

# **Helping CountyCare Care Coordinators Navigate the HIPAA Privacy and Security Rules Frequently Asked Questions** (revised August 2024)

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## INTRODUCTION

As the health plan for Cook County Health (CCH), CountyCare must adhere to the Health Insurance Portability and Accountability (HIPAA) of 1996 Privacy and Security Rules. The rules set the standards for when and how physicians, providers and health plans like CountyCare can use or share a patient's or member's Protected Health Information (PHI). Here are some frequently asked questions and answers to help Care Coordinators serve CountyCare members while safeguarding their privacy.

## A – GENERAL INFORMATION

### Q-A1: What are the HIPAA Privacy and Security Rules?

**A-A1:** The HIPAA Privacy and Security Rules protect patients and health plan members from inappropriate disclosures of PHI by physicians, other health care providers and health plans (called covered entities). The Privacy Rule standards allow certain health information to be shared without the member's consent, but requires that other disclosures only be made with a member/s written authorization. The Security Rule standards protect health information when it is transmitted or stored electronically.

### Q-A2: What is Protected Health Information (PHI)?

**A-A2:** PHI is any information in a medical record that can be used to identify an individual and that was created, used, or shared in the course of providing a health care service, such as a diagnosis or treatment. PHI can include conversations between doctors and nurses about treatment. It also includes billing information and any patient-identifiable information in a health insurance company's computer system.

### Q-A3: What is a Business Associate?

**A-A3:** A business associate is a person or organization that creates, receives, maintains, or transmits PHI to perform a function or activity on CountyCare's behalf. For example, business associates may be responsible for billing, claims processing or administration, data analysis, utilization review, quality assurance, legal or patient safety activities. There must be a Business Associate Agreement (BAA) between CountyCare and a business associate for CountyCare to disclose PHI with a business associate. Corporate Compliance, in partnership with Supply Chain, manages the BAA process.

### Q-A4: What is a Business Associate Agreement?

**A-A4:** Under HIPAA, a covered entity like CountyCare must have written agreements with its business associates to ensure that the business associate appropriately protects PHI. The BAA specifically defines and limits the uses and disclosures of PHI that the business associate is allowed to make.

### Q-A5: What is the "minimum necessary" standard under HIPAA?

**A-A5:** Generally, any use or disclosure of PHI must meet the minimum necessary standard. This means that Care Coordinators must make reasonable efforts to share only the minimum amount of PHI that is reasonably necessary to achieve the purpose of the use, sharing, or request. For example, when sharing a member's information with a provider for care management purposes, only share information pertinent to the specific care management issue, not the entire the member record.

Remember: the minimum necessary standard does not apply to disclosures to or requests between providers for treatment purposes.

**Q-A6: What is a Part 2 program?**

**A-A6:** A Part 2 program is any program that receives Federal dollars and holds itself out as providing, and provides substance use disorder diagnosis, treatment or referral for treatment. The regulatory requirements are found in Part 2 of Volume 42 of the Code of Federal Regulations. These regulations are intended to ensure that a patient receiving treatment for a substance use disorder in a Part 2 program is not made more vulnerable by reason of the availability of their patient record than an individual with a substance use disorder who does not seek treatment.

Part 2 requirements apply to any information disclosed by a covered program that could identify an individual, directly or indirectly, as having or having had a substance use disorder, or as a participant in a covered program. This includes and records of a member in a covered program, including information related to the identity, diagnosis, prognosis, or treatment of a member.. If Part 2 information is disclosed with a written consent to a provider or health plan who is a covered entity or business associate, for treatment, payment, and health care operations activities, that provider or health plan may further disclose those records in accordance with the HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against the patient.

**Q-A7: What are “sensitive health services”?**

**A-A7:** “Sensitive health services” are generally those that include mental health, developmental disabilities and behavioral health services, or other services that involve the treatment of highly stigmatized conditions (e.g., AIDS/HIV, STDs, etc.). This information may also be referred to as “specially protected” information. Sensitive health services are typically defined by state law, and may have additional protections above and beyond what HIPAA requires.

**Q-A8: What is an authorization form?**

**A-A8:** An authorization form describes the PHI to be used or disclosed, along with the name or other specific identification of the member or other authorized individual requesting the use or disclosure and the person or entity who is being authorized to receive the PHI. The form must have a date or qualifying event after which the authorization is no longer in effect. It must be signed and dated by the requestor. The requestor can revoke the authorization and CountyCare must comply moving forward. Note that an authorization form is different from a written consent form used for members who are receiving treatment for Substance Use Disorder through a Part 2 provider or program.

