

TITLE 752. UNIVERSITY HOSPITALS AUTHORITY
CHAPTER 15. MEDICAL INFORMATION [REVOKED]

SUBCHAPTER 1. RELEASE OF MEDICAL RECORD INFORMATION [REVOKED]

752:15-1-1. Purpose [REVOKED]

—The purpose of this Chapter is to provide rules for The University Hospitals (TUH), to protect patient confidentiality, regulate the release of medical information, and to establish certain rights of patients.

752:15-1-2. Definitions [REVOKED]

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Administration" means TUH personnel who are Assistant Administrators and above.

"AIDS" means Acquired Immune Deficiency Syndrome.

"Authorization" means a consent form for the release of medical information which must have the individual hospital or institution to which it is addressed, the name, address of the person to whom the information or copies may be released, and the information or specific reports to be released. See 752:15-1-4(c).

"Call Back Verification" means a telephoned call by TUH personnel to verify requestor identity such as name and office.

"Certified Copy" means a copy of the medical record and a notarized letter certifying that it is a true and exact duplication of the medical record, and signed by the Director of the Medical Record Department or designee.

"CHAMPUS" means The Civilian Health and Medical Program of the Uniformed Services of the United States of America.

"Chief Executive Officer" or **"CEO"** means the highest ranking administrator at The University Hospitals.

"Children's Hospital of Oklahoma" or **"CHO"** means the Children's Hospital and outpatient clinics of The University Hospitals.

"Confidential Information" means patient information in the hospital's possession which is protected by law, the release of which is limited to authorization by the patient's signature or certain other circumstances as provided herein.

"Confidentiality Cover Memo" means an approved stamp or a cover memo which shall read as follows: This report is strictly confidential and is for the information only of the person to whom it is addressed. All records shall be deemed confidential and shall be identified as such by use of the stamp or cover memo.

"DHS" means the Oklahoma Department of Human Services and its departments and organizational components.

"DDU" means the Disability Determination Unit of the Department of Human Services.

"Hospital Information Systems" or **"HIS"** means the data processing department of TUH.

"Hospital Information Systems Project Managers" means the person or persons designated within HIS to plan and direct TUH projects and project teams.

"Hospital Information Systems Security Administration" means the person or persons designated with TUH to coordinate and control user security within TUH.

"Informed Consent" means consent by a person to the release of his or her medical records regarding reportable communicable disease, who must understand that by signing the

authorization he or she is consenting to release of his or her medical information to the identified requestor.

~~"Insurance Billing Audit"~~ means an audit initiated by the third party payor to assure that services billed were services actually received.

~~"JCAHO"~~ means the Joint Commission on Accreditation of Healthcare Organizations.

~~"Legal File"~~ means locked file(s) where medical records identified by TUH Legal Counsel are stored, which include lawsuits and tort claims against TUH and are available for patient care.

~~"MES"~~ means the Medical Eligibility Service of the Department of Human Services.

~~"Minor Emancipated"~~ means a minor patient who is married, living apart from his or her parents, who has a child, or who has ever been pregnant.

~~"Minor Patient"~~ means a patient who has not reached his or her 18th birthday.

~~"Module Managers"~~ means individuals appointed by TUH Administration who act as liaison between IHS and the user community representing a series of the departments and/or related departments. These individuals review all requests for terminal access and are responsible for the end result of the processes in their area of responsibility.

~~"Nonconfidential Information"~~ means information that may be released without a valid authorization, including admission and discharge dates.

~~"O'Donoghue Rehabilitation Institute"~~ means the Rehabilitation Institute of TUH.

~~"OUHSC"~~ means the Oklahoma University Health Sciences Center located on the Oklahoma City campus of the University of Oklahoma.

~~"Peer Review Organization or PRO"~~ means an organization which is independent contractor for state and federal agencies to conduct reviews of medical records to verify accuracy of hospital charges and review adequacy of patient care.

~~"PR"~~ means the Public Relations Department of The University Hospitals.

~~"Release Restricted - Do Not Announce or DNA"~~ means medical records or computerized data about which the patient or legal guardian has requested that no information be released.

~~"The University Hospitals" or "TUH"~~ means the University Hospital, Children's Hospital of Oklahoma, O'Donoghue Rehabilitation Institute and their respective outpatient clinics.

~~"TUH Legal Counsel"~~ means the attorney or attorneys providing in-house legal services to TUH.

~~"University Hospital" or "UH"~~ means the adult hospital and its outpatient clinics of TUH.

~~"Utilization Review"~~ means a review conducted by intermediaries which examine a random sampling of medical records for payment.

752:15-1-3. Maintenance of records; employee responsibilities [REVOKED]

(a) ~~Maintenance of records.~~ TUH maintains records for multiple business purposes.

(b) ~~Employee responsibilities.~~ An integral responsibility of all TUH employees regardless of their position is the protection of confidentiality of hospital information. Discussing, releasing, confirming, accessing, distributing, or otherwise using hospital data is strictly prohibited, except as needed for legitimate business purposes between authorized individuals. All employees shall, at the time of their employment processing, be advised of state and federal laws governing confidentiality. The TUH Confidentiality statement cites specific laws that bind TUH employees.

(1) ~~An employee is responsible for ensuring proper authorization is obtained before acting on any result for hospital information.~~

(2) ~~Employees who disregard policy governing confidentiality of records are subject to immediate discipline up to and including termination.~~

~~(3) Specific procedures are available in individual departments regarding the protection of confidentiality, and employees are expected to know and adhere to these departmental procedures.~~

~~(4) Nothing in policy governing confidentiality of records is intended to violate any employee's right to discuss hospital operations with members of the Oklahoma Legislature or right of access to records in accordance with the Open Records Act.~~

752:15-1-4. Evaluation of authorization [REVOKED]

~~(a) **Determination.** The responsibility for determining if legitimate need, purpose, and authorization exists in any request for data from the primary medical record is the responsibility of the Medical Records Department. Determining if a requestor has proper authorization to access health care data requires analysis of the request on the basis of purpose, type of information and requesting party. Disclosure of patient identifiable information is limited to that which is stated on the authorization or relevant to the intended use. The original medical record may only be removed from the hospital premises in accordance with internal hospital policy and procedures.~~

~~(b) **Ownership of records.** The medical record is the property of TUH. The information in the medical record belongs to the patient.~~

~~(c) **Instructions.** Authorizations received by TUH shall be forwarded to the appropriate Medical Records Department within each facility.~~

~~(d) **Nonconfidential information.** It is the policy of the TUH Medical Record Department(s) to release admission and discharge dates to insurance companies or reviewing entities after call-back verification.~~

752:15-1-5. Review of medical records by non-employees [REVOKED]

~~(a) **Responsibilities of medical records personnel.** Medical records personnel shall review a record before it is examined by the patient or the patient's representative. It is the policy of TUH that original records requested for review by attorneys shall have all pages numbered prior to review.~~

~~(b) **Accommodating inspections.** Neither the patient, the patient's representative, or any other person who is not an authorized hospital employee or staff member shall be allowed to examine an original medical record alone. The Medical Record Department(s) shall provide accommodations for people to inspect records where proper surveillance by hospital personnel is possible.~~

~~(c) **Authorizations.** Authorizations must have the signature of the patient or legal guardian and the date authorization is signed. The date of authorization must be within the last year, or a new authorization is required.~~

~~(d) **Patient requests.** A patient, his legal guardian or his authorized representative has the right to review and have copies of his or her medical record, with the exception of psychiatric, alcohol or substance abuse treatment records.~~

~~(1) If treatment dates are not given, only last treatment information will be released. No information regarding reportable communicable disease diagnosis will be released without an informed consent.~~

