **Subsection 5 of this Policy** regarding “Delegation of Functions.”
- b. **Confidential Information** means any information maintained by an HCA Healthcare Entity in any format (verbal, written, or electronic) that involves the evaluation of the quality, efficiency, necessity, and compliance with applicable law of services ordered or performed by a Practitioner and/or a Practitioner’s professional qualifications, competence, conduct, health, experience, or patient care practices. Confidential Information includes, but is not limited to, analyses, evaluations, reports, correspondence, records, proceedings, recommendations, actions, and minutes made or taken by, or on behalf of, a peer review committee at an HCA Healthcare Entity, or in response to a request for Confidential Information made by another peer review committee.
- c. **Credentialing Processing Center (“CPC”)** means the Parallon regional credentialing

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 3 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

center that provides intake, follow-up, data/image management, and verification of a Request for Consideration (“RFC”), Recredentialing Request for Consideration (“RRFC”), and Request for Increased, New Clinical Privileges, or Change in Prescriptive Authority (“RFINCP”), pursuant to a Service Level Agreement with an HCA Healthcare facility.

d. **HCA Healthcare Entity** means:

i. any entity which:

1. offers health care services through Practitioners who are credentialed by the CPC, excluding managed care entities for which the CPC provides services as part of a delegated credentialing agreement; and
2. has a formal peer review/professional practice evaluation process and an established peer review committee, as evidenced by internal bylaws or policy; and

ii. any entity not included in **4.d.i.1.-2. of this Policy**, above, that provides patient care services and that:

1. has a formal peer review/professional practice evaluation process and an established peer review committee, as evidenced by internal bylaws or policy; and
2. has appropriate provisions regarding the sharing of Confidential Information consistent with this Policy in a professional services contract or separate agreement with HCA Healthcare or an HCA Healthcare Entity identified in above **4.d.i.1.-2. of this Policy**.

Neither the agreement of an entity in this **4.d.ii.1.-2. of this Policy** to function as an HCA Healthcare Entity, nor the actual sharing of Confidential Information pursuant to this Policy, creates a joint venture, partnership, employment, agency, or other relationship or affiliation between the entity and HCA Healthcare or any HCA Healthcare Entity. Identifying an entity as an “HCA Healthcare Entity” is merely a drafting convention used to promote simplicity in wording.

e. **Practitioner** means an individual who has applied for (including submission of an RFC, RRFC, or RFINCP) or been granted clinical privileges, Medical Staff membership, employment, or other permission to practice by HCA Healthcare or an HCA Healthcare Entity currently or in the past, including, but not limited to, members of the Medical Staff and Advanced Practice Professionals.

f. **Push Notification Point of Contact (“POC”)** means a Group Chief Medical Officer (“GCMO”), Division Chief Medical Officer (“DCMO”), Division Vice President of Quality

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 4 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

(“DVPQ”), and Ambulatory Surgery Division Regional Medical Director (“ASD RMD”), each of whom is hereby designated by HCA Healthcare and the HCA Healthcare Entities to receive Push Notifications from an HCA Healthcare Entity and manage the sharing of Confidential Information with other appropriate HCA Healthcare Entities, as outlined in this Policy.

5. **Delegation of Functions.** When a function under this Policy is to be carried out by an Authorized Representative or any other employee or representative of HCA Healthcare or an HCA Healthcare Entity, the individual may delegate performance of the function to a qualified designee. Any such designee must treat and maintain all information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of this Policy. However, the delegating individual is responsible for ensuring the designee performs the function as required by this Policy. Any documentation created by the designee is a record of the committee that is ultimately responsible for the review in a particular matter.

