

**UNIVERSITY OF KANSAS  
WATKINS HEALTH SERVICES  
ADMINISTRATION**

NUMBER: <b>AD-309</b>	ISSUE DATE: <b>03/2003</b>
TITLE: <b>Consent for Use &amp; Disclosure of PHI</b>	REVISED: <b>8/29/2012; 8/22/18</b>
TITLE OF OWNER/AUTHOR: <b>Director</b>	APPROVED: <b>Director</b>

**PURPOSE:** To provide guidance in the Use/Disclosure of Protected Health Information (PHI) within Watkins Health Services (WHS) while protecting the privacy of the patient's PHI.

**POLICY:**

WHS will provide the opportunity for each patient to review the Notice of Privacy Practices (NPP) and will make a good faith effort to obtain written consent for Use/Disclosure of PHI for the purpose of treatment, payment and health care operations.

**Treatment:** A patient's PHI will be used or disclosed to provide care and coordinate health care and any related services. Information may be used by all staff members that are involved in a patient's treatment, including but not limited to physicians and nurses, to coordinate the different services a patient needs. In addition, medical information may be provided to another health care provider, such as a physician, to whom a patient is referred to ensure that they have the necessary information to diagnose and treat the patient. We may also contact the patient about possible treatment alternatives.

**Payment:** We will use and disclose PHI about a patient to bill and collect payment and to insurance companies or third party payers to determine coverage or coordinate payment for treatment.

**Health Care Operations:** Medical information will be used or disclosed to schedule and coordinate a patient's health care and any related services. This may include contacting a patient to remind him/her of an appointment. Medical information may be disclosed within WHS to doctors, nurses, medical students, pharmacy students and/or resident physicians for educational purposes.

Staff members involved in quality improvement may use a patient's PHI to assess the care and outcomes of like cases. The results from quality improvement programs will be used to improve the quality of care for all patients we serve. However, these activities are considered protected work product and documentation related to such deliberations are not part of any patient's medical record.

We may disclose limited medical information about a patient to authorized staff of the University to verify receipt of certain tests or vaccinations required for enrollment at the University or in a specific field of study.

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A Patient may revoke a Consent at any time, provided the revocation is in writing. A revocation is not valid for disclosure(s) made prior to receipt of the revocation. A copy of the Consent and a revocation, if any, must be given to the patient and a copy retained in the patient's designated record set.

**REFERENCES:**

**This document is on file with the KU Policy Library.**