~~(2) Information entered into the medical record may not be released after the authorization date, unless specifically stated as past, present and future information is requested.~~

~~(e) **Correspondence.** Correspondence is removed before requests are honored to review the record, unless specifically requested and signed for by the patient on the consent form itself, not just on the cover letter.~~

~~(f) **Legal file.** Medical records in a legal file may only be released with a valid authorization and with approval of TUH Legal Counsel. Such legal files must contain a control copy of the medical record.~~

~~(g) **Minor patient records.** A minor patient may not sign for treatment, review of the record or consent to the disclosure of medical information except under special circumstances such as treatment of venereal disease, treatment of alcohol or substance abuse, treatment in connection with pregnancy or childbirth, procurement of family planning information and services, blood donation or unless emancipated. A minor emancipated patient may sign for a copy of his or her medical records. A statement of emancipation must be signed, together with the authorization.~~

~~(h) **Copy fee.** TUH may charge the maximum rate permitted by statute for copies of medical records. If a single fee will be \$5.00 or more, payment may be required in advance. Collected fees shall be forwarded daily to TUH Patient Accounting Department.~~

752:15-1-6. Review by medical records requestors [REVOKED]

~~(a) **Accreditation, licensure and certification bodies.** Access by state licensing agencies is required by law. The State Department of Health, when acting in a licensing capacity, is not required to provide patient authorization to review medical records. The JCAHO is a voluntary survey and may access medical records to accomplish the survey's purpose with execution of a confidentiality agreement. Licensing agencies such as the State Board of Medical Licensure and Supervision, Oklahoma Board of Nurse Registration, Board of Pharmacy, etc., have the power to subpoena records. These agencies may be provided copies of records upon subpoena, and said records shall be rendered anonymous so that the patient cannot be identified.~~

~~(b) **Review by employers.** Employers, including OUHSC, TUH, the State of Oklahoma and DHS are not entitled to information concerning employee health care without valid patient authorization, even if the employer arranges for the insurance benefits. Employer requests for employee medical record information must have a valid authorization unless otherwise required by law or court order.~~

~~(c) **Review by government agencies:**~~

~~(1) **CHAMPUS.** CHAMPUS is a federal agency. Patient or guardian authorization is required.~~

~~(2) **DHS offices.** DHS county personnel may review the medical record or receive a copy without patient or guardian authorization, in order to fulfill statutorily required duties, i.e., child abuse evaluations and adult protective service evaluations and investigations.~~

~~(3) **Federal Bureau of Investigations (FBI).** See (k)(4) of this Section for information on review by the FBI.~~

~~(4) **Health departments:**~~

~~(A) **City-County Health Department.** Communicable diseases information, upon presentation of proper identification or call back verification, will be provided to city-county health departments as necessary to enforce provisions of Title 63, Oklahoma Statutes, Section 1-501 through 1-532.1.~~

~~(B) **State Health Department.** A representative of the State Health Department, upon presentation of proper identification or call back verification, may access information from the patient's medical record as necessary to enforce provisions of Title 63, Oklahoma Statutes Section 1-501 through 1-532.1.~~

~~(5) **Internal Revenue Service (IRS).** A request for the Internal Revenue Service requires valid authorization. An informed consent is required when reportable communicable disease is involved.~~

~~(6) **Interstate agencies.** A request from Interstate agencies requires a valid authorization from the patient or guardian. An informed consent is required when reportable communicable disease is involved.~~

~~(7) **Medical Eligibility Unit and Medical Evaluation Unit.** The Medical Eligibility Unit (MEU) and Medical Evaluation Unit, which are also part of the DHS Medical Services~~

Division (MSD), may review the patient's chart for necessary information, and obtain copies upon request, with authorization of the patient or guardian. A signature on the consent for admission form can be used if the request does not contain an authorization. An informed consent is required when reportable communicable disease is involved.

~~(8) **Social Security Disability Unit (SSDU).** The Social Security Disability Unit (SSDU), also known as the Disability Determination Unit (DDU), is a division of the Department of Human Services (DHS). Requested information is to be provided with authorization of the patient or guardian. A signature on the consent for admission form can be used if request does not contain one. An informed consent is required when reportable communicable disease is involved.~~

~~(9) **State Department of Mental Health (SDMH).** In the absence of a valid authorization, SDMH must provide a court order or legal documentation indicating that the patient is in custody of SDMH. An informed consent is required, when reportable communicable disease is involved.~~

~~(10) **Uniformed services of the United States and the Veterans Administration of the United States.** Disclosure to uniformed services of the United States and the Veterans Administration of the United States, requires patient or guardian authorization. An informed consent is required when reportable communicable disease is involved;~~

~~(11) **Vocational Rehabilitation Services (VRS).** Disclosure to Vocational Rehabilitation Services (VRS) requires patient or guardian authorization. An informed consent is required when reportable communicable disease is involved.~~

~~(12) **Workers' Compensation (WC).** Requests for records on workers' compensation cases require an authorization by the patient or guardian. A signature on the consent for admission form can be used for authorization if the request does not contain one. An informed consent is required when reportable communicable disease is involved.~~

~~(d) **Health care facilities – transfers and referrals.**~~

~~(1) **Physicians from health care facilities other than transferring or referring.** Physicians from health care facilities other than those transferring or referring patients must have a valid authorization except in an emergency situation.~~

~~(2) **Referring health care facilities.** Health care facilities that refer patients to TUH for medical care are authorized to receive copies of TUH medical records.~~

~~(3) **Transfer to other health care facilities.** Upon direct referral or transfer of the patient from TUH to another facility, the receiving facility may be provided a copy of the TUH medical record. TUH physicians must write an order in the record stating a copy of the record is to be sent with the patient.~~

~~(e) **Insurance companies.**~~

~~(1) **Billing audit.** Requests from private insurance companies to perform an audit of billing are referred to the Internal Audit Department. A valid authorization must be present prior to the audit. Upon receipt of proper notice, the Medical Record Department makes the chart available to the Internal Audit Department. Reportable communicable disease diagnosis requires informed consent prior to disclosure.~~

~~(2) **Insurance applications.** Applications for insurance coverage sometime include an authorization for disclosure of information that validates the release of information without future patient or guardian authorization. A copy of such an application or an authorization in the medical record within ninety (90) days of treatment is valid. Other medical records shall only be released with a signed authorization. If specific information is not requested, an abstract of pertinent information is sent. If there is a reportable communicable disease diagnosis, informed consent must be obtained prior to disclosure.~~

~~(3) **Concurrent insurance audits.**~~

~~(A) **Signed contracts.** Insurance companies which have a signed contract with TUH are allowed concurrent review privileges, and do not require a patient authorization. Concurrent reviewers are issued a badge by the release clerk and are provided a written list of patient names which will be reviewed.~~

~~(B) **Without signed contracts.** A review from an insurance company without a signed contract with TUH must notify the Medical Records Release of information Division, prior to the review, that they will be coming to TUH to review the inpatient medical record. The release clerk will notify the insurance company and assure that a signed and dated authorization is in the chart prior to the review. The reviewer must furnish insurance identification, which the release clerk will copy, prior to being accompanied to the floor by the release clerk. The release clerk will remain with the review to assure the original confidential record is not altered, destroyed or removed from the hospital.~~

~~(4) **Private disability insurance companies.** Private disability insurance companies must have patient or guardian authorization. Informed consent is necessary when reportable communicable disease diagnosis is involved.~~

~~(5) **Life insurance companies.** Disclosure to life insurance companies requires patient or guardian authorization. If request is pursuant to death benefits, authorization can be made by the insurance agent that represents the beneficiary. Informed consent is required when reportable communicable disease is involved.~~

~~(f) **News media.** Requests from the news media for medical information or patient information should be directed to TUH Public Relations Department.~~