**Q-A9: What activities are considered “health care operations?”**

**A-A9:** “Health care operations” are certain administrative, financial, legal, and quality improvement activities of a provider or health plan that are necessary to run its business and support core treatment or payment functions. *Care coordination* activities are included within the definition of health care operations.

**Q-A10: What are “care coordination” activities?**

**A-A10:** Care coordination activities support the delivery of health care services with personnel and other necessary resources to carry out required patient care activities. Care coordination is often

achieved by exchanging information, including PHI, among participants responsible for different aspects of care.

## **B – ROLE OF THE COUNTYCARE CARE COORDINATOR**

### **Q-B1: What do “Care Coordinators” do?**

**A-B1:** Acting on behalf of CountyCare and other providers serving CountyCare enrollees, Care Coordinators help members by organizing treatment across multiple health care providers. Care Coordinators use a member’s PHI to identify the services they need and help them receive those services. Care Coordinators communicate with members to inform them of how and where their PHI is being disclosed. That being stated, Care Coordinators must follow the HIPAA rules to avoid disclosing too much PHI or disclosing PHI to the wrong entit(ies).

### **Q-B2: What are the steps Care Coordinators should take to protect the members’ privacy in general?**

**A-B2:** Care Coordinators should take reasonable steps to ensure that conversations will not be overheard by unauthorized individuals or individuals who do not have a need to know when discussing confidential information. For example:

- Do not discuss PHI in elevators, hallways and other public areas
- Speak quietly when circumstances permit
- Use private areas to discuss patient’s condition with family and friends
- When leaving a voicemail for a patient, limit the amount of information disclosed to the minimum necessary, such as the Care Coordinator’s name and telephone number and ask the individual to call back.
- Do not leave messages that include laboratory and test results, or any other information that links a member’s name to a particular medical condition or the type of clinic or specialist the patient is seeing
- When leaving a message with a family member or friend answering the member’s phone, the message should be limited to the Care Coordinator’s name, telephone number, and business name (e.g., CountyCare), with a request for the member to return the call.

### **Q-B3: Under what circumstances can Care Coordinators share a member’s PHI?**

**A-B3:** Care Coordinators can share a CountyCare member’s PHI with other CountyCare employees and business associates in the course of CountyCare’s internal health plan operations. They can also share a member’s PHI with providers who have a past or current relationship with that member.

### **Q-B4: When can a CountyCare member’s PHI be shared without authorization?**

**A-B4:** Under HIPAA, a member’s PHI may be shared without their authorization in three situations: treatment, payment, or health care operations. Authorization is also not required when disclosure of specific types of PHI is required by law. All other disclosures require the written authorization by the member or their authorized representative.

### **Q-B5: When does a Care Coordinator need an authorization form?**

**A-B5:** Care Coordinators must have an authorization form signed by the member or their authorized representative before sharing PHI for reasons that are not related to treatment, payment or health care operations. *For example*, a member’s written authorization must be obtained before disclosing PHI to a law firm. See the *CountyCare Authorization to Disclose Health Information* form for additional information

**Q-B6: How does a Care Coordinator disclose PHI to contractors or subcontractors outside of CountyCare?**

**A-B6:** If PHI is going to be shared with contractors or subcontractors outside of the CountyCare administrative staff, a BAA must be in place to ensure that the information shared is properly protected. These disclosures of PHI must also meet the minimum necessary standard. Care Coordinators are advised to contact their manager or Corporate Compliance to ensure that a proper BAA is in place before disclosing PHI.

**Q-B7: How much PHI can be shared when contacting other provider offices for referrals or consults?**

**A-B7:** When contacting other providers for referrals or consults by phone or other electronic means, Care Coordinators should only share information that is general in nature and does not qualify as PHI. Care Coordinators may share a member's PHI with another provider for care coordination and case management purposes if all three requirements below are met:

- The provider must have, or have had, a relationship with the member (can be a past or present patient); and
- The PHI shared must pertain to the relationship; and
- Only the minimum information necessary is shared with the provider in relation to the referral or consult in question.

