

### Cover Sheet for Example Documentation

Please complete the following form and submit along with your documentation. If you have any questions, please email us at [accreditation@astho.org](mailto:accreditation@astho.org).

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the **PHAB Domain 1 Standard 1.2 Measure 1A.1**.

This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

**Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.**

<b>Document Title:</b>	Utah Communicable Disease Act, Communicable Disease Confidentiality Procedure, Identifying Protected Health Information Procedure						
<b>Document Date:</b>	2/23/2016, 10/9/2012, 10/9/2012						
Version of Standards and Measures Used: 1.5							
Related PHAB Standard and Measure Number							
Domain:	1	Standard:	2	Measure:	1	Required Documentation:	A2
<b>Short description of how this document meets the Standard and Measure's requirements:</b> The department provided its policy for determining whether health information is protected, procedures for disclosures of protected health information related to communicable diseases, and requirements for communicable disease reporting from the Utah Health Code. The documents demonstrate assurance that confidential data are securely maintained and detail the circumstances under which confidential data may be shared.							
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<b>Can we attribute the document to your agency?</b> <input checked="" type="checkbox"/> Yes, you can include our agency name when posting <input type="checkbox"/> No, please post the document anonymously							
<b>Can we include staff name and contact information with the documentation?</b> <input checked="" type="checkbox"/> Yes, you can include staff contact information <input type="checkbox"/> No, please do not include staff contact information							

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Thank you for submitting your health agency's documentation to the Accreditation Library. We appreciate your contribution to this resource, and we look forward to continuing to provide you with assistance in your accreditation work.

**The following are PHAB's policies for all submitted documentation<sup>1</sup>:**

- a. No draft documents will be accepted for review by PHAB.
- b. All documentation must be in effect and in use at the time that they are submitted to PHAB.
- c. Documents must be submitted to PHAB electronically. Hard copies of documents must be scanned into an electronic format for submission. PHAB will not accept hard copies of any documentation, either with documentation submission or at the site visit. In order for documentation to be considered by site visitors it must be in an electronic format and included in the health department's record of documentation in the e-PHAB system.
- d. A PDF version of all documentation is preferred. If a document is not a PDF, it should be in a commonly used program such as Word, Excel, or PowerPoint. Documents created using health department specific software, special graphics, or other program not commonly used, will not be accepted.
- e. In many cases, a measure is demonstrated only once, at a central point in the health department. Examples of these types of documentation requirements include department-wide policies (such as human resource policies), procedures, and plans. In these cases the requirement is for a specific, central document, rather than for examples.
- f. Where documentation requires examples, health departments must submit two examples, unless otherwise noted in the list of required documentation or the guidance.
- g. Health departments are encouraged to provide narrative that describes how the submitted document relates to and meets the requirement. Text boxes will be provided by e-PHAB for health departments to include descriptions and explanations.
- h. Health departments must comply with e-PHAB electronic submission requirements and processes.

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<sup>1</sup> PHAB requirements as listed in National Public Health Department Accreditation Documentation Guidance, page 2: <http://www.phaboard.org/wp-content/uploads/National-Public-Health-Department-Accreditation-Documents-Version-1.0.pdf>

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[Section 27](#) [Information regarding communicable or reportable diseases confidentiality -- Exceptions.](#)

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**26-6-27. Information regarding communicable or reportable diseases confidentiality -- Exceptions.**

- (1) Information collected pursuant to this chapter in the possession of the department or local health departments relating to an individual who has or is suspected of having a disease designated by the department as a communicable or reportable disease under this chapter shall be held by the department and local health departments as strictly confidential. The department and local health departments may not release or make public that information upon subpoena, search warrant, discovery proceedings, or otherwise, except as provided by this section.