~~(g) **Patient, parents, and legal guardian requests.**~~

~~(1) **Parents and guardians.** The parents (custodial and non-custodial) and legal guardian have the right to review or obtain copies of a minor's medical record with proper authorization. *Any information or any record relating to a minor child which is available to the custodial parent of the child, upon request, shall also be provided the non-custodial parent of the child. Provided, however, that this right may be restricted by the court, upon application, if such action is deemed necessary in the best interests of the child. For the purpose of this section, "information" and "record" shall include, but not be limited to, information and records kept by the school, physician and medical facility of the minor child.* [10:5.2]~~

~~(2) **Adopted persons.** Any request by an adopted person for medical records seeking the identity of their natural parents must be accompanied by a Court Order. Otherwise, medical records are rendered anonymous as to natural parental identity.~~

~~(3) **Adoptive parents.** Any request by adoptive parents for medical records prior to the adoption must be accompanied by a certified copy of the Adoption Decree. The records shall be rendered anonymous as to the parental identity. Requests for prospective adoptive parents for medical records must be accompanied by a copy of the custody order.~~

~~(4) **Children in DHS custody.**~~

~~(A) **Permanent custody child.** The Child Welfare District Supervisor or designee must sign the consent form for medical treatment for a child in permanent custody. Permanent custody guardians may authorize release of records, with a copy of proof of custody.~~

~~(B) **Temporary or emergency custody child.** The parent(s), if available, sign(s) the form consenting to medical treatment for a child in temporary or emergency custody. Parents must authorize release of medical records except in emergency situations. The signature of the judge is obtained for medical authorization as required by the court.~~

~~(5) **Adults with guardians.** Legal guardians of adults can sign authorization to review or obtain copies of the medical record; however, they must provide legal documentation of guardianship. Patient family members are not entitled to copies of the medical record without proper authorization from the patient or legal guardian.~~

~~(h) **Research.**~~

~~(1) **Internal studies.** The medical record is available for internal study through the internal procedure of the appropriate Medical Record Department, to approved physicians and medical students. To ensure their availability at all times for patient care purposes, an area is maintained within the Medical Record Department for study. Physicians and medical students must have a signed confidentiality statement on file.~~

~~(2) **Research by former physicians or staff members.** Use of medical records by former TUH physicians or staff members of TUH requires patient or guardian authorization, unless the former physician was a treating physician in the patient's care.~~

~~(3) **Research requests.** All research requests shall be directed to the appropriate administrative personnel prior to granting access to the medical record. Approved research requests must be directed to the appropriate Medical Record Department with a copy of the approval.~~

~~(i) **Residential facilities.** DHS or other residential facilities may receive requested information upon authorization of the parent or legal guardian.~~

~~(j) **Students.**~~

~~(1) **Nursing, pharmacy, rehabilitative services, allied health and health information management students.** Students from approved affiliated programs may review patient medical records without patient authorization. Written confirmation, or a verified phone call, should be provided by the sponsoring hospital department to the appropriate Medical Record Director prior to access or review of medical record information. Students may review the record in the department, but may not make copies of the patient medical record.~~

~~(2) **Medical students.** Medical students may review patient medical records without patient authorization, upon presentation of proper identification. Students may review the record in the department, but may not make copies of the patient's medical record.~~

~~(3) **Housestaff members and members of the medical staff.** Housestaff members and medical staff members may review patient records without patient authorization and may obtain copies only if they are the treating physician or participated in the treatment of the patient. If the housestaff member or medical staff member did not treat or participated in the treatment of the patient, patient authorization must be obtained.~~

~~(k) **Third parties.**~~

~~(1) **Attorneys.** Confidential information may be released to attorneys upon receipt of a valid authorization.~~

~~(A) **Court orders.** A court order to produce the medical record or review of the medical record is honored if the order is signed by the judge or a certified copy of the order is presented. The court order must be dated within six months. Copies of the original court order are acceptable. TUH personnel shall check with the court clerk if the order is older than six months to determine if the case is still active. If the case is still active, the court order shall be honored. If the case is not active, a new court order must be issued and presented.~~

~~(B) **Journal entry.** A journal entry is handled in the same manner as other court orders pursuant to (A) of this Paragraph.~~

~~(C) **Motions and applications.** TUH personnel shall hand carry all motions and applications to TUH Legal Counsel.~~

~~(D) **Subpoena duces tecum.** Upon receipt of a subpoena duces tecum, the supervisor contacts the appropriate attorney and asks for a proper authorization from the patient. Absent a legal objection, the attorney is told that TUH personnel will comply with the subpoena duces tecum and appear in court with the records, but that it will not be able to release a copy of the records to the appropriate attorney without an authorization from the patient or a court order from the judge. If the attorney provides an authorization from the patient, a certified copy of the medical record will be used in lieu of a personal appearance in court. Arrangements shall be made to either mail or have the copies picked up.~~

~~(E) **Petitions.** Requests for medical records that are accompanied by a petition in a medical malpractice case are to be copied as requested. (This does not apply to workers' compensation or personal injury cases.)~~

~~(2) **District attorneys and law enforcement personnel.** District attorneys and law enforcement personnel may have access to medical records and report(s) of injury (form CMH-25) to pursue investigations in accordance with Title 21, Oklahoma Statutes, Section 846. Access to any other information requires valid authorization or court order. Crime victim compensation information may be disclosed to the appropriate district attorney's office upon their request in order that a claim may be filed with the Oklahoma Crime Victim's Compensation Board. This request must be in writing from the appropriate district attorney's office.~~

~~(3) **Educational facilities (state and private).** A valid authorization is required for educational facility requests. Educational facility requests are screened carefully, and the physician may be contacted to approve the information prior to release.~~

~~(4) **Federal Bureau of Investigation (FBI) and the Oklahoma State Bureau of Investigation (OSBI).** Patient authorization and clearance as to what information meets the need of the request is necessary prior to releasing copies or chart review to the FBI or the OSBI. FBI requests to investigate violations of criminal law shall be honored upon presentation of a subpoena or probable cause warrant. Staff is to notify TUH Legal Counsel of the request prior to the release.~~

~~(5) **Investigational insurance firms.** Investigational insurance firms must have a valid authorization which states the reason to review or obtain copies of the medical record, and must provide seven days prior notice to the proper Medical Record Department. Informed consent is necessary when reportable communicable disease diagnosis is involved.~~

~~(6) **Medical examiner.** The medical examiner may review the record in the appropriate Medical Record Department, receive information via telephone after call back verification, or obtain copies. The medical examiner may not remove the original record from TUH. Requests from the medical examiner are honored, as required by statute, to investigate deaths including violence and suspicious or unknown circumstances.~~

~~(7) **Telephone requests.** Persons making telephone requests are asked to mail a written, valid authorization, unless the request is needed for emergency patient care. If the information is needed for emergency patient care, the request is handled by the supervisor responsible for release of information, and the information may be furnished upon requestor verification or by call back and completion of the emergency release form.~~

~~(8) **Walk in requests.** Walk in requests are processed according to the requestor and the nature of the usage of the request. Arrangements should be made with the requestor as to whether the copies are to be mailed or to be picked up.~~

~~(a) **AIDS diagnosis or diagnosis of any other reportable communicable disease.** Under Title 63, Oklahoma Statutes, Section 1-502.2, any record which identifies any person who has, or may have, any communicable disease may only be released in the following circumstances (informed consent is not necessary if the patient has tested negative for a reportable communicable disease.)~~