**Q-B8: What are a Care Coordinator's options when a member's treating provider will not share PHI citing HIPAA or other privacy law restrictions?**

**A-B8:** If a provider is not willing to share PHI about a member, the Care Coordinator should ask for written documentation from the provider regarding why the information is protected. If their explanation for why the information may not be shared meets an exception explained below, the Care Coordinators should obtain the member's authorization or consent so that the provider will share the information.

HIPAA generally permits health care providers and health plans to use or disclose PHI, without patient/health plan member authorization or consent, for treatment, payment, and health care operations. This means that a health care provider is generally allowed to share PHI with CountyCare Care Coordinators without member authorization or consent, as long as the purpose of the disclosure meets the definition of health care operations, the information is about a CountyCare member, and the information shared meets the minimum necessary criteria.

There are some cases where a provider *may not* be able to share a health plan member's PHI with CountyCare without member consent, even if the purposes of the disclosure are for health care operations/care coordination. Generally, health care providers may not share information regarding substance abuse (e.g., drug or alcohol abuse) without the member's written consent for uses and disclosures of Part 2 records for treatment, payment and health care operations. This includes information related to the identity, diagnosis, prognosis, or treatment of a member in a substance use disorder program. In addition, separate written consents are needed for Part 2 records for use and disclosure of SUD counseling notes and for use and disclosure of Part 2 records in civil, criminal, administrative, or legislative proceedings. Additionally, in some cases, a provider may not wish to share specific details about care provided where the health plan member (in most cases a minor) has requested confidentiality for the services provided and consented to receive



the services on their own (e.g., without parent or guardian consent). Finally, a provider may not share a member's PHI for a service for which the member (or someone on behalf of the member) has paid in full/out of pocket (e.g., the services was not paid by the health plan) if that member has requested that the provider not disclose it.

**Q-B9: What are a Care Coordinator's options when a *Business Associate* refuses to provide needed information about a CountyCare member?**

**A-B9:** As defined above, a business associate creates, receives, maintains, or transmits PHI to perform a function or activity on CountyCare's behalf. The business associate signs an agreement with County Care to properly protect PHI. By virtue of that agreement, the business associate should share information with Care Coordinators upon request. Nevertheless, the business associate may have its own policies and procedures requiring additional steps.

Contact the CountyCare Compliance Officer upon experiencing any reluctance or refusal to share the requested member information. The Compliance Officer will work with the business associate to assess the issues and arrive at a mutually agreeable solution. For example, the Care Coordinator may need to provide certain identifying information when contacting the business associate to validate the Coordinator's legitimacy as a CountyCare workforce member and their need to know. This should then be documented and shared with all Care Coordinators to ensure a standardized approach to working with the business associate and, most importantly, serving the CountyCare member.

**Q-B10: What are some other privacy-related risks that Care Coordinators should avoid?**

**Q-B10: Computer safety**

- Protect files containing PHI by saving them to a shared drive/home directory, not on a desktop.
- Log off or lock the computer before stepping away from the computer.
- Make reasonable efforts to ensure that visual PHI is protected from unauthorized individuals (e.g., use screen protectors, turn monitors away, lock/log off computer)
- Keep paper PHI out of sight of others. Once the PHI is no longer needed, place it in a shred bin. If the PHI is needed at a later time, lock it in a secure cabinet.
- Retrieve faxed PHI as quickly as possible.
- Encrypt emails containing electronic PHI, using SECURELOCK

Phishing is the process by which an unsavory person may infiltrate a computer or even a whole network. It occurs when someone familiar appears to send a text or email or calls asking to sensitive personal (e.g., SSN, date of birth) or company information (e.g., accounting information). By studying the message, the reader may notice that something is not quite right about it (signature is off, too many spelling errors, the email address doesn't seem right). Instead of replying to the sender, it is better to check with the sender before sending the requested information to avoid identify theft, financial loss, etc. Use contact information that is on file, not what is in the message. Do not open email attachments unless they are expected as the attachment may contain a virus or worse. Check with the sender.

Social media: Care Coordinators should never post pictures, videos or audio recordings of members on any social media site.



**Q-B11: How do Care Coordinators ensure PHI is sent safely and securely?**

**A-B11:** Always use appropriate protections to prevent an impermissible use or sharing of PHI:

- When sending PHI electronically, encrypt and secure PHI by using SECURELOCK before sending.
- Do not send PHI via unsecured text on a mobile phone.
- Password-protect any electronic device used to send PHI.
- If faxing PHI, check the fax number before hitting the “send” button.
- If emailing PHI, check the email address before hitting the “send” button.
- Ensure that any electronic device used to send PHI has up-to-date security software.

