

HIPAA Policy 5033

Disclosure of PHI to Business Associates

Responsible Office	Office of the Provost	Effective Date	April 14, 2003
Responsible Official	Privacy Officer	Last Revision	October 8, 2004

Policy Sections	1
5033.1 Documentation of Business Associate Agreement	2
5033.2 Disclosure of Protected Health Information	2
5033.3 Responsibility of Individuals Authorized to Contract for Yale University.....	2

Scope

This policy applies to the University's Covered Components, designated as such for purposes of complying with the privacy and security provisions of the Health Insurance Portability and Accountability Act of 1996. The Covered Components are: (1) the Group Health Plan Component; and (2) the Covered Health Care Component, comprised of the School of Medicine, School of Nursing, Department of Psychology clinics and Yale University Health Services.

This policy outlines the University's process to identify Business Associates who perform activities for, or on behalf of, the University and those activities include use, disclosure or access to Protected Health Information (PHI).

Policy Statement

The Covered Components of the University are required to comply with the Business Associate standard of HIPAA (Health Insurance Portability and Accountability Act of 1996). This standard mandates that Business Associates who may receive, use, obtain, create, transmit, or have access to protected health information be required to sign an agreement that will ensure the Business Associate will safeguard and protect the integrity, availability and confidentiality of the PHI.

Reason for the Policy

This policy is intended to provide guidance to covered components within the University and to assist in identifying Business Associates. Finally, this policy and related procedures outline the steps to be followed at Yale to ensure compliance with HIPAA regulations.

Definitions

- [Business Associate](#)
- [Covered Entity](#)
- [Covered Component](#)
- [De-Identified Data](#)
- [HIPAA](#)
- [OCR](#)
- [Privacy Rule](#)

- [PHI \(Protected Health Information\)](#)

(See [HIPAA Glossary](#) for complete list of terms)

Policy Sections

5033.1 Documentation of Business Associate Agreement

Yale University will document the satisfactory assurances of protecting health information through a written contract with the business associate that meets the applicable requirements of the Health Insurance and Portability Act (HIPAA), 45 CFR 164.504(e) and 164.308(b).

5033.2 Disclosure of Protected Health Information

Yale University may disclose protected health information (PHI) to a business associate and may allow a business associate to create or receive PHI on its behalf, if satisfactory assurances are obtained that the business associate will appropriately safeguard the information.

5033.3 Responsibility of Individuals Authorized to Contract for Yale University

Any individual authorized to contract for Yale University, or who enters into any form of relationship on behalf of Yale in which PHI is exchanged or in which another entity has access to PHI other than a relationship with another treating provider relating to the treatment of patients, is responsible to obtain satisfactory assurances of protecting health information through the approved business associate contracting process and with the approved business associate contract. Failure to meet this responsibility is subject to disciplinary action up to and including termination and/or dismissal.

Procedures

[5033 PR1](#) - Disclosure of PHI to Business Associates

Related Information

Contacts

Subject	Contact	Phone
HIPAA Compliance	Chief HIPAA Privacy Officer	436-3650
	Deputy Privacy Officer, YSM	737-6085
	Deputy Privacy Officer, YSN	737-5700
	Deputy Privacy Officer, Psychology	436-3650
	Deputy Privacy Officer, UHS	432-0076
Information Security	University Information Security Officer	432-1248
	YSM Information Security Officer	785-5204
Business Associate Contract Processing	Procurement	432-9955
	Grant & Contract Administration, YSM	785-4689

Roles and Responsibilities

Office of the Provost

responsible for University compliance issues including HIPAA

Office of General Counsel

interprets HIPAA regulations; reviews and approves all HIPAA related contracts including contracts with Business Associates or for research contracts

University Information Security Officer

individual responsible for overseeing information security and ensuring compliance with security requirements of HIPAA

Chief HIPAA Privacy Officer

individual responsible for overseeing and ensuring HIPAA compliance throughout Yale University; coordinates compliance related activities through the following deputies in each of the covered schools, departments, or other entities:

- Deputy Privacy Officer, School of Medicine
- Deputy Privacy Officer, School of Nursing
- Deputy Privacy Officer, Yale Health Services
- Deputy Privacy Officer, Yale Health Plan/Benefits Office
- Deputy Privacy Officer, Department of Psychology Clinics

Procurement Office

identifies Business Associates and ensures appropriate contracts in place

Grants & Contracts Administration

Responsible for negotiating data use agreements and research related contracts.

Institutional Review Boards (HIC, HSC, HSRRC)

Responsible for review and approval of waivers of authorization for research purposes.

The official version of this information will only be maintained in an on-line web format. Any and all printed copies of this material are dated as of the print date. Please make certain to review the material on-line prior to placing reliance on a dated printed version.