PROCEDURE:

SECTION 1: RESPONDING TO “PULL REQUESTS” FROM OTHER HCA HEALTHCARE ENTITIES

1. **When Pull Requests May Be Made.** An Authorized Representative of an HCA Healthcare Entity may request Confidential Information (i.e., make a “pull request”) about a Practitioner from another HCA Healthcare Entity at any time. This includes, but is not limited to: (i) at any point during the process used to evaluate a Practitioner’s qualifications for appointment, privileges, employment, or other affiliation; or (ii) whenever a question or concern has been raised about the clinical competence, professional conduct, health/ability to safely practice, or utilization practices of a Practitioner.
2. **Process for Responding to Pull Requests.**
 - a. Upon receipt of an oral or written request about a Practitioner from an Authorized Representative of another HCA Healthcare Entity, the HCA Healthcare Entity receiving the request shall provide responsive Confidential Information to the requesting HCA Healthcare Entity. The response shall be subject only to the limitations set forth in **Section 3 of this Procedure** (if applicable).
 - b. Examples of the types of Confidential Information that may be disclosed include, but are not limited to:
 - i. correspondence to or from the Practitioner;

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 5 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

- ii. external reviews of the Practitioner’s clinical practice;
 - iii. analyses, findings, conclusions, recommendations, and opinions regarding a Practitioner’s professional qualifications;
 - iv. summaries or redacted versions of peer references received by an HCA Healthcare Entity;
 - v. Good Standing Letters or other reference responses prepared pursuant to the **“Policy on Responding to Reference Requests About Practitioners,”** or similar policy, or legal guidance;
 - vi. summaries or redacted complaints received about the Practitioner;
 - vii. data related to the Practitioner (e.g., complication rates, procedure time, etc.); and
 - viii. verbal information and explanations regarding the above matters.
- c. Any response to a request for Confidential Information will:
- i. include only information about the Practitioner in question. While aggregate data may be provided for comparison, information about the clinical competence or professional conduct of other individual Practitioners will be redacted;
 - ii. not include information that could be used to determine the identity of any individual who raised a concern about the Practitioner; and
 - iii. comply with all federal and state laws regarding the confidentiality of protected health information, as well as HCA Healthcare and HCA Healthcare Entity policies related to those laws, if the disclosure includes protected health information.
- d. All responses to requests for Confidential Information (whether paper or electronic) shall be conspicuously marked with the notation **“Confidential Peer Review,” “Confidential PPE Communication,”** or words to that effect. However, failure to label responses in this manner shall not affect the requirement that they be maintained in a confidential manner or their privileged and protected status under state law.
- 3. Standing Pull Requests for OPPE Data.**
- a. **Standing Request.** Each HCA Healthcare Entity shall be deemed to have made a standing request for Ongoing Professional Practice Evaluation (“OPPE”) data as described in this section from all other HCA Healthcare Entities where a Practitioner currently practices or has practiced previously.

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 6 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

- b. **Mechanism for Response.** HCA Healthcare Entities will satisfy their obligation to respond to standing pull requests for OPPE data by participating in the Practitioner Excellence Platform (i.e., “ceCare: Practitioner Excellence”), in which OPPE data is routinely available to eligible HCA Healthcare Entities. A HCA Healthcare Entity shall be eligible to access a practitioner’s OPPE data if the practitioner has medical staff clinical privileges at that HCA Healthcare Entity. Eligible HCA Healthcare Entities wishing to access OPPE data pursuant to a standing pull request described in this section will access that data directly from the Practitioner Excellence Platform after being granted access using the electronic Security Access Form (eSAF) tool and as designated by the Division. No specific or separate request is required to be made to any individual HCA Healthcare Entity.
- c. **Nature of OPPE Data Requested Pursuant to Standing Pull Requests.** The data that may be obtained pursuant to standing pull requests is aggregate and summary data related to a Practitioner’s practice (for example, frequencies, rates, and averages of admissions, procedures, complications, infections, Informational Letters, Educational Letters, etc.). If additional data or information is required by an HCA Healthcare Entity – such as copies of actual Educational Letters – the Entity may obtain it through a separate pull request described in subsections (1) and (2) above.

SECTION 2: MAKING “PUSH NOTIFICATIONS” TO OTHER HCA HEALTHCARE ENTITIES

- 1. **Push Notifications.** An Authorized Representative at an HCA Healthcare Entity shall notify other applicable HCA Healthcare Entities of the matters described in this Section and shall share Confidential Information related to those matters so they may be reviewed by other applicable HCA Healthcare Entities and their peer review committees. An Authorized Representative shall use the process outlined in **Section 2, Subsection 2 of this Procedure** for making these notifications.

“Other applicable HCA Healthcare Entities” means all HCA Healthcare Entities at which a Practitioner has, or is applying for, clinical privileges, Medical Staff membership, employment, or other permission to provide clinical services.