- (2) The information described in Subsection (1) may be released by the department or local health departments only in accordance with the requirements of this chapter and as follows:
- (a) specific medical or epidemiological information may be released with the written consent of the individual identified in that information or, if that individual is deceased, his next-of-kin;
  - (b) specific medical or epidemiological information may be released to medical personnel or peace officers in a medical emergency, as determined by the department in accordance with guidelines it has established, only to the extent necessary to protect the health or life of the individual identified in the information, or of the attending medical personnel or law enforcement or public safety officers;
  - (c) specific medical or epidemiological information may be released to authorized personnel within the department, local health departments, public health authorities, official health agencies in other states, the United States Public Health Service, the Centers for Disease Control and Prevention (CDC), or when necessary to continue patient services or to undertake public health efforts to interrupt the transmission of disease;
  - (d) if the individual identified in the information is under the age of 18, the information may be released to the Division of Child and Family Services within the Department of Human Services in accordance with Section 62A-4a-403. If that information is required in a court proceeding involving child abuse or sexual abuse under Title 76, Chapter 5, Offenses Against the Person, the information shall be disclosed in camera and sealed by the court upon conclusion of the proceedings;
  - (e) specific medical or epidemiological information may be released to authorized personnel in the department or in local health departments, and to the courts, to carry out the provisions of this title, and rules adopted by the department in accordance with this title;
  - (f) specific medical or epidemiological information may be released to blood banks, organ and tissue banks, and similar institutions for the purpose of identifying individuals with communicable diseases. The department may, by rule, designate the diseases about which information may be disclosed under this subsection, and may choose to release the name of an infected individual to those organizations without disclosing the specific disease;
  - (g) specific medical or epidemiological information may be released in such a way that no individual is identifiable;
  - (h) specific medical or epidemiological information may be released to a "health care provider" as defined in Section 78B-3-403, health care personnel, and public health personnel who have a legitimate need to have access to the information in order to assist the patient, or to protect the health of others closely associated with the patient;
  - (i) specific medical or epidemiological information regarding a health care provider, as defined in Section 78B-3-403, may be released to the department, the appropriate local health department, and the Division of Occupational and Professional Licensing within the Department of Commerce, if the identified health care provider is endangering the safety or life of any individual by his continued practice of health care; and
  - (j) specific medical or epidemiological information may be released in accordance with Section 26-6-31 if an individual is not identifiable.
- (3) The provisions of Subsection (2)(h) do not create a duty to warn third parties, but is intended only to aid health care providers in their treatment and containment of infectious disease.

Amended by Chapter 150, 2012 General Session

Amended by Chapter [391](#), 2012 General Session

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[Section 30](#) [Exclusions from confidentiality requirements.](#)

**26-6-30. Exclusions from confidentiality requirements.**

(1) The provisions of this chapter do not apply to:

- (a) information that relates to an individual who is in the custody of the Department of Corrections, a county jail, or the Division of Juvenile Justice Services within the Department of Human Services;
- (b) information that relates to an individual who has been in the custody of the Department of Corrections, a county jail, or the Division of Juvenile Justice Services within the Department of Human Services, if liability of either of those departments, a county, or a division, or of an employee of a department, division, or county, is alleged by that individual in a lawsuit concerning transmission of an infectious or communicable disease; or
- (c) any information relating to an individual who willfully or maliciously or with reckless disregard for the welfare of others transmits a communicable or infectious disease.

(2) Nothing in this chapter limits the right of the individual identified in the information described in Subsection [26-6-27\(1\)](#) to disclose that information.

Amended by Chapter [171](#), 2003 General Session

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# Who represents

<b>STATE OF UTAH DEPARTMENT OF HEALTH</b>	Number: 12.35	Page 1 of 3
	Original Issue Date: 10/09/2012	Revision Date:
<b>POLICIES &amp; PROCEDURES</b>	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Disclosures of PHI Relating to Communicable Diseases Policy	

Effective Date: October 9, 2012

Purpose:

This policy describes when DEPARTMENT personnel may disclose an individual's Protected Health Information (PHI) relating to a communicable disease.

Scope:

This policy applies to all DEPARTMENT workforce members performing covered functions including, but not limited to full-time employees, part-time employees, trainees, volunteers, and contractors, temporary workers.

Policy:

**Special Confidentiality Treatment**

1. DEPARTMENT personnel will maintain the confidentiality of communicable disease-related information (including AIDS and HIV-related information) and will disclose that information only in compliance with this policy.
2. DEPARTMENT policies on the use and disclosure of PHI do not apply to communicable disease-related information unless otherwise noted.

