

Privacy - MODEL Facility Policy

POLICY NAME: Patients' Right to Opt Out of Being Listed in Facility Directory

DATE: (facility to insert date here)

NUMBER: (facility to insert number here)

Purpose: To facilitate compliance with the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164, and any and all other Federal regulations and interpretive guidelines promulgated hereunder. To establish guidelines for the proper acceptance and processing of a patient's right to opt out of the facility directory, as required by the HIPAA Privacy Standards.

Policy: The following information may be used to maintain a directory of individuals who are in the facility (the "Facility Directory") except when an objection is expressed by the patient or the patient's personal representative (as defined by state law):

- Patient's name;
- Patient's location;
- Patient's condition in general terms; and
- Patient's religious affiliation.

The patient's conditions in general terms include good, fair, poor, critical or deceased.

This information may be disclosed to:

- Community clergy (name, location, general condition and religious affiliation may be disclosed); and
- Other persons who ask for the patient by name (only patient's location and condition may be disclosed).

Each patient or the patient's personal representative must be notified of his or her right to opt out of being listed in the Facility Directory in the Notice of Privacy Practices. A patient or the patient's personal representative must request to opt out and complete a Directory Opt Out Form (sample attached) to invoke this right.

If the opportunity to object cannot be provided (*e.g.*, patient is incapacitated or in an emergency treatment circumstance) the Facility Directory information may be used UNLESS the patient opted out during his or her last encounter or the provider's professional judgment is to opt out the patient. As soon as reasonably practicable, the patient must be informed and provided the opportunity to object (*i.e.*, when the patient is able to receive the Notice of Privacy Practices).

Some states have separate privacy laws that may apply additional legal requirements, such as all patients are considered to have "opted out" of the facility directory unless they proactively "opt

in.” Consult your legal operations counsel to identify and comply with additional legal mandates.

Procedure:

1. A patient’s request to opt out must be provided in writing using an Opt Out Form (Sample attached.)
2. Each patient who requests to opt out must be informed of the effects of opting out (*e.g.*, no delivery of flowers), either verbally or in writing. (Sample attached.)
3. The completed Opt Out Forms must be distributed to the Patient Access Supervisor or his or her designee to ensure the patient is made confidential within MEDITECH.
4. The Facility Privacy Official (FPO) or his or her designee must be notified that the opt out request has been made and the confidential patient flag has been set in MEDITECH.
5. The Patient Access Supervisor, or his or her designee, should route the opt out request to appropriate departments. The notified departments should update patient records accordingly. The minimum departments to be notified, if applicable, include:
 - Nursing unit or ancillary department where the patient is located,
 - Health Information Management (medical records),
 - Registration,
 - Operator, and
 - Information Technology & Services
6. The Patient Access Supervisor or his or her designee must be notified when the opt out request is made during scheduling or pre-registration.
7. A patient that has elected to opt out of the facility directory also has the right to opt back in at any time but must do so in writing (sample form attached).
 - a. The form indicating the patient wishes to opt back in should be routed immediately to the Patient Access Supervisor, or his or her designee, to remove the confidential flag in MEDITECH.
 - b. The Patient Access Supervisor, or his or her designee, will notify the departments as mentioned above to update their records.

References:

Health Information Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information 45 CFR Part 164, Section: 164.510(A)
Patient Privacy Program Requirements, IP.PRI.001
Community Clergy Access to Patient Listings under the HIPAA Privacy Standards Policy Notice of Privacy Practices, IP.PRI.007
Excluding Patients from the Patient Survey Process, CA.CE.002

SAMPLE Directory Disclosure - Status Change Request

I hereby request that my name, general condition, religious affiliation, and location not be included in the Hospital Directory. By invoking this right, I understand that people inquiring by phone and visitors will be told "I have no information about this patient." No deliveries, including cards or flowers, will be forwarded to me.

Print Name: _____ Date: _____

Signature : _____ Time: _____

Witness printed Name/Title: _____

Witness signature: _____

I hereby request that my name, general condition, religious affiliation, and location be placed in the Hospital Directory. I no longer wish to "opt out," as previously indicated.

Print Name: _____ Date: _____

Signature : _____ Time: _____

Witness printed Name/Title: _____

Witness signature: _____

Facility Use Only:

Form to be forwarded to Patient Access Supervisor (or designee).

Status change request processed by: _____

Received by Facility Privacy Official (or designee) _____

*** ADMIN ***

To be filed in permanent medical record.