~~(1) A release may be made upon court order.~~

~~(2) Release is made in writing, by or with the written consent of the person whose information is being kept confidential or with the written informed consent of the legal guardian or legal custodian with such person, or if such person is a minor, with the written consent of the parent or legal custodian of such minor. Informed consent means that the person consenting to release of their medical records regarding reportable communicable disease must understand that by signing the authorization they are consenting to release of their medical record to the identified requestor.~~

~~(3) A release may be made to certain medical personnel, peace officers, fire fighters, and health care workers who have had risk exposure. A release under these circumstances should not be made without consultation with TUH Legal Counsel.~~

~~(4) A release for statistical purposes can only be made so that no person is identified.~~

~~(5) Release is made of medical information among health care providers within a therapeutic environment for the purpose of diagnosis and treatment of the person whose information is released.~~

~~(b) **Alcohol abuse.** Alcohol abuse records are covered under substance abuse records. See (r) of this Section.~~

~~(c) **Anesthesia times.** Anesthesia times may be released over the telephone to the requesting insurance companies only. This request must be verified by call back.~~

~~(d) **Autopsy report.** Autopsy reports are considered a part of the medical record and may be released upon presentation of a valid authorization.~~

~~(e) **Copies of in patient and outpatient hospital billing statements.** Copies of inpatient and outpatient hospital billing statements may be obtained from TUH Patient Accounting Department. All requests for copies of billing statements will be forwarded to TUH Patient Accounting Department, Post Office Box 26307, Oklahoma City, Oklahoma 73126.~~

~~(f) **Birth certificates.** Copies of birth certificates may be obtained from the Oklahoma State Department of Health (OSDH), and are not provided by TUH.~~

~~(g) **Blood type.** Blood type may be released with a valid written authorization. Blood type information may not be disclosed over the telephone.~~

~~(h) **Death certificates.** Copies of death certificates may be obtained from the OSDH and are not provided by TUH.~~

~~(i) **Drug abuse.** Drug abuse records are covered under substance abuse records. See (r) of this Section.~~

~~(j) **Immunization.** Immunization records are released with a valid written authorization. Request for release of immunization record may not be released by telephone.~~

~~(k) **Incomplete medical record.** Upon presentation of authorization, even if the chart is incomplete, or the patient is still in the hospital, the patient has an absolute right to a copy of his or her chart, even while in the hospital. However, any request is always limited by medical considerations and the reasonableness of copying the record under the particular circumstances. It is important to note on the authorization that the requestor is receiving an incomplete chart. When possible, include a list of remaining outstanding documents. It should be noted that any unsigned transcription of any sort is "incomplete" for purposes of complying with a request, and is not provided until completed by the physician. If providing records to DDS or MES, send notification that information is from an incomplete record.~~

~~(l) **Inpatient medical record.** If the patient is an in-patient and an incomplete record exists at the nursing station, a copy of the record is only sent if the patient is transferring to another facility and the physician has ordered a copy of the incomplete chart to go with the patient for follow up care. Staff members are to follow the requesting physician's direction as to the time this information is provided.~~

~~(m) **Other hospital records.** Copies of medical records from other hospitals are not released to a patient, a patient's guardian or third party requestor unless specifically requested in writing on an Authorization form.~~

~~(n) **Request for psychiatric records by the patient.** Upon receipt of a request for psychiatric records, staff members are to contact the treating physician for approval before releasing said records to the patient. The treating physician will determine whether it is in the patient's best interest to release the records to the patient.~~

~~(o) **Court order for psychiatric records.** Upon receipt of a court order for psychiatric records, staff members are to contact the treating physician to ensure said physician has no objection to the release or whether that physician wants to provide input to the court. If the treating physician objects to releasing records ordered by the Court, TUH Legal Counsel will file a motion for protective order.~~

~~(p) **Psychiatric consult and other diagnosis.** A psychiatric consult, together with another diagnosis, is treated as a psychiatric record for that admission. The treating psychiatrist for psychiatric admissions and consults shall be contacted prior to release of records to the patient.~~

~~(q) **Requests for psychiatric records by third parties.** Psychiatric records shall be released to third parties upon presentation of a proper authorization signed by the patient.~~

~~(r) **Substance abuse.** Substance abuse records will be provided upon presentation of proper authorization from the patient. Substance abuse (alcohol, drug, etc.) records may not be released in response to a subpoena. A court order is required. Disclosure of medical records may only be made without the patient's consent in a medical emergency. Records of patients with secondary diagnosis of drug and alcohol abuse fall within these restrictions on disclosure.~~

~~(s) **Verification of dates of care.** A letter or printout of verification of dates of care may be provided to the patient upon request. Discretion must be exercised in releasing this information. If printouts of master index are provided, staff are to make sure when copying to block out everything other than dates of service.~~

~~(t) **Other requests.** Any situations or requests not identified in this subchapter are to be referred to the release of information supervisor or the assistant director of the medical record department of the appropriate facility.~~

SUBCHAPTER 3. RELEASE OF INFORMATION FOR NEWS MEDIA [REVOKED]

752:15-3-1. Purpose [REVOKED]

~~—The purpose of this Subchapter is to define rules to facilitate news media access to TUH in a courteous and efficient manner, release of information and response to the news media inquiries in a timely, accurate manner in accordance with TUH confidentiality policy.~~

752:15-3-2. Coordination of news/news media [REVOKED]

~~(a) It is the general policy of TUH that all news concerning the hospitals shall be coordinated through the Public Relations Department ("PR") acting under the direction of TUH Chief Executive Officer and the Director of PR.~~

~~(b) Policies and procedures for the release of information follow the rules of Principles of Medical Ethics of Journalism of the American Medical Association (AMA), the Canons of Journalism of the American Society of Newspaper Editors, the Standards of Ethics of the Radio and TV News Director's Association, the Code of Ethics of the American College of Healthcare Executives (ACHE), and the American Hospital Association (AHA).~~

752:15-3-3. Facilitation of media access [REVOKED]

~~(a) **Scheduled news media visits.** When news media visits are scheduled, notification of news media visits will be made ahead of time by PR to appropriate personnel, chief of staff, hospital administration, TUH Police Services, and nursing personnel. Physician interviews will be cleared by PR through the departments chiefs, medical director, or chiefs of staff. All interviews involving administrative staff will be cleared by PR through the CEO or Hospital Administrator. The PR associate or designee will meet news media personnel at the appropriate entrance of the hospital. The associate or designee will escort the news media to the interview and remain with the news media while they are in the hospital. To the degree possible, the Director of PR will orchestrate any visits by the news media.~~

~~(b) **Unscheduled news media visits – weekdays.** In cases where unscheduled news media visits occur on weekdays, 8:00 a.m. to 5:00 p.m., the news media will be escorted into the hospital by TUH Police Services. TUH Police Services will then notify PR who will in turn meet the news media. PR associate or designee will escort the news media to the interview and obtain necessary release forms, and remain with the news media while they are in the hospitals.~~

~~(c) **Unscheduled news media visits – after hours.** When unscheduled news media visits occur after hours or weekends, the news media will be escorted by TUH Police Services to the lobby area of the individual hospital. The Director of PR or PR associate on call, should be notified. TUH Police Services shall remain with the news media until the PR representative arrives.~~

~~(d) **Disaster situations.** The news media will be directed by TUH Police Services to designated press areas during a disaster situation and the disaster policy followed as outlined in the disaster manual.~~

752:15-3-4. Release of information [REVOKED]

~~(a) **Response to news media inquiries.** Formal written news releases (about new programs, services, special procedures) will have prior approval from the source that is initiating the news release. Routine telephone inquiries such as patient condition information shall be handled by PR on weekdays from 8:00 a.m. until 5:00 p.m., and by the on-call PR personnel after hours and on weekends.~~