**Q-B12: What should a Care Coordinator do if they forget their password or are otherwise unable to access the network, including the electronic health record? Can another Care Coordinator provide the access or “lend” their password?**

**A-B12:** No. Instead, help the Care Coordinator contact the Help Desk for password assistance. Remember that it is a violation of HIPAA and CCH policy to share passwords. User access is actively monitored. Any and all access is tracked by username and the system is unable to distinguish between the correct user and an unauthorized user’s access.

**C – COMMUNICATING WITH MEMBERS****Q-C1: Can a Care Coordinator leave a voicemail or answering machine message for a member if they do not answer their phone?**

**A-C1:** Under HIPAA, a Care Coordinator may leave messages for members on their voicemail or answering machines; however, the message should contain the minimum amount of information necessary to protect the member’s privacy. For example, the Care Coordinator could leave their name and that they work for CountyCare, a call-back number, and a brief, general description of the purpose of the call. The message should not reveal anything about a member’s health care diagnosis, procedure or other specific medical treatment. The message should also never contain any information that addresses sensitive health services received by the member. As an example, the following script would comply with HIPAA requirements:

*“Mr. X, this is Y from County Care. I am calling to give you a status update on your grievance. Please call me back at....”*

**Q-C2: Can Care Coordinators leave messages with an individual answering a member’s phone?**

**A-C2:** Under HIPAA, Care Coordinators may leave a general message with a family member or other person who answers the phone when the member is not available. Care Coordinators should use professional judgment to assure that such disclosures are in the best interest of the individual and should always limit the information disclosed to be that of a general nature, unless the member has authorized the individual to receive more detailed information as noted by documentation in the member’s health record. Again, the message left should not reveal anything about a member’s health care diagnosis, procedure or other specific medical treatment, including any information related to sensitive health services.

**Q-C3: What if a member has requested that they only be contacted at a particular number or requests a particular restriction or limitation on how they are contacted?**

**A-C3:** Care Coordinators should do their best to accommodate a members request to communicate in a specific confidential manner, such as by alternative means or at an alternative location. For example, a member may request that they be contacted at their office, rather than their home or only by email, instead of by phone. Similarly, a member might also request to receive mailings from the covered entity in a closed envelope rather than by postcard, or to receive mail from the covered entity at a post office box rather than at home. This is especially important if the member clearly states that the disclosure of all or part of their health information through other means could endanger them. As a best practice, Care Coordinators should obtain a member's preference for telephone communications at the initial point of contact (e.g., first conversation), including whether they would like to receive messages at home.

#### **D – SHARING PHI WITH FAMILY MEMBERS OR FRIENDS**

**Q-D1: Can Care Coordinators share PHI with a member's family member or friend?**

**A-D1:** It depends. A member's PHI may be disclosed when:

- The member has a designated an authorized representative such as a guardian or healthcare power of attorney;
- The member has signed a CountyCare Authorization to Disclose Health Information or the CountyCare Authorized Representative Form to allow sharing information with a specific family member/friend; OR
- A family member/friend is present (in person or orally on the phone) during a conversation with the member, the member is given the opportunity to object to the disclosure, and member does not object.

**Q-D2: Are there additional precautions when asked to discuss a member's PHI over the telephone?**

**A-D2:** Yes. In addition to the steps noted above, a Care Coordinator should take reasonable steps to verify the identity/authority of individuals requesting PHI when communicating by telephone. For example:

- Ask at least 2 (preferably 3) identifying questions such as:
  - Please provide your full name
  - What is your date of birth
  - What is your address
- Never give the individual the information you are trying to verify such as:
  - Is your name John Doe?
  - Do you live at 100 John Doe Avenue?

If a Care Coordinator has any concern about the identity of the individual on the phone, it is best to discontinue the conversation and call back using contact information in the member's record.

**Q-D3: What if the Care Coordinator does not believe a member can "meaningfully agree or object" to sharing their PHI with friends or family?**

**A-D3:** The HIPAA Privacy Rule allows a member's relevant PHI to be discussed with family, friends, or others involved in the member's care due to their mental state if it is believed to be in the member's best interests. Consider the member's prior expressed preferences about disclosing

their information along with the circumstances of the specific situation. Get the member's approval or disapproval for future disclosures as soon as the member is able.

