**APPLICABILITY:**

This policy applies to the following entities (collectively referred to as "UNC Health Care System" or "UNCHCS" in this policy):

| ✔ UNC Health Care System/UNC Medical Center* | ✔ Johnston Health |
| ✔ UNC Physicians Network | ✔ Lenoir Memorial Hospital |
| ✔ UNC Physicians Network Group Practices | Marginat R. Pardee Memorial Hospital |
| ✔ Rex Healthcare / Rex Hospital | ✔ Nash Healthcare System / Nash Hospitals |
| ✔ Chatham Hospital | ✔ Wayne UNC Health Care |
| ✔ Caldwell Memorial Hospital |  |
| ✔ UNC Rockingham Health Care / UNC Rockingham Hospital |  |

*UNC Medical Center includes all UNC Hospitals' facilities and the clinical patient care programs of the School of Medicine UNC-Chapel Hill (including UNC faculty physicians).

**I. Description**

It is the policy of UNCHCS to permit the disclosure of PHI for workers' compensation purposes or any similar such program established by law in providing benefits for work-related injuries or illness without regard to fault.

Included within the scope of this policy are the patient care programs of the UNC School of Medicine (UNC SOM). As a result, this policy shall apply to all UNC SOM personnel, including but not limited to faculty, staff, students, trainees, interns and volunteers who may be full-time, part-time, paid or unpaid who create, store, transmit, access or use any patient information in support of clinical purposes for UNCHCS or any other healthcare entity.
II. Policy

A. **In General.** UNCHCS may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers’ compensation or other similar programs established by law to provide benefits for work related injuries or illness without regard to fault.

B. **Disclosure of PHI.** For workers’ compensation cases pending in North Carolina, a UNCHCS Facility may disclose:
   
   1. Any PHI that the individual authorizes, via a written HIPAA-compliant authorization, to whomever the individual authorizes the disclosure.
   
   2. Without authorization, to the:
      a. patient's employer  
      b. patient's attorney  
      c. the employer’s insurance carrier  
      d. the carrier's attorney  
      e. the employer's third party administrator or its attorney  
      
      but only that PHI which is relevant to (1) the medical care for which the employer/insurer has paid or (2) the care and treatment the patient received for the work-related injury or illness. UNCHCS may rely on a letter from the employer, insurer, third party administrator, or their attorney, that adequately limits the request for PHI to this subset of information.

C. **Out-of-State Workers Comp Cases.** Requests for PHI in connection with workers' compensation cases pending outside the State of North Carolina must be accompanied by the HIPAA-compliant written authorization of the patient in order for UNCHCS to disclose the PHI.

III. Definitions

None

IV. References

45 C.F.R. § 164.512(l).
N.C. Gen. Stat. § 97-25.6

V. Related Policies/Forms

None

Attachments:  
No Attachments

**Approval Signatures**

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<tr>
<th>Step Description</th>
<th>Approver</th>
<th>Date</th>
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<tr>
<td>Jerylyn Williams: VP Chief Audit &amp; Comp Officer</td>
<td>01/2019</td>
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<tr>
<td>SYSTEM Site Administrator</td>
<td>Emilie Hendee: HCS-Sr Attorney</td>
<td>01/2019</td>
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