~~(b) **Cases of public records.**~~

~~(1) **Public record.** Cases of public record are those that are a matter of concern to civil authorities and certain information about them shall be automatically released for publication. These cases include births, deaths, accidents, and police cases such as persons under arrest or held under police surveillance, persons taken to a hospital by a law enforcement agency, or shootings, stabbings, poisonings, accidental injuries or any cases reported to civil authorities. In these cases, PR may confirm the patient's presence at TUH along with a general statement of condition:~~

~~(A) **Good:** Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators excellent.~~

~~(B) **Fair:** Vital signs are stable and within normal limits. Patient is conscious but may be uncomfortable. Indicators favorable.~~

~~(C) **Serious:** Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators questionable.~~

~~(D) Critical: Vital signs are unstable and not within normal limits. Patient may not be conscious. Indicators unfavorable. The following extent and nature of injuries (without further elaboration) may be given:~~

~~(i) Burns: Percent and degree of burns as confirmed by the attending physician.~~

~~(ii) Head Injuries: No further detail.~~

~~(iii) Limb fractures: Limbs identified, except there shall be no reference to the fracture if the patient is a child.~~

~~(iv) Internal injuries: With no further details.~~

~~(2) Injury from criminal conduct. Injuries involving criminal conduct shall be labeled generally without reference to details: gunshot wounds, stab wounds, or suspected poisoning. Greater detail may be provided by PR Director but only after consultation with the treating physician, police and legal counsel.~~

~~(3) Minor patients. Although the admission or treatment of a child may fall within a matter of public interest, the hospital shall not disclose the name or city of residence of the child without the consent of the parent or legal guardian. There shall not be any reference or inference that a child has suffered abuse or neglect regardless of whether a referral has been made to child welfare. This includes references or inferences to injuries which are peculiar to abuse or neglect.~~

~~(4) Psychiatric patients (including substance abuse and attempted suicide.) Regardless of public record or interest, any patient admitted for psychiatric reasons or to a psychiatric ward, including drug or alcohol detoxification, shall only have admission confirmed or denied to any outside inquiry. Diagnoses and/or unit are not released.~~

~~(5) Transplants or unique procedures. In the event of transplants, or special procedures or research procedures which attract the attention of the news media, a PR representative should consult at the outset with the patient or responsible family member and physician to develop a plan for release of information which will provide protection not only for the privacy interest but also accommodate the public interest in a medically newsworthy event. This plan shall include the guidelines provided by the Permission to Release Information to News Media, or may otherwise provide for the appearance by the physician for discussion of the procedures with the news media. In any event, a plan will exist which defines such limits.~~

~~(6) Deaths. A death is a matter of public record and may be reported after the next of kin have been notified. The Hospital Administrator, the Director of PR or attending physician may, after the next of kin have been notified, release the name and age of the deceased, the time of death, and the name of the next of kin. The name of the funeral director to which the body has been taken may be provided upon request. The cause of death for any patient may be released only with the permission by the responsible family member after consultation with the attending physician. The Permission for Release of Information to News Media form will be completed with the cause of death stated in the blank marked "other". If the death falls within the jurisdiction of the Medical Examiner, no information regarding cause of death may be disclosed.~~

~~(c) Cases not of public record.~~

~~(1) Unless the circumstances surrounding admission of a patient clearly indicate the situation is one of public record, the patient's admission shall be treated as confidential information and will not be confirmed or denied. No information shall be made available, unless the patient and/or responsible family member has executed a permission for Release of Information to News Media form.~~

~~(2) A Permission for Release of Information to News Media form must be executed to ensure proper release of information to the news media. The person responsible for execution of this form shall be the parent or guardian if it is a minor patient, although if the minor is a teenager, he or she should also be consulted. Otherwise, the patient is always the primary party to consent unless he or she is deemed incompetent. The use of a responsible relative for execution of this form requires great caution and where any doubt regarding the patient's consent may exist, no release should be made and the form should not be executed. A copy of A Permission for Release of Information to News Media form should be included in the correspondence section of the patient's chart in addition to storage in PR files.~~

~~(3) No interview with a patient shall take place without written permission of the patient, parent or legal guardian on a Permission for Release of Information to News Media form with the additional authorization by the attending physician if he or she believes it will not jeopardize the patient's welfare.~~

~~(4) Deceased or unconscious patients shall not be photographed unless requested by the attending physician, with consent of the responsible family member.~~

~~(5) The hospital spokesperson may not release to the news media the name of the attending physician without consent from the patient, responsible family member, and attending physician. Disclosure of the attending physician's name may be tantamount to disclosure of the patient's specific medical problems.~~

~~(6) In the process of using or interpreting PR policies and procedures, there must always be an overriding concern for protection of the patient and their right to privacy.~~

SUBCHAPTER 5. RELEASE OF CONFIDENTIAL COMPUTERIZED PATIENT INFORMATION [REVOKED]

752:15-5-1. Purpose [REVOKED]

~~—The purpose of this Subchapter is to establish standards for the release of computerized patient information.~~

752:15-5-2. Computer access [REVOKED]

~~(a) TUH will take every effort to protect patient information. Computerized patient information, by screen, is managed by application software security. This security allows information access by screen group. When access is granted to a screen command, information on that screen for all patients, for all services and facilities becomes available to view, update, and research. Granting access privileges requires the development of and adherence to standard confidentiality rules.~~

~~(b) It shall be the policy of TUH to limit computer access to patient hospital activities and medical information. Access shall be granted on the basis of need and appropriateness with regard to job function. Included in this policy shall be all screen viewing, data entry, printed reports and magnetic media. The Module Manager Group, in conjunction with HIS Security Administration, shall consider confidentiality issues when creating and assigning security classes.~~

752:15-5-3. Information available—[REVOKED]

~~—Distinctive types of information are involved with the release of computerized patient information issues. Descriptions of such information, or examples of such information, are as follows:~~

~~(1) Clinical and ancillary information: Diagnosis, procedure, admit reason, progress notes, medications dispensed and laboratory results.~~

- ~~(2) Demographic information: Name, address, next of kin, insurance coverage, employer name and employer address.~~
- ~~(3) Billing information: Payments, adjustments, account phase, balance, combine and documentation.~~
- ~~(4) General information: Name, service, and bed location.~~
- ~~(5) System utilities: Chart tracking, chart deficiencies, pharmacy, materials management, and financial reporting.~~
- ~~(6) Appointment information: Appointment screens and reports.~~
- ~~(7) Revenue information: Charge, price override, and change charge.~~
- ~~(8) Pharmacy: Medications dispensed, orders, notes and allergies.~~

752:15-5-4. Persons authorized to receive specific information [REVOKED]

~~—Individuals in distinct positions are authorized to receive computerized information as defined in distinct categories found at 752:15-5-3.~~

- ~~(1) Administration shall receive all information.~~
- ~~(2) **Physicians:**~~
 - ~~(A) Shall receive on screen the clinical, demographic and appointment information.~~
 - ~~(B) Shall receive clinical, demographic, appointments, chart deficiency, financial analysis by services and/or facility reports.~~
- ~~(3) Private entities shall receive clinical, demographic, and appointment information on screen only.~~
- ~~(4) Physician office staff shall receive appointment reports only.~~
- ~~(5) Ambulatory staff:~~
 - ~~(A) Shall receive clinical, demographic, and appointment information on screen only.~~
 - ~~(B) Shall receive clinical, demographic, and ancillary reports.~~
- ~~(6) Medical records staff:~~
 - ~~(A) Shall receive clinical, demographic and chart utilities on screen only.~~
 - ~~(B) Shall receive clinical, demographic and appointment reports.~~
- ~~(7) Admitting staff:~~
 - ~~(A) Shall receive clinical, demographic and appointment information on screen only.~~
 - ~~(B) Shall receive clinical, demographic and appointment reports.~~
- ~~(8) Inpatient nursing staff shall receive clinical and pharmacy information on screen only.~~
- ~~(9) Ancillary staff:~~
 - ~~(A) Shall receive clinical, and demographic information on screen only.~~
 - ~~(B) Shall receive clinical and demographic reports.~~