**Q-D4: Can a Care Coordinator share a member's PHI with their family members or others if the Care Coordinator believe that the member presents a serious danger to themselves or others?**

**A-D4:** It depends. The answer to this question varies depending upon the details of the situation. The HIPAA rules generally state that an individual's PHI may not be released to anyone other than the individual without either prior written consent or oral consent obtained from the individual on the phone at the time of disclosure. However, if a Care Coordinator has a reasonable belief that a member presents a serious or imminent danger to himself or others, the HIPAA Privacy Rule allows for the disclosure of necessary PHI to relevant individuals, including family members, the target of the threat, or other individuals who are able to prevent or lessen the threat.

Before sharing PHI for these purposes, Care Coordinators must first consult with their supervisor regarding the information that will be shared and whether disclosure will be appropriate, given the facts of the scenario. Once the decision to share information is approved by a supervisor, the Care Coordinator must carefully document the situation and their supervisor's approval in the member's case management system file. The following information must be included in the health plan member's file:

- The date and time of the disclosure
- The information disclosed about the health plan member
- The recipient of the information (e.g., the family member name)
- The reasoning for why serious danger was involved
- The reasoning for why disclosure to the individual (who is not the member) was necessary
- The name of the supervisor who approved the disclosure
- The date and time that supervisor approval was obtained

If a Care Coordinator Supervisor has questions related to the potential disclosure, the CountyCare Compliance Department can be contacted for further guidance.

## **E – PART 2 PROGRAMS/SENSITIVE HEALTH SERVICES**

**Q-E1: Can a Care Coordinator disclose PHI related to care a member is receiving through a Part 2 provider or program?**

**A-E1:** Only with the member's written consent. Unlike HIPAA rules that allow for the disclosure of PHI for care coordination purposes, Part 2 regulations addressing substance use disorder do not permit the use and disclosure of substance abuse diagnosis and treatment records, maintained in connection with the performance of any federally assisted alcohol and drug abuse program ("covered program"), for care coordination purposes without the member's written consent to use and disclose records for treatment, payment and health care operations.

However, if PHI containing substance abuse information is learned from the member directly, such as disclosed on a Health Risk Assessment, or identified through a non-Part 2 provider, such as an emergency room or detox unit, then it can be used for care coordination purposes without the member's consent.

It can be confusing and difficult to navigate the requirements related to disclosure of substance use disorder PHI. Care Coordinators should check with the CountyCare Compliance officer if they have any questions.

**Q-E2: Can a Care Coordinator share PHI related to these sensitive health services?**

**A-E2:** Federal and state privacy laws allow for the sharing of PHI related to sensitive health services for care coordination purposes without member consent, except for psychotherapy notes and Substance Use Disorder (SUD) counseling notes. Psychotherapy notes are personal notes recorded by a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are maintained separate from the rest of the medical record. A member must provide written authorization before psychotherapy notes can be shared for care coordination purposes.

Psychotherapy notes do not include any information about mental health services rendered, providers rendering the services, pharmaceuticals prescribed or dispensed, and diagnoses (e.g., summaries of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date). This information may be shared for care coordination purposes without member authorization.

Similarly, SUD counseling notes are notes recorded by a part 2 program provider who is a SUD or mental health professional documenting or analyzing the contents of a conversation during a private SUD counseling session or a group, joint, or family SUD counseling session and that are separated from the rest of the patient's SUD and medical record. A member must provide a specific written consent before SUD counseling notes can be shared for coordination purposes.

*SUD counseling notes* excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

**F – PROTECTING PHI OF MEMBERS WHO ARE MINORS**

**Q-F1: When can a Care Coordinator share or discuss PHI of a minor with a parent or guardian? Does the minor have to be present for these conversations?**

**A-F1:** An individual under the age of 18 is considered a “minor” under HIPAA with some exceptions. HIPAA generally allows a parent or guardian to have access to medical information about the minor when the access is consistent with State or other law. This means that information about a minor's health care can be generally discussed with a parent or legal guardian, without the minor being present, EXCEPT in the following circumstances:

- When the parent no longer has the right or authority to act for the minor (e.g., parental rights have been terminated).
- When CountyCare has received notification from the minor's provider that the minor was treated confidentially based on their own consent and that disclosure of information related to the treatment to their parent and/or guardian would be contrary to the minor's best interests.
- When the Care Coordinator believes, in the exercise of their professional judgment, that providing such information would not be in the best interest of the minor because of a

reasonable belief that the minor may be subject to abuse or neglect by the parent, or that doing so would otherwise endanger the minor.