Push notifications shall be provided in the following circumstances:

- a. **withdrawal of an application** for appointment, reappointment, or clinical privileges for reasons related to the Practitioner’s qualifications (e.g., following a determination that the application was incomplete and could not be processed pending the receipt of additional information);
- b. **grant of conditional membership or privileges** (either at initial appointment or

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 7 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

<p>reappointment), or conditional continued membership or clinical privileges;</p> <p>c. automatic relinquishment or resignation of appointment or clinical privileges for any reason set forth in the Medical Staff Bylaws, Credentials Policy, or other Medical Staff policies, except for those relinquishments or resignations that result from:</p> <ul style="list-style-type: none"> i. incomplete medical records; ii. failure to provide documentation showing evidence of any required immunizations, vaccinations, and/or screening tests; iii. failure to provide requested information about a Practitioner’s professional qualifications in a timely manner; iv. termination of a Practitioner’s employment by an HCA Healthcare Entity (because the employer is responsible for reporting relevant terminations as described in Section 2, Subsection 1.p. of this Procedure); or v. termination of a Practitioner’s contractual relationship with a contract provider (e.g., exclusive provider), unless the termination related to the Practitioner’s clinical competence or professional conduct; <p>d. voluntary agreement to modify clinical privileges or to refrain from exercising some or all clinical privileges for a period of time for reasons related to the Practitioner’s clinical competence or conduct;</p> <p>e. grant of a Practitioner’s request for a leave of absence to address clinical or behavioral issues, or any automatic imposition of the same;</p> <p>f. participation in a Performance Improvement Plan under the Professional Practice Evaluation Policy, Medical Staff Professionalism Policy, or any similar policy of an HCA Healthcare Entity related to clinical competence or professional conduct;</p> <p>g. resignation of appointment or clinical privileges while clinical competence or conduct is being reviewed under the Professional Practice Evaluation Policy (Peer Review), Medical Staff Professionalism Policy, or a similar policy;</p> <p>h. resignation of appointment or clinical privileges while under an investigation in accordance with the Medical Staff Credentials Policy or similar policy, or in exchange for not conducting an investigation;</p> <p>i. precautionary suspension of the Practitioner’s clinical privileges;</p> <p>j. formal investigation in accordance with the Medical Staff Credentials Policy or similar</p>
--

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 8 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

policy;

- k. **denial, suspension, revocation, or termination** of appointment and/or clinical privileges;
- l. any other recommendation that would entitle the Practitioner to a **Medical Staff hearing** pursuant to the Medical Staff Credentials Policy, or if the Practitioner is an Advanced Practice Professional (APP), to APP procedural rights under the Medical Staff Credentials Policy;
- m. determination that a Practitioner **diverted medications** or has engaged in a pattern of policy violations related to medications (even if diversion could not be confirmed);
- n. Practitioner poses an **imminent and serious risk** to patients, staff, or self as indicated by:
 - i. a **drug test** that is positive for illegal substances or that otherwise suggests impairment, obtained in response to a fitness for duty request made to the Practitioner;
 - ii. an **alcohol test** indicating that a Practitioner had been drinking while, or shortly before, exercising clinical privileges, obtained in response to a fitness for duty request made to the Practitioner; or
 - iii. **treatment of a Practitioner by the notifying HCA Healthcare Entity** for a condition that suggests impairment (e.g., overdose; withdrawal; attempted suicide; significant mental disorder).

Note: See **Section 3, Subsection 3 of this Procedure** for additional guidance;

- o. **Health Issue** that:
 - i. is currently being assessed under the Practitioner Health Policy or a similar policy; and
 - ii. results in the Practitioner changing the conditions of his or her practice while the issue is assessed, including (but not limited to) taking a leave of absence, agreeing to modify or refrain from exercising clinical privileges, or being assessed by the state Physician Health Program.