752:15-5-5. Methods for receiving information [REVOKED]

~~(a) **Command screens.** All employees granted access to patient data at TUH shall sign a confidentiality statement prior to receiving a user number and a password. This step is completed at the time of employment in the TUH Human Resources Division, which is located on the first floor of Nicholson Tower, CHO, Room NT 1N402. The signed statement becomes a permanent part of the employee's personnel record. Access is granted in accordance with access defined in section 752:15-5-4 by job task and classification. Exception to outlined access are addressed through the requesting supervisor, the module manager of the security class requested, and the security administrator.~~

~~(b) **Reports, standard internal.** Report screen access will be granted by job function, within a security class. Printed reports will be available to TUH employees via the access rules. Exceptions will be reviewed and approved by the module manager of the security class requested and the security manager.~~

~~(c) **Reports, external.** All requests outside of TUH for printed reports and/or verbal statements of hospital patient and/or financial data will be verified by the TUH Finance Department and approved by the Administrator of the hospital that is to provide the requested information.~~

~~(d) **Ad hoc reports, internal.** Special requests for printed data within an area of responsibility requires completion of a request for service with a statement of justification and must be signed by an Administrator. Special requests for printed data outside an area of responsibility requires signed approval from the area Module Manager as well as a completed request for service (i.e., any request for printed billing data will either come from TUH Patient Accounting or shall be signed off on by Patient Accounting personnel).~~

~~(e) **Ad hoc reports, external.** All requests outside of TUH for printed reports and/or verbal statements of hospital patient and/or financial data are verified by the TUH Finance Department and approved by the Administrator of the hospital who provide the requested information.~~

~~(f) **Magnetic media data, internal.** Requests for data stored on magnetic media, containing data within area of responsibility, are requested by the Module Manager with statement of intended use, signed off by the department manager and HHS project manager. Requests for data stored on magnetic media, containing data outside the area of responsibility are requested by the department manager, with statement of intended use, and signed off by the Module Manager and HHS Systems Project Manager.~~

~~(g) **Magnetic media data, external.** Requests for data stored on magnetic media to be distributed outside of TUH are approved by the Administrator of the hospital that is to provide the requested information and the HHS Project Manager, verified by the TUH Finance Department and recorded by HHS Administration.~~

SUBCHAPTER 7. CONFIDENTIALITY - PATIENT ACCOUNTING [REVOKED]

752:15-7-1. Purpose [REVOKED]

~~—The purpose of this Subchapter is to ensure confidentiality of all patient billing records and medical information, and to put into operation and enforce guidelines to prevent improper disclosure of patient's health care information.~~

752:15-7-2. General policy [REVOKED]

~~It is the policy of TUH Patient Accounting that personnel shall obtain proper authorization before releasing billing and/or medical information and the identification of the person requesting information is confirmed prior to release of information.~~

752:15-7-3. Requests for billing and/or medical information [REVOKED]

~~(a) TUH Patient Accounting personnel shall handle requests from employees of third party payors in the following manner:~~

~~(1) Verify that the party inquiring about the patient's billing records is in fact an employee of the third party payor. If there is a question as to the caller's identity, take their telephone number and call the person back at that number in order to substantiate the caller's identity.~~

- ~~(2) After verification of identity, TUH Patient Accounting personnel may verify information contained on the Universal Billing Claim Form #92 (UB92), pursuant to the caller's request for information.~~
- ~~(3) If the third party payor is requesting any medical record information, direct the caller to submit a written request to the appropriate Medical Records Department. Inform the caller that the Medical Records Department will normally require a written request from the third party payor along with a signed "Release of Information" form, signed by the patient, parent, or legal guardian.~~
- ~~(b) TUH Patient Accounting personnel shall address telephone calls from attorney(s) seeking patient billing and/or medical information about a patient in the following manner:~~
- ~~(1) Refer attorney inquiries to the TUH Patient Accounting Legal Unit, which in turn will work with the inquiring attorney to obtain billing and/or medical record information for lawsuits, workers' compensation, and liens, or refer the inquiring attorney to the proper department.~~
- ~~(2) If the inquiring attorney is requesting account information for which he is the guarantor (the person who makes or gives a guarantee), TUH Patient Accounting personnel may respond to his inquiries.~~
- ~~(3) If a Medicare or Medicaid patient requests an itemized billing statement be sent to their attorney, direct the telephone call to the TUH Patient Accounting Legal Unit.~~
- ~~(4) Other patients requesting an itemized billing statement shall have the billing statement sent to the address listed on the TUH computer system, unless the aggregate (to collect into one sum) charges exceed two thousand dollars (\$2,000.00), in which case the caller should be referred to the TUH Patient Accounting Legal Unit. TUH may need to file a lien (the legal claim of one person upon the property of another person for payment of a debt or the satisfaction of an obligation) in third party liability situations where charges exceed two thousand dollars (\$2,000.00).~~
- ~~(c) Telephone inquiries from other than third party payors or attorneys shall be handled in the following manner:~~
- ~~(1) No information shall be released over the telephone without asking the following six (6) critical questions:~~
- ~~(A) What is the account number or the medical record number?~~
- ~~(B) What is the patient's date of birth?~~
- ~~(C) What is the patient's address?~~
- ~~(D) What is the responsible party's name and social security number?~~
- ~~(E) What is the caller's relationship to the patient? (For example, is the caller the husband, wife, brother, sister, legal guardian?)~~
- ~~(F) What is the caller's name?~~
- ~~(2) If the caller cannot answer the questions in (1) of this Subsection, do not give out information over the telephone. Personnel of TUH Patient Accounting may elect to call the inquirer back at the telephone number listed on the TUH computer system, or send the information by mail to the responsible party's address as listed on TUH computer system. In any event, TUH Patient Accounting personnel shall not release medical record information (i.e., private health care information.)~~
- ~~(d) Exceptions on giving billing and/or medical information over the telephone are as follows:~~
- ~~(1) If the caller does not know the patient's account number, medical record number, or the responsible party's social security number, but is able to answer all of the other questions listed in (c) of this section, then TUH Patient Accounting personnel may give information over the telephone.~~

~~(2) The TUH employee shall not give out information to anyone other than the patient, parent or legal guardian of a patient (if they are listed as the responsible party or living in the home), and only if the caller is able to answer the questions as outlined in (c) of this section. Other individuals making inquiries shall submit a written release of information form signed by the patient or legal guardian.~~

~~(3) Where Medicaid is a payor source, copies of the Universal Billing Claim Form #92 (UB92) and/or itemized billing statements are not released to the patient, parent or legal guardian. Such inquiries shall be directed to the TUH Patient Accounting Legal Unit. In addition, if a party calls requesting an itemized billing statement in excess of two thousand dollars (\$2,000.00) and where services were in connection with an incident in which the patient was injured, the requesting caller should be referred to the TUH Patient Accounting Legal Unit.~~

~~(4) Special circumstances may arise where a child of an older patient may inquire about the parent's account. In such circumstances where it is obvious that the child is trying to assist the parent with the financial aspects of their account, TUH Patient Accounting personnel may divulge financial information with caution, but only after the inquiring caller has complied with (c) of this Section.~~

~~(c) All walk in inquiries shall be handled as follows:~~

~~(1) Request the same information as stated in (c) of this section. Verify identification by driver's license, social security card, or business card if appropriate. If the inquirer is anyone other than the patient, parent or legal guardian, personnel of TUH Patient Accounting shall obtain a Release of Information form from the inquirer which has been signed and recently dated by the patient, parent, or legal guardian, before releasing any information. If the walk in inquirer is the patient, parent, or legal guardian, TUH Patient Accounting personnel may release any financial information.~~

~~(2) In DNA cases, care should be taken to release insurance information only to the policy holder. Copies of the Universal Billing Claim Form #92 (UB92) shall not be released to a patient, parent, or guardian, as it contains medical record information. All requests for medical record information must go through the appropriate Medical Records Department.~~

~~(f) Written inquiries shall be handled as follows:~~

~~(1) Normal billing information contained on the UB92 can be released to the third party payor by mail. A Release of Information form signed and recently dated by the patient, parent, or legal guardian must be attached to any written inquiries, other than insurance companies, before information can be released. Itemized billing statements can be mailed to the responsible party's address as listed on the TUH computer system. Copies of the UB92 shall not be released to a patient, parent or legal guardian, as it contains medical record information.~~

~~(2) Where Medicaid is a payor source, copies of the UB92 and/or itemized billing statements are not to be released to the patient, parent or legal guardian. Direct such inquiries to the TUH Patient Accounting Legal Unit.~~

~~(3) If a party requests an itemized billing statement for a non-Medicaid account in excess of two thousand dollars (\$2,000.00) in connection with an accident in which the patient was injured, refer the caller to TUH Patient Accounting Legal Unit.~~

~~(g) Psychiatric inquiries shall be handled as follows:~~

~~(1) No medical record information (including diagnosis) shall be released related to psychiatric services. Direct the inquirer to submit a written request to the appropriate Medical Records Department, with a current Release of Information form, signed by patient, parent, or legal guardian.~~

- ~~(2) The appropriate Medical Records Department will contact the physician before releasing psychiatric information, as it may not be in the best interest of the patient for this information to be released. The appropriate Medical Records Department will then follow their confidentiality policy and procedures.~~
- ~~(h) Drug/alcohol abuse inquiries shall be handled as follows:~~
- ~~(1) Acknowledgement of patient admission shall not be released, except to third party payors.~~
 - ~~(2) Individuals making inquiries other than as described shall be directed to submit a written request to the appropriate Medical Records Department, with a current Authorization signed by the patient, parent, or legal guardian.~~
- ~~(i) Statistical and/or research inquiries shall be handled directing the inquirer to submit a written request to the Director of Patient Accounting for TUH or to the Assistant Director of Patient Accounting for TUH. The Assistant Director of Patient Accounting shall then determine proper channeling of inquiries as follows:~~
- ~~(1) Direct external statistical surveys or inquiries regarding accounts receivable or general ledger inquiries (revenue statistics) to the Assistant Director of Finance over General Accounting for TUH.~~
 - ~~(2) Direct program financial viability or cost studies to the Assistant Director of Finance over Reimbursement for TUH.~~
 - ~~(3) Direct billing and collection inquiries to the Director of Patient Accounting for TUH or the Assistant Director of Accounting for TUH. The Assistant Director of Patient Accounting shall determine what resources are available to gather such statistics. Such inquiries are generally made by nurses, physicians, physicians' secretaries, medical students, and Oklahoma State Department of Health personnel.~~
 - ~~(4) Statistics related to communicable or venereal diseases shall not disclose or include the name of the patient.~~
 - ~~(5) Billing and collecting information will not be released to other health care providers except for the Professional Practice Plan (PPP) Central Collections Unit, which handles all OUHSC physician billing.~~
- ~~(j) With inquiries from newspapers or reporters, personnel of TUH Patient Accounting shall not divulge any admitting, billing or medical information on any patient. The inquirer shall be directed to PR at 271-6969.~~
- ~~(k) DNA accounts shall be handled as follows:~~
- ~~(1) Acknowledgement of patient admission shall not be released, except to third party payors. At the present time, DNA can be found on the Change Registration ("CREG") screen. An inquirer on this type of account, if other than a third party payor, should be informed that no information is available.~~
 - ~~(2) Cases of adoption shall be handled as follows:~~
 - ~~(A) If a baby delivered at UH was placed for adoption after delivery, TUH Patient Accounting will designate accounts related to the delivery and adoption.~~
 - ~~(B) In instances such as noted in (A) of this Paragraph, only insurance information may be disclosed to the policy holder, since coverage may belong to the birth mother and not to the adoptive parents.~~
 - ~~(C) The adoptive parents should be referred to the attorney who handled the adoption if they request insurance information where the policy holder was the birth mother.~~
 - ~~(D) TUH must not disclose the identity of the birth mother to the adoptive parents, or identity of the adoptive parents to the birth mother.~~

~~(f) Communicable diseases (i.e. AIDS) accounts shall be handled as follows:~~

~~(1) Acknowledgement of patient admission shall not be released except with proper authorization to third party payors.~~

~~(2) Personnel of TUH Patient Accounting shall not release any medical record information (including diagnosis) related to communicable diseases. The inquirer shall be directed to submit a written request to the appropriate Medical Records Department with a current Release of Information form signed by patient, parent, or legal guardian. The patient must sign a consent form for reportable communicable disease. This does not require a physician's approval. It may not be in the best interest of the patient for this information to be released. The appropriate Medical Records Department will follow their confidentiality policy and procedures.~~

~~(m) Any requests stated in this Section shall be directed to the Director of Patient Accounting for TUH or the Assistant Director of Patient Accounting for TUH for a determination of release of information.~~

SUBCHAPTER 9. CONFIDENTIALITY - NURSING DEPARTMENTS [REVOKED]

752:15-9-1. Purpose [REVOKED]

~~The purpose of this Subchapter is to establish guidelines for nursing departments for the release of patient information and maintenance of patient confidentiality in compliance with TUH policy and procedures.~~

752:15-9-2. Record requests made to nursing departments [REVOKED]

~~(a) **The medical record.** External requests for copies of the medical record are directed by nursing departments to the appropriate Medical Records Department in accordance with this Chapter. All charts maintained in nursing areas are subject to rules concerning hospital medical records.~~

~~(b) **Media inquiries.** Release of news regarding TUH will be coordinated through PR.~~

~~(c) **Other issues concerning patient confidentiality.** All nursing personnel shall follow TUH confidentiality policies and procedures. Information regarding patients obtained in the course of employment at TUH is confidential and is not communicated to unauthorized persons. Care should be exercised to ensure that this information is communicated in a manner that the patient's confidentiality can be maintained.~~

752:15-9-3. Care of patient records and media requests about patient condition [REVOKED]

~~(a) **The medical record.** Nursing personnel may verify upon request by a patient or legal guardian that the hospital has created and is maintaining a medical record pertaining to care and services provided by the hospital(s). Nursing personnel will exercise reasonable care in protecting the confidentiality of the medical record and patient information, e.g., denying unauthorized personnel or individuals access to chart(s) or the TUH computer system, and not leaving medical charts in easy access of unauthorized personnel or individuals or written information in view of the public. Any requests to review the medical record by the patient or legal guardian are forwarded to the attending physician through the charge nurse, clinic manager, or clinical coordinator.~~

~~(b) **Release of confidential information in response to media inquiries.** The charge nurse, clinical manager or clinical coordinator will provide, upon request from PR, information regarding patient(s) condition requested by the media. All requests shall be handled by PR.~~

752:15-9-4. Other issues concerning patient confidentiality [REVOKED]