**Disclosure of Communicable Disease-Related Information (Including HIV-Related Information) without Individual Authorization**

1. If a person or entity is not listed below, DEPARTMENT personnel will obtain individual authorization under paragraph 3 before disclosing the information.
  - a) Individual or Individual's Legal Representative
    - i. DEPARTMENT personnel may disclose communicable disease-related PHI to the individual or the individual's representative.
  - b) Other Health Care Providers
    - i. DEPARTMENT personnel may disclose communicable disease-related PHI to another health care facility or provider if the disclosure is necessary to provide appropriate care to the individual or the individual's child. Before sending the PHI, DEPARTMENT personnel will confirm with the receiving facility or provider that their employees or agents receiving the PHI have authorized access to medical records for purposes such as provision of health care, records maintenance or billing.
  - c) Organ Procurement for Medical Education, Therapy or Transplantation
    - i. DEPARTMENT personnel may disclose communicable disease-related PHI to a health care provider or facility for procurement, processing, distributing or using a human body or body parts for use in medical education, therapy, or transplantation.
  - d) Quality Review and Oversight
    - i. DEPARTMENT personnel may use or disclose confidential communicable disease-related PHI to organizations, committees or individuals engaged by DEPARTMENT to review professional practices at DEPARTMENT (such as peer review, utilization review, medical necessity committees, other oversight, or accreditation agencies).

- ii. The disclosure must be limited to that information necessary for the authorized review, and may not include information “directly” identifying the individual, such as name, social security number, phone number or address.
- e) Government Officials
  - i. DEPARTMENT personnel will disclose communicable disease-related information to local, county, state, and federal health officers when required by federal or state law to do so.
  - ii. DEPARTMENT personnel will follow DEPARTMENT policies and procedures concerning communicable disease reporting obligations.
  - iii. DEPARTMENT personnel may disclose communicable disease-related information to federal or state officials who oversee DEPARTMENT, such as the Utah Department of Health and the Federal Centers for Medicare and Medicaid Services. Communicable disease-related PHI released for this purpose may not include the individual’s name.
- f) Court or Administrative Order or Search Warrant
  - i. DEPARTMENT personnel may release confidential communicable disease-related PHI to a person designated in a valid court or administrative order or search warrant.
  - ii. The court or agency may issue the order or search warrant only if:
    - 1. There is a compelling need for the information in a court or administrative proceeding;
    - 2. a person is in clear and imminent danger of exposure;
    - 3. There is a clear and imminent danger to public health;
    - 4. The person requesting the information is lawfully entitled to the information;
    - or
    - 5. There exists either a clear and imminent danger to a person or to public health or there is a compelling need to disclose the information.
  - iii. If there is any doubt or question regarding the sufficiency of the legal order seeking disclosure, DEPARTMENT personnel should obtain advice from UDOH legal counsel before making the disclosure.
- g) Workers’ Compensation Claims.
  - i. If communicable disease-related PHI is pertinent to a workers’ compensation claim, DEPARTMENT personnel may disclose requested PHI to the Industrial Commission or parties to an Industrial Commission claim.
- h) Cause of Death.
  - i. DEPARTMENT personnel may list communicable disease-related illnesses on a death certificate or autopsy report to document the cause of death.

**Disclosure of Communicable Disease-Related Information (Including HIV-Related Information) with Individual Authorization**

1. If a disclosure is not permitted under paragraph 2 without the individual’s authorization, DEPARTMENT personnel will obtain individual authorization before disclosing communicable disease-related PHI.
  - a) The authorization will meet the requirements of the DEPARTMENT authorization policy.
  - b) If DEPARTMENT personnel seek to disclose HIV/AIDS-related information, the authorization form must specifically indicate its purpose to authorize disclosure of HIV-related information.
2. When DEPARTMENT personnel make any disclosure of communicable disease-related PHI with individual authorization, DEPARTMENT personnel will prepare a written statement that will accompany the production of the PHI warning that the information is confidential and protected by state law that prohibits further disclosure without specific written authorization by the individual.

**Disclosures to Persons Exposed to Communicable Diseases**

1. Except as provided below, DEPARTMENT personnel will not communicate directly with a person who has been exposed to a communicable disease by an individual. Rather, DEPARTMENT personnel will report the exposure to the appropriate state department of health, following the DEPARTMENT policies and procedures on communicable disease reporting obligations.



2. If a DEPARTMENT physician knows or has reason to believe that a significant exposure has occurred between an individual and DEPARTMENT personnel (or other health care or public safety) employee, the physician may consult with the individual and ask the individual to release the information voluntarily.
3. If the individual refuses to release the information concerning the significant exposure, the physician may report directly to the exposed employee of the possibility of the communicable disease or HIV-related exposure in a manner that does not identify the individual.

