

Texas Tech University Health Sciences Center El Paso HIPAA Privacy Policy

Using and Disclosing PHI	Policy: 4.7
Disclosing Protected Health Information in Emergency Situations and Disaster Relief	Effective Date: July 5, 2016
References: http://www.hhs.gov/ocr/hipaa	
TTUHSC El Paso HIPAA Website: http://elpaso.ttuhscc.edu/hipaa/	

Policy Statement

It is the policy of Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to secure confidentiality of protected health information (PHI) released regarding requests for patient information during emergencies and for disaster relief purposes.

Scope

This policy applies to all PHI maintained by TTUHSC El Paso.

Definitions

Refer to [HPP 1.1 for Glossary of HIPAA Terms](#).

Policy

TTUHSC El Paso may, if required by law, use or disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. The requirements of having the individual present or not to agree to the use or disclosure should be applied to the extent that TTUHSC El Paso, in the exercise of professional judgment, determines that the requirements do not interfere with its ability to respond to the emergency circumstances.

If the individual is not present, or the opportunity to object cannot practicably be provided because of incapacity or emergency, TTUHSC El Paso, in the exercise of professional judgment, may determine whether the disclosure is in the best interest of the individual and, if so, shall disclose only the PHI that is directly relevant to the person's involvement with the individual's health care.

Attachment: [HHS Bulletin: HIPAA Privacy in Emergency Situations](#)

Knowledge of a violation or potential violation of this policy must be reported directly to the Institutional Privacy Officer or to the Fraud and Misconduct Hotline at (866) 294-9352 or www.ethicspoint.com under the Texas Tech University System.

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Frequency of Review

The TTUHSC El Paso Privacy and Security Committee has authority for HIPAA policy approval.

Questions regarding this policy may be addressed to the [Institutional Privacy Officer](#) or the [Institutional Compliance Officer](#).

The policy may be amended or terminated at any time.

Review Date: March 10, 2020

Revision Date: July 18, 2017, May 19, 2020