~~(a) **Consent.** The person responsible for execution of the Release of Information to the News Media Form shall be the parent or legal guardian if it is a minor patient. If the patient is a teenager, he or she should also be consulted. Otherwise, the patient is always the primary party to consent unless he or she is incompetent. The use of a responsible relative for execution of the Release of Information to the News Media Form requires great caution, and where any doubt regarding the patient's consent may exist, no release should be made and the form should not be executed. A copy of the Release of Information to the News Media form should be included in the correspondence section of the patient's chart in addition to storage in PR or with the legal guardian, with the additional authorization by the attending physician, if he or she believes it will not jeopardize the patient's welfare.~~

~~(b) **Deceased or unconscious patients.** Deceased or unconscious patients are not photographed, unless requested by the attending physician with consent by the responsible family member or legal guardian.~~

~~(c) **Attending physician's name.** The attending physician's name shall not be disclosed without consent of the patient, responsible family member or legal guardian, and the attending physician.~~

~~(d) **DNA or No Information patient.** When a patient is designated as a DNA patient, the patient and the fact of his or her admission shall be treated as confidential information and will not be confirmed or denied. Nursing personnel may state "I am sorry, we do not have any information on an individual under that name." No other information is to be made available, unless the patient and or responsible family member has completed a Release of Information to the News Media Form. All flowers, gifts and mail shall be rejected. On a No Information patient, knowledge of the admission is publicly known; however, no information can be released on the patient and inquiries are to be referred to PR.~~

~~(e) **Computer information.** Nursing personnel who have access to the TUH computer system will comply with HIS policies and procedures regarding confidentiality.~~

SUBCHAPTER 11. CONFIDENTIALITY - ADMITTING AND REGISTRATION [REVOKED]

752:15-11-1. Purpose [REVOKED]

~~—The purpose of this Subchapter is to assist the Admitting Department(s) in providing both adequate access to data and adequate protection of patient confidentiality.~~

752:15-11-2. Protecting confidentiality of records—[REVOKED]

~~(a) It is the responsibility of all Admitting Department(s) employees to protect the confidentiality of hospital information and of individual privacy, whether the request for information is by telephone or in person. This applies to information gained in any manner or from any source. Discussion, releasing, confirming, accessing, distributing, or otherwise using hospital data, other than that outlined in this procedure, is strictly prohibited.~~

~~(b) Any Admitting Department(s) employee who disregards this policy is subject to immediate disciplinary action up to and including termination.~~

~~(c) All employees shall, at the time of their employment processing, be advised of the state and federal laws governing confidentiality. At this time, the TUH Confidentiality Statement, which cites the specific laws that bind TUH personnel, will be signed. The signature of the employee on the Confidentiality statement will be requested to acknowledge having received and understood the information discussed therein.~~

752:15-11-3. Requests for patient information [REVOKED]

- (a) ~~The general public is only entitled to:~~
- ~~(1) The patient's room number and patient's telephone number.~~
 - ~~(2) For patients in Intensive Care Units, and Labor and Delivery Units, the patient's room number, waiting room telephone number, and a condition report (good, fair, serious or critical).]~~
- (b) ~~Admitting Department(s) employees may not acknowledge an individual's presence in the hospital regarding the following:~~
- ~~(1) **Persons in state custody.** Oklahoma State Department of Corrections inmates and patients under the temporary or permanent custody of DHS will be flagged as DNA and will remain so as long as they are under the Oklahoma State Department of Corrections' or DHS' authority.~~
 - ~~(2) **Mental health unit.** Telephone inquiries about mental health unit patients should be referred to the nursing unit.~~
- (c) ~~Upon direct referral of a patient from TUH to another health care facility, the following information may be released:~~
- ~~(1) Demographic information.~~
 - ~~(2) Guarantor, payor information.~~
 - ~~(3) Present hospital stay information.~~
- (d) ~~Generally, only admission data and discharge date may be released to insurance company requestors. In addition, the following:~~
- ~~(1) Precertification: Planned hospital stay information (recommendation for admission).~~
 - ~~(2) Initial chart review: The information authorized by the patient's or legal guardian's signature on the record of admission.~~
- (e) ~~Requests for medical information or patient information from the news media should be directed to PR, telephone 271-6969.~~
- (f) ~~Patient information will not be withheld from divorced parents, unless there is a court order stating that one or both parents are not to be informed of the admission.~~

SUBCHAPTER 13. PATIENTS' RIGHTS AND RESPONSIBILITIES [REVOKED]

752:15-13-1. Purpose [REVOKED]

~~The purpose of this Subchapter is to ensure that patients and their family members are informed of their rights and responsibilities as patients of TUH.~~

752:15-13-2. General policy [REVOKED]

- (a) ~~It is the policy of TUH to operate with a mutually beneficial trust and understanding of the patient, and that the patients will observe that those who contribute to their care and treatment are truly concerned about them as individuals.~~
- (b) ~~Patients shall be advised of their rights and responsibilities prior to admission or as soon afterwards as possible.~~

752:15-13-3. Specific patient rights, responsibilities and rights statement [REVOKED]

~~(a) **Provision of rights statement.** Upon the patient's admission, admitting personnel and nursing personnel will provide a copy of the Patients' Rights and Responsibilities statement to each patient or to the legal guardian or significant other in the event the patient is unable to receive the information.~~

~~(b) **Patients' rights.** The patient has the following rights:~~

~~(1) The patient has the right to considerate and respectful care.~~

~~(2) The patient has the right to obtain from his physician complete and current information concerning his diagnosis, treatment and prognosis in terms that the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on his or her behalf. They have the right to know, by name, the physician responsible for coordinating their care.~~

~~(3) Patients have the right to receive from their physician, information necessary to give informed consent prior to the start of any procedure and/or treatment, or to appoint someone to speak on their behalf should they be medically unable to do so. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment, what medically significant alternatives for care or treatment exist, or when the patient requests information. Patients also have the right to know the name of the personal responsible for the procedures and/or treatment to be provided.~~

~~(4) The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of their actions.~~

~~(5) The patient has the right to every consideration of their privacy concerning their own medical care program. Care discussion, consultation, examination, and treatment are confidential and should be conducted discretely. Those not directly involved in the patient's care must have the permission of the patient to be present.~~

~~(6) The patient has the right to expect that all communications and records pertaining to their care should be treated as confidential.~~

~~(7) The patient has the right to expect that within its capacity, a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after they have received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.~~

~~(8) The patient has the right to obtain information as to any relationship of their hospital to other health care and educational institutions insofar as their care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating them.~~

~~(9) The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting their care or treatment. The patient has the right to refuse to participate in such research projects.~~

~~(10) The patient has the right to expect reasonable continuity of care. They have the right to know in advance what appointment times and physicians are available, and where. The patient has the right to expect that the hospital will provide a mechanism whereby they are informed by their physician or a delegate of the physician of the patient's continuing health care requirements following discharge.~~

~~(11) The patient has the right to examine and receive an explanation of their billing statements, regardless of the source of payment.~~

~~(12) The patient has the right to know what hospital rules and regulations apply to their conduct as a patient.~~

~~(13) The patient at their own request and expense has the right to consult with a specialist.~~

~~(14) The patient has a right to address concerns regarding the quality of their care to the hospital staff.~~

~~(c) **Patient's responsibilities.** The patient has the following responsibilities:~~

~~(1) The patient has the obligation to respect the policies of the institution.~~

~~(2) The patient has the obligation to respect other patients and personnel involved in their care.~~

~~(3) The patient has the obligation to be open and honest concerning any present illness, past hospitalizations and any other matters related to their health.~~

~~(4) The patient has the obligation to make it known immediately if they do not understand the instructions given them concerning their health, or if they think they will not be able to comply with such instructions.~~

~~(5) The patient has the obligation to maintain personal and financial integrity with respect to health care services provided on their behalf.~~

~~(6) The patient is responsible for following the treatment plan recommended by the practitioner responsible for their care.~~