#### **Record and Accounting of Disclosures**

1. DEPARTMENT personnel making a disclosure of communicable disease-related PHI will keep a written record of all disclosures.
2. On request, DEPARTMENT will give the individual or his or her Personal Representative access to the record of disclosures

#### **HIV-related testing**

1. DEPARTMENT personnel ordering an HIV-related test must obtain the individual's explicit permission to do so through the use of the DEPARTMENT written, informed consent for HIV testing.
2. Oral consent is required if the test is done anonymously.

#### **Verification of Identity and Authority of PHI Recipient**

1. DEPARTMENT personnel will verify the identity and authority of the recipient of the PHI.

#### **Disclosing the Minimum Necessary Amount of PHI**

1. DEPARTMENT personnel will disclose only the minimum amount of PHI necessary for the purpose. See, Minimum Necessary Policy.

#### Responsibilities:

All individuals identified in the scope of this policy are responsible for meeting the requirements of this policy.

The UDOH Privacy Officer is responsible for maintaining this policy and communicating this policy to members of the workforce.

#### Compliance:

Failure to comply with this or any other privacy policy will result in disciplinary actions as per the Sanction Policy. Legal actions also may be taken for violations of applicable regulations and standards such as the HIPAA Privacy Rule and others.

<b>STATE OF UTAH DEPARTMENT OF HEALTH</b>	Number: 12.03	Page 1 of 2
	Original Issue Date: 10/09/2012	Revision Date:
<b>POLICIES &amp; PROCEDURES</b>	Authorized By: W. David Patton	
Section: Privacy Policies	Subject: Identifying Protected Health Information	

Effective Date: October 9, 2012

Purpose:

This policy sets forth the criteria for determining when information held by DEPARTMENT should be treated as protected health information (PHI).

Scope:

This policy applies to all DEPARTMENT workforce members performing covered functions including, but not limited to full-time employees, part-time employees, trainees, volunteers, contractors, and temporary workers.

Definitions:

1. Individually identifiable health information is information that is a subset of health information, including demographic information collected from an individual, and:
  - a) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
  - b) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
    - i. That identifies the individual; or
    - ii. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.
2. Protected Health Information (PHI) means an individual's personally identifiable health information that is:
  - a) Transmitted by electronic media;
  - b) Maintained in any medium described in the definition of electronic media; or
  - c) Transmitted or maintained in any other form or medium, including paper and fax documents and oral communications.

Policy:

DEPARTMENT will treat as PHI any information that relates to an individual's health condition, identifies an individual, or for which there is reasonable basis to believe the information can be used to identify the individual, and limit the use and disclosure of such information.

Procedure:

1. DEPARTMENT will protect the use and disclosure of an individual's individually identifiable health information by treating certain identifiers as PHI. The identifiers pertain to the individual, as well as the individual's family members, employers or household members and include but are not limited to:
  - a) Names;

- b) Geographic designations smaller than a state, including street address, city, county, precinct, and zip code (except that the first three digits of the zip code may be used if the area has more than 20,000 residents);
  - c) All elements of dates (except for year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death, and age (although the year of age may not be used if the age is over 89 unless aggregated into a single category of age 90 or older);
  - d) Telephone numbers;
  - e) Fax numbers;
  - f) Email addresses;
  - g) Social Security numbers;
  - h) Medical record numbers;
  - i) Health plan beneficiary numbers;
  - j) Account numbers;
  - k) Certificate/license numbers;
  - l) Vehicle identifiers, serial numbers, and license plate numbers;
  - m) Device identifiers and serial numbers;
  - n) Web Universal Resource Locators (URLs) and Internet Protocol (IP) addresses;
  - o) Biometric identifiers, such as fingerprints;
  - p) Full-face photographs and any comparable images;
  - q) Any other unique identifying number, characteristic, or code.
2. If individually identifiable health information is "de-identified," it is no longer treated as PHI. DEPARTMENT personnel may de-identify information by removing **all** identifiers described above.
  3. DEPARTMENT may only use or disclose de-identified information for the purposes of research, public health or Health Care Operations or to a business associate who has submitted the appropriate documentation as required in DEPARTMENT Business Associate Agreement.
  4. All requests for de-identified information should be submitted to the Compliance Office for review.

Responsibilities:

All individuals identified in the scope of this policy are responsible for meeting the requirements of this policy.

The UDOH Privacy Officer is responsible for maintaining this policy and communicating this policy to members of the workforce.

Compliance:

Failure to comply with this or any other privacy policy will result in disciplinary actions as per the Sanction Policy. Legal actions also may be taken for violations of applicable regulations and standards such as the HIPAA Privacy Rule and others.