Note: Special requirements apply to push notifications of Health Issues. See **Section 3, Subsection 3 of this Procedure** for additional guidance;

- p. **suspension or termination of a Practitioner's employment** for reasons related to clinical competence, professional conduct or inability to perform the Practitioner's duties with or without reasonable accommodation; and/or

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 9 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

q. any other event which, in the sole discretion of the HCA Healthcare Entity making the notification, raises a **significant concern about the Practitioner’s clinical competence, professional conduct, health/ability to safely practice, or utilization practices** (subject to the special rules for health information set forth in **Section 3, Subsection 3 of this Procedure**, below, if applicable). By way of example and not limitation, a push notification shall be made if an HCA Healthcare Entity determines, in its sole discretion, that there is a significant concern about a Practitioner’s clinical competence, conduct, health/ability to safely practice, or utilization practices based on internally developed information, the receipt of one or more credible complaints, or a finding that an application is incomplete.

2. Process for Making Push Notifications.

- a. Push notifications of Confidential Information shall be provided by the Authorized Representative of the notifying HCA Healthcare Entity to the relevant Push Notification POC in a timely manner.
- b. At a minimum, the notifying HCA Healthcare Entity shall identify the specific event or concern with a Practitioner and provide a summary of the circumstances. The notifying HCA Healthcare Entity may also provide documentation related to the event or concern, subject to the limitations set forth in **Section 3 of this Procedure** (if applicable).
- c. The Push Notification POC who receives the notification will review the Confidential Information provided and obtain any additional or clarifying information as may be necessary to understand the circumstances.
- d. The Push Notification POC will then ensure that the Push Notification is forwarded to the Authorized Representatives at all appropriate HCA Healthcare Entities in a timely manner. Specifically, the Push Notification POC will notify all HCA Healthcare Entities at which a Practitioner has, or is applying for, clinical privileges, Medical Staff membership, employment, or other permission to provide clinical services. The CPC will provide assistance in identifying such locations.
- e. The Push Notification POC should use the form set forth in **Appendix B** to document the Push Notifications that occur pursuant to this **Section 2 of this Procedure**.
- f. Any HCA Healthcare Entity that receives a Push Notification may obtain more information from the original notifying HCA Healthcare Entity in accordance with the pull request process in **Section 1, Subsection 2 of this Procedure**.
- g. All of the notifications described in this Section (whether paper or electronic) shall be conspicuously marked with the notation “**Confidential Peer Review,**” “**Confidential PPE**

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 10 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

Communication,” or words to that effect. However, failure to label responses in this manner shall not affect the requirement that they be maintained in a confidential manner or their privileged and protected status under state law.

- h. The CPC will be notified of Push Notifications that occur pursuant to this Section (for example, by being provided a completed copy of **Appendix B**). The CPC will assist the Push Notification POC in performing the responsibilities outlined above.
- i. Any push notification of Confidential Information will:
 - i. include only information about the Practitioner in question;
 - ii. not include information that could be used to determine the identity of any individual who raised a concern about the Practitioner; and
 - iii. comply with all federal and state laws regarding the confidentiality of protected health information as well as HCA Healthcare and HCA Healthcare Entity policies related to those laws, if the notification includes protected health information.

3. Consultation with HCA Healthcare Leadership.

- a. Nothing in this Policy is intended to limit or place conditions on the sharing of Confidential Information by HCA Healthcare Entities with the leadership of HCA Healthcare or any of its administrative units or affiliates, including but not limited to Divisions, the Ambulatory Surgery Division, or the Physician Services Group (collectively, “HCA Healthcare Leadership”), who are responsible for overseeing the credentialing, privileging, and professional practice evaluation/peer review activities of the HCA Healthcare Entities.
- b. HCA Healthcare Entities may, at any time, consult with, seek assistance from, or respond to inquiries from, HCA Healthcare Leadership related to situations that could develop into an event requiring a Push Notification as described in this Section. By way of example and not limitation, an HCA Healthcare Entity may notify HCA Healthcare Leadership and seek assistance with the following situations:
 - i. a Performance Improvement Plan or other intervention is being considered for a Practitioner, and guidance is sought to help make it effective and successful;
 - ii. a concern has been raised about a Practitioner of such significance that a precautionary suspension is being considered; or
 - iii. the Medical Executive Committee is considering a request to formally investigate a Practitioner.

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 11 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

In receiving such notification and providing assistance, HCA Healthcare Leadership is an integral part of the credentialing, privileging, and professional practice evaluation/peer review process of the HCA Healthcare Entity and will be subject to the same requirements with respect to confidentiality and the protection of peer review information as the HCA Healthcare Entity.

