



**CORPORATE COMPLIANCE
PRIVACY**

USES AND DISCLOSURES OF PHI

<p>Policy #: 103.04</p>	<p>Original date: 6/29/2009</p> <p>Revision date(s): 4/24/12, 8/12/13, 2/10/14, 2/8/16, 2/10/17, 4/2/2019, 3/17/2020, 3/26/2021, 3/15/2022</p> <p>Review date(s): 2/25/16, 2/13/17, 2/12/2018</p>
<p>Approvals</p> <p>DocuSigned by: <i>Katrin Sanford</i> 3/21/2022 Signature Policy Owner: _____ Date: _____ Policy Owner Printed Name: Katrin Sanford, Privacy Officer</p> <p>DocuSigned by: <i>James Gentile</i> 3/21/2022 Signature Senior Leader: _____ Date: _____ Senior Leader Printed Name: James Gentile, Sr. Vice President, Chief Compliance Officer</p>	

I. PURPOSE

This policy defines Fallon Health’s policy related to the use and disclosure of PHI.

II. SCOPE

This policy applies to all employees of Fallon Community Health Plan, Inc. (d/b/a “Fallon Health”) and any other persons whose conduct, in the performance of work for Fallon Health, is under the direct control of Fallon Health.

Throughout this Policy, unless otherwise indicated, Fallon Health includes all Fallon Community Health Plan, Inc. subsidiary and affiliated organizations and any operating divisions, product or service lines of Fallon Health, such as Summit ElderCare. Examples of Fallon Health subsidiary or affiliated organizations include Fallon Health and Life Assurance Company, Inc. (“FHLAC”), FCHP New York, LLC, UltraBenefits, Inc. (“UB”), and Fallon Health Weinberg, Inc. (“FHW”).

III. RESPONSIBILITY

The Privacy Officer is the owner of this policy. As such, it is the Privacy Officer's or their designee's, responsibility to provide guidance and oversight on the implementation of this policy, and to monitor compliance with this policy.

This policy shall be reviewed by the Privacy and Security Committee annually or as needed.

IV. DEFINITIONS

Designated Record Set (DRS) – a group of records maintained by or for Fallon Health that is:

- I. The medical records and billing records about individuals maintained by or for a covered health care provider,
- II. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan, or
- III. Used, in whole or in part by or for Fallon Health.

Health Information - any information, including genetic or other statutorily protected information, whether oral or recorded in any form or medium that:

1. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
2. Related to past, present or future physical or mental health condition of an individual; the provision of health care to an individual; or past, present or future payment for the provision of health care to an individual.

Individual – the subject of protected health information. This includes current and/or former, living and/or deceased, Fallon Health members who enroll through any state, federal or private exchange or marketplace. This does not include members who have been deceased for longer than 50 years.

Individually Identifiable Health Information – health information that identifies the individual or with respect to which there is a reasonable basis to believe that the information can be used to identify an individual.

Protected Health Information (PHI) - Individually identifiable health information that is transmitted or maintained in any form or medium. PHI excludes employment records held by Fallon Health in its role as employer.

V. DESCRIPTION

This Policy applies to the use and disclosure of protected health information (PHI) by Fallon Community Health Plan's (Fallon Health) workforce.

This Policy does not apply to de-identified information or other types of company confidential and/or proprietary information.

Fallon Health may assume health information is de-identified in either of the following

situations:

1. The health information has been statistically de-identified in a fashion compliant with 45CFR§164.514(b)(1); or
2. All of the following identifiers of the individual or of relatives, employers, or household members of the individual, are removed
 - names
 - all geographic subdivision smaller than state, including street address, city, county, precinct or ZIP Code
 - all elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
 - telephone numbers
 - fax numbers
 - electronic mail addresses
 - Social Security numbers
 - medical record numbers
 - health plan beneficiary numbers
 - account numbers
 - certificate/license numbers
 - vehicle identifiers and serial numbers, including license plate numbers
 - device identifiers and serial numbers
 - web Universal Resource Locators (URLs)
 - Internet Protocol (IP) address numbers
 - biometric identifiers, including finger and voiceprints
 - full-face photographic images and any comparable images
 - any other unique identifying number, characteristic, or code, except a re-identification code compliant with 45 CFR 164.514(c); and
 - Fallon Health does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

Legitimate Business Purposes

Access to and use of PHI is only permitted for legitimate Fallon Health business purposes. Employees are prohibited from accessing PHI for personal reasons regardless of whether the access is well intentioned. Furthermore, employees are specifically prohibited from asking colleagues to access a record for personal reasons. Personal reasons include but are not limited to:

- checking on the status of employee's own claims or PHI,
- checking on the status of a family member's claims or PHI,
- looking up a friend, family member, or coworker's address or other information out of concern,
- looking up a friend, family member, co-worker's address or other information for malicious purposes or for personal gain, or looking up public figures or other well-known individuals out of curiosity.
- looking up the information of a person to whom you are serving as a personal representative, or asking a colleague to look up the information.

- Looking up the information of an individual that you work with in the capacity of a non-Fallon Health employment, volunteer or board scenario

(See Release of PHI Procedure)

Required Disclosures

Fallon Health is only required to disclose PHI:

1. To the individual or authorized representative of the individual who is the subject of the PHI,
2. To the Department of Health and Human Services (HHS) so it can determine Fallon Health's compliance with the HIPAA Privacy Rule, and
3. When otherwise required by law.

VI. REFERENCES

Health Insurance Portability and Accountability Act (HIPAA)

Health Information Technology for Economic and Clinical Health (HITECH) Act.

HIPAA Administrative Standards and Related Requirements 45 C.F.R. Parts 160 and 164

M.G.L 175I, § 8

NYS PHL §18(6).

VII. DOCUMENTATION REFERENCED

103.04.01PR Release of PHI Procedure

103.04.02PR Verification of Identity PHI Request