

**YUMA COUNTY  
ADMINISTRATIVE MANUAL**

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SUBJECT:	USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS	ITEM NUMBER	<b>99-08</b>
		ID #	0404
EFFECTIVE DATE:	APRIL 14, 2004	PAGE	1 OF 3

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Purpose

To ensure that employees of the County of Yuma (hereinafter “the County”) understand when uses and disclosures of protected health information (PHI) are permitted for treatment, payment, and health care operations.

Background

County agencies designated as healthcare components must comply with privacy regulations promulgated under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). They must also comply with Arizona laws and regulations pertaining to the use and disclosure of individually identifiable health information, unless such state laws and regulations are preempted by HIPAA.

HIPAA’s privacy regulations outline many detailed requirements protecting the confidentiality of health information and providing individuals significant rights with respect to their health information. Compliance with these regulations is addressed in a series of County policies and procedures.

Definitions

*Note: The definitions below are in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule).*

*Health Care Operations:* Any of the following activities:

- Internal performance improvement activities, excluding research;
- Reviewing the competence or qualifications of health care professionals;
- Underwriting, premium rating, and other activities related to health insurance contracting;
- Medical review, legal services, and auditing;
- Business planning and development; and
- Business management and general administrative activities.

*Individually Identifiable Health Information:* Information that identifies an individual (or could reasonably be used to identify an individual) that:

- Is created or received by the County; and
- Relates to the past, present, or future physical or mental health or condition of an individual;
- Relates to the provision of health care to an individual; or
- Relates to the past, present, or future payment for the provision of health care to an individual.

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This includes demographic information (such as name, address, date of birth, sex, and race) collected from an individual.

*Payment:* Activities undertaken to obtain or provide reimbursement for health care services, including:

- Billing, claims management, and collection activities;
- Review of health care services for medical necessity, coverage, appropriateness, or charge justification; or
- Utilization review activities.

*Protected Health Information (PHI):* Individually identifiable health information that is transmitted or maintained by electronic or any other medium.

*Treatment:* Provision, coordination, or management of health care and related services by one or more health care providers, including:

- Management of care by a provider with a third party;
- Consultation between health care providers relating to a individual; or
- Referral of a individual from one provider to another

### Policy

In compliance with