SECTION 3: EXCEPTIONS TO DISCLOSURE

1. **NPDB Reports.** National Practitioner Data Bank (“NPDB”) reports are subject to confidentiality requirements contained in federal regulations and will not be disclosed pursuant to this Policy. However, the information underlying a report may be disclosed.
2. **Fair Credit Reporting Act.** Background check results that are subject to the Fair Credit Reporting Act will not be disclosed without the written authorization of the Practitioner.
3. **Health Information.** Except for the limited exceptions noted in **Section 3 Subsection 3.e. of this Procedure**, below, additional steps must be taken before the details of any health information may be provided either in a push notification or in response to a pull request. Therefore, disclosures will be made in the following manner:
 - a. **Self-Disclosure by the Practitioner.** As part of an HCA Healthcare Entity’s review of a Health Issue, the Entity should encourage the Practitioner to self-disclose the Health Issue to other entities where the Practitioner practices. The reviewing HCA Healthcare Entity should point out that Medical Staff Bylaws and related documents typically require the self-disclosure of such information. Similarly, state physician health programs may require enrollees to notify all practice locations. Documentation confirming that the self-disclosure occurred should be obtained (e.g., e-mail confirmation from other entities).
 - b. **Disclosure of Change in Practice Conditions.** If a Practitioner refuses to self-disclose the Health Issue to other HCA Healthcare Entities, the Entity where the Practitioner practices should consider whether it would be sufficient for a push notification or response to a pull request to state only that the Practitioner’s practice conditions have changed (e.g., the Practitioner agreed to refrain from exercising his or her privileges or some other event occurred that independently forms the basis for a push notification). If a pull request is then made for additional information, the HCA Healthcare Entity where the Practitioner practices will not respond immediately.
 - c. **Limited Initial Disclosure of Health Issue.** If self-disclosure by the Practitioner does not occur and a disclosure of a change in practice conditions is not sufficient, the push notification or the response to a pull request by an HCA Healthcare Entity will be limited to a

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 12 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

general statement that a health issue is currently being reviewed and that additional information will be forthcoming once the Practitioner has signed an appropriate authorization.

- d. **Additional Disclosure Following Written Authorization.** Other than the exceptions set forth in **Section 3 Subsection 3.e of this Procedure**, no additional information and documentation related to the health issue involving a Practitioner will be disclosed by an HCA Healthcare Entity unless the Practitioner signs the authorization form set forth as **Appendix C** to this Policy. Information disclosed pursuant to an authorization will be the minimum necessary to accomplish the purpose of the disclosure. For example, information about a prior health issue that has been resolved may not be disclosed unless it is directly relevant to the review of a current health issue.

Appendix C includes the elements necessary for the disclosure of drug or alcohol treatment information under 42 C.F.R. Part 2, mental health information under state law, general medical information under the HIPAA Privacy Rule, and health information in an employment file under the Americans with Disabilities Act.

e. **Exceptions to Prevent a Serious and Imminent Threat.**

- i. As set forth in **Section 3, Subsection 1.n. of this Procedure**, the following are deemed to constitute a serious and imminent threat to the health and safety of patients, staff, or the Practitioner:
1. a **drug test** that is positive for illegal substances or that otherwise suggests impairment, obtained in response to a fitness for duty request made to the Practitioner;
 2. an **alcohol test** indicating that a Practitioner had been drinking while, or shortly before, exercising clinical privileges, obtained in response to a fitness for duty request made to the Practitioner; or
 3. **treatment of a Practitioner by the notifying HCA Healthcare Entity** for a condition that suggests impairment (e.g., overdose; withdrawal; attempted suicide; significant mental disorder).

Accordingly, consistent with the HIPAA Privacy Rule (45 C.F.R. §164.512(j)), the Practitioner’s written authorization is not necessary prior to the disclosure of this information to other HCA Healthcare Entities as needed to prevent such harm. However, prior to such disclosure, an Authorized Representative of the HCA Healthcare Entity making the disclosure shall consult with legal counsel.

