Uses and Disclosures: Friends and Family

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  ✓ Margaret 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

UNCHCS Facilities are permitted to disclose to third parties PHI that is directly relevant to the third party's involvement with an individual's care or related to payment for the individual's care.

Included within the scope of this policy are the patient care programs of the UNC School of Medicine (UNCH SOM). As a result, this policy shall apply to all UNCH 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. Disclosures of PHI to Friends and Family of the Patient. UNCHCS may disclose to a family member, other relative, close personal friend of the individual, or any other person identified by the individual, PHI
directly relevant to such person's involvement with the individual's care, or related to payment for the individual's health care.

B. **Disclosures of PHI for Notifications Purposes.** UNCHCS may use or disclose PHI to notify or assist in the notification of an individual's location, general condition or death to the following: a family member; a personal representative; a domestic partner; or another person responsible for the care of the individual. *Any such use or disclosure of PHI must be consistent with the other provisions of this policy.*

C. **Opportunity to Object or Consent to Disclosure.** If the patient is present for or otherwise available prior to a use or disclosure for the purposes set forth above and the patient has the capacity to make health care decisions, UNCHCS may use or disclose the PHI for the purposes set forth above if it:

1. Obtains the patient's agreement;
2. Provides the patient with the opportunity to object to the disclosure via reasonable methods, such as conversing with the patient while the individual is present, and the patient does not express such an objection; or
3. Reasonably infers from the circumstances, based on the exercise of professional judgment, that the individual does not object to the disclosure.

D. **Disclosing PHI in the Best Interest of the Patient.** Where the patient is not present for, or the opportunity to agree or to object to the use or disclosure for the purposes set forth above cannot practicably be provided because of the patient's incapacity or an emergency situation, UNCHCS may in the exercise of professional judgment, determine whether disclosure is in the *best interest of the patient*. If UNCHCS determines that such disclosure is in the best interest of the patient, it may disclose the PHI that is directly relevant to the third party's involvement with the patient's health care. *The best interest of the patient* should be determined by patient's treating provider in his or her professional judgment, experience, and common practice from which he or she may make a reasonable inference. Relevancy of third party involvement may be determined by the patient allowing a third party to act on his/her behalf in picking up filled prescriptions, medical supplies, x-rays, or other similar forms of PHI.

E. **Disclosures During Disaster Relief.** UNCHCS may use or disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of coordinating with such entities for the notification of family or other persons responsible for the care of the patient of the patient's location, general condition, or death. The requirements set forth by this policy will apply to such uses and disclosures if UNCHCS in the exercise of professional judgment of its treating providers, determines that the requirements do not interfere with the ability to respond to emergency circumstances.

### III. Definitions

None

### IV. References

45 C.F.R. § 164.510(b)

### V. Related Policies/Forms

UNCHCS Notice of Privacy Practices Policy

**Attachments:** No Attachments
## Approval Signatures

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<tr>
<th>Step Description</th>
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<tr>
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<td>Jerylyn Williams: VP Chief Audit &amp; Comp Officer</td>
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<td>SYSTEM Site Administrator</td>
<td>Emilie Hendee: HCS-Sr Attorney</td>
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<td>David Behinfar: HCS-Privacy Dir</td>
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## Applicability

Caldwell Memorial Hospital, Chatham Hospital, Johnston Health, Nash Health Care, UNC Health Care System, UNC Lenoir Health Care, UNC Medical Center, UNC Physicians Network, UNC Rex Healthcare, UNC Rockingham Health Care, Wayne Memorial Hospital