- When, and to the extent that, the parent previously agreed that the minor and the Care Coordinator may have a confidential relationship.
- When expressly prohibited by State or other applicable law such as when a minor over the age of 12 years is receiving services for STI testing, treatment and counseling and has sought these services without knowledge or consent of the parent or guardian.

**Q-F2: Are there certain times when a Care Coordinator needs to obtain a minor's consent to disclose specific types of PHI to their parents, for example, information regarding reproductive health and/or family planning?**

**A-F2:** Yes. Illinois state laws address instances when specific types of health information about a minor may not be shared with their parent(s) without their consent. Such special circumstances include the following:

- Reproductive health services/family planning services. These services include contraceptives and pregnancy testing, emergency contraception, abortion services, sexual assault, and emergency care. Records and communications received by a minor for these services *may not* be discussed with the minor's parent or guardian without the minor's consent if the minor has requested confidentiality for the services provided, consented to receive the services on their own (e.g., without parent or guardian consent), and the minor is: (a) legally married, (b) a parent, (c) pregnant, or (d) legally emancipated by a court for the purpose of consent to medical care.
- Sexually Transmitted Infections (STIs). STIs include AIDs, HIV, Syphilis, Gonorrhea, Chlamydia, or Chancroid. If the minor has requested confidentiality for STI testing, treatment or counseling and has consented to receive these services on their own (e.g., without parent or guardian consent), then these records and communications *may not* be discussed with the minor's parent or guardian without the minor's consent.
- Substance Abuse. If the minor is 12 years old or older and consented to receive the services on their own (e.g., without parent or guardian consent), then the minor's diagnosis, treatment or counseling records and communications related to the minor's drug use or alcohol consumption, or the effects of drug or alcohol abuse by a member of the minor's family on the minor, may not be discussed with the minor's parent or guardian, without the minor's consent.
- Mental Health. If the minor is under 12 years of age, records and communications regarding mental health or developmental disabilities services can be disclosed to the minor's parent or guardian without the minor's consent. If a minor is between ages 12 and 17, the parent or guardian may only access the information with the minor's consent, or if the minor's therapist does not find any compelling reasons to deny access.

Care Coordinators may need to communicate with the minor's health care provider(s) to ensure that they are notified of circumstances where the minor has requested that information regarding these types of services/treatments be kept confidential or where the minor has consented for the treatment on their own, without consent from their parents. See the following references:

- Consent by Minors to Medical Procedures Act (410 ILCS 210/):  
<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1539&ChapterID=35>

- Birth Control Services to Minors Act (325 ILCS 10/):  
<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1461&ChapterID=32>

## **G – UNAUTHORIZED DISCLOSURES**

**Q-G1: What happens if a Care Coordinator shares a member's PHI without the proper permission or the member's PHI is sent to the wrong entity?**

**A-G1:** Sharing PHI without the proper permission or sending it to the wrong entity may cause a breach. A breach happens when PHI is acquired, accessed, used or disclosed in a manner that is not permitted under the Privacy Rule. This may compromise the security or privacy of the PHI unless, by conducting a risk assessment, CCH determine that there a low probability that the PHI has been compromised based on a risk assessment.

**Q-G2: What should a Care Coordinator do if there is a possibility that a breach may have occurred?**

**A-G2:** Any suspicion of a breach must be reported immediately it to the Care Coordinator's supervisor AND the Office of Corporate Compliance. Explain what happened with as much detail as possible:

- When did it occur?
- When was it discovered?
- How many members were involved?
- What information may have been breached?
- Contact information for those who may have additional information

**Q-G3: A member who happens to be famous has been hospitalized. Can a Care Coordinator access the member's medical record to proactively secure all post-hospitalization services prior to being assigned to serve that member?**

**A-G3:** No. This would create an unauthorized disclosure. Care Coordinators do not have a need to know anything about that member until they are assigned to serve that member. Any access prior to the assignment would be a violation of the member's HIPAA privacy rights and a violation of CCH policy.