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 13 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

ii. An Authorized Representative of an HCA Healthcare Entity, in consultation with legal counsel, may determine that other situations also constitute a serious and imminent threat to the health and safety of patients, staff, or the Practitioner such that the Practitioner’s written authorization is not required prior to the disclosure of health information about that Practitioner pursuant to this Policy.

f. **Genetic Information.** The Genetic Information Nondiscrimination Act of 2008 (“GINA”) prohibits employers from requesting or requiring genetic information about a Practitioner or family member of the Practitioner, except as specifically allowed by law. Accordingly, genetic information about a Practitioner will not be requested, required, or disclosed unless an Authorized Representative, in consultation with counsel, determines the disclosure is allowed by law. “Genetic information” includes family medical history, the results of genetic tests provided to a Practitioner or a family member, the fact that the Practitioner or a family member sought or received genetic services, and genetic information of a fetus carried by the Practitioner or a family member or an embryo lawfully held by the Practitioner or a family member receiving assistive reproductive services.

SECTION 4: DOCUMENTATION AND CONFIDENTIALITY

- Confidential Information will be placed in the Practitioner’s peer review- protected Medical Staff file at each HCA Healthcare Entity that receives it, and accessed and maintained only in accordance with the Medical Staff’s policies and procedures regarding confidentiality. If the Practitioner is also employed by the HCA Healthcare Entity, the Confidential Information will **not** be maintained in the employment or personnel file, but rather in the Practitioner’s peer review-protected Medical Staff file at the HCA Healthcare Entity.
- Each HCA Healthcare Entity shall maintain any Confidential Information it receives from another HCA Healthcare Entity pursuant to this Policy in **strict confidence**, in accordance with all state and federal laws providing protection for credentialing, privileging, and professional practice evaluation/peer review activities.
- No HCA Healthcare Entity shall disclose Confidential Information that is exchanged pursuant to this Policy to any third party except: (i) in accordance with the **“Policy on Responding to Reference Requests About Practitioners”** or other applicable policy or practice on responding to reference requests about Practitioners; or (ii) if required by law to do so.
- All Confidential Information that is exchanged pursuant to this Policy is intended to remain confidential and privileged in accordance with all state or federal laws providing protection for credentialing, privileging, and professional practice evaluation/peer review activities. All such Confidential Information shall be additionally protected, to the extent applicable, by the common

DEPARTMENT: Clinical Operations Group – Professional Practice Advancement	POLICY DESCRIPTION: Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
PAGE: 14 of 14	REPLACES POLICY DATED: 6/1/19
EFFECTIVE DATE: September 1, 2021	REFERENCE NUMBER: COG.PPA.001 (formerly CSG.PPA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

interest attorney/client, joint defense, allied litigant, and other privileges available under applicable law.

- All Confidential Information that is exchanged pursuant to this Policy shall be transmitted using only HCA Healthcare IT systems, or systems approved by HCA Healthcare IT for such transmissions.

SECTION 5: INDEPENDENT ACTION BY HCA HEALTHCARE ENTITIES

Unless otherwise provided in applicable contract or governing documents, each HCA Healthcare Entity remains solely responsible for any and all determinations regarding a Practitioner’s membership, clinical privileges, permission to practice, employment, or other contract status. Nothing in this Policy is intended to constitute or require the initiation of an investigation or any action by another HCA Healthcare Entity or to limit the authority of any HCA Healthcare Entity to investigate or take such actions as it may deem necessary regarding the qualifications, competency, or ability to practice of any Practitioner, nor as to Medical Staff membership, clinical privileges and credentialing, permission to practice, employment or other contract status.

APPENDICES:

- [APPENDIX A](#): Sample Language Authorizing Information Sharing
- [APPENDIX B](#): Documentation of “Push” Notification Made Pursuant to HCA Healthcare Policy on Sharing Credentialing, Privileging, and PPE Information Among HCA Healthcare Entities
- [APPENDIX C](#): Authorization for Disclosure of Health Information to Other HCA Healthcare Entities

REFERENCES:

- [HCA Healthcare Model Medical Staff Governance Documents \(Bylaws and Policies\)](#)
- [Peer Review Statutes by State](#)
- [Health Care Quality Improvement Act of 1986](#)
- [NPDB Guidebook](#)
- [Guidance for 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records](#)
- [Guidance for HIPAA Privacy Rule](#)
- [Guidance for Americans with Disabilities Act](#)
- [Genetic Information Nondiscrimination Act of 2008](#)