

Vermont Information Technology Leaders	
Name:	CPL-002 Disclosure of Protected Health Information (PHI)
Type of Document:	Policy
Type of Policy:	VHIE Data Access
Sponsoring Department(s):	Administration
Sponsor:	Chief Executive Officer
Approving Official or Body:	CEO & Board of Directors
Effective Date:	8/31/2023
Review Cycle:	Every two years, and every time a significant change to laws or regulations related to PHI access occurs

Purpose

The purpose of this policy is to establish administrative safeguards to preserve the privacy and confidentiality of Protected Health Information when responding to Requests for Protected Health Information.

Scope

This policy is limited in scope to requests for Protected Health Information in electronic or paper formats that originate from any requestor that does not maintain an agreement with VITL, and the request is unrelated to the operations of the Vermont Health Information Exchange ("VHIE").

Definitions

Refer to VITL's CPL-006 - Glossary of Information Blocking Terms document for definitions relating to this policy.

Policy

It is the policy of Vermont Information Technology Leaders that all disclosures of Protected Health Information be performed in accordance with VITL's compliance with contractual restrictions, including business associate agreements, and Vermont and Federal laws, including all applicable HIPAA Regulations. Consistent with these, VITL is authorized to disclose PHI for Permitted Uses, including for treatment, payment, and healthcare operations and for public health purposes by authorized public health authorities. Within the scope of this policy disclosures of Protected Health Information will be made:

- Pursuant to a patient's direct request or authorization.
- Pursuant to a request for a Permitted Use under the VHIE policies and procedures, and the authorizing agreement or other document; or
- As required by state or federal law to an authorized person.

Prior to any disclosure of Protected Health Information VITL must verify the identity of the requestor and the authority of that requestor to obtain access to the information.

a. *Requests from Personal Representatives* - If the request for information is submitted by an Individual's Personal Representative, then documentation establishing the relationship between the Personal Representative and subject of the request must be verified.

- If the Personal Representative is acting under a Power of Attorney, court appointed guardianship, executor of estate, or other similar authority, a photocopy or fax of the document establishing the relationship is acceptable.
- If the Personal Representative is acting on behalf of a minor to whom they are the parent, and there is no court appointed guardianship document, a written and signed attestation establishing the parent-child relationship is acceptable.

b. *Legal Requests* (subpoenas, court orders, governmental investigatory requests) – VITL staff, other than the CEO and their designees, are not authorized to accept legal service of a summons or subpoenas on behalf of VITL. Individuals seeking to serve VITL should be directed to VITL's registered agent for service, and VITL, in conjunction with legal counsel shall ensure that any disclosure is appropriately authorized.

- VITL will ensure that subpoenas or other legal requests for records with PHI include documentation of sufficient notice to the affected patient(s), and such disclosure is appropriately authorized by the patient(s), or is compelled by a court order.
- Before disclosing any PHI that may include reproductive or gender-affirming information protected by 18 V.S.A. § 1881(c), VITL will ensure that the protected information is appropriately identified by the responsible health care organization(s), and that the disclosure is authorized by the patient, or compelled by a court order that complies with the § 1881 requirement for a finding of good cause to require disclosure.
- VITL will ensure that before disclosing any PHI that includes information protected by 42 CFR Part 2, the disclosure is authorized by the patient(s), or is compelled by a court order that complies with 42 CFR §§ 2.61-2.67.

Requests for PHI will be tracked by the VITL Support Team under the direction of the Director of Client Engagement in the MyVITL ticketing system. VITL will respond to requests without unreasonable delay. Requests for electronic health information will be made in the manner requested or an alternative as set forth in the CPL-001 - Information Blocking Policy.

Enforcement

Any employee, vendor, client, or contractor found to have violated this policy, or who fails to support VITL's compliance with the policy, may be subject to disciplinary, legal, or other enforcement actions.

References

This Policy is a component of the compliance policy framework, for additional information refer to CPL-001 Information Blocking Policy.

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html> - This website redirects to an overview of HIPAA guidance provided by the department for Health and Human Services.

Review and Revision History

[Remove Instruction Text: List dates when this policy is reviewed, and details of any changes made and their approval. The first entry should be the initial policy creation. The final entry should be the next scheduled review date.]

Date	Changes Made	Completed By
10/01/2025	Next Review Due	Scheduled

08/2/2023	Policy Updated from 04/05/2021 version with Primmer.	Beth Anderson
05/05/2021	Policy Created	VITL Team

Approvals

[Remove Instruction Text: Signatures should NOT be posted to the VITL website or any publicly accessible location. Where necessary to post items publicly, signatures should be replaced with typed names (as illustrated below)]

DocuSigned by: <i>Beth Anderson</i> C243EB07339E465...	9/6/2023
Reviewed by Sponsor	Date
DocuSigned by: <i>Beth Anderson</i> C243EB07339E465...	9/6/2023
Approved by CEO	Date
DocuSigned by: <i>Jessa Barnard</i> 730683612E2644D	9/6/2023
Approved by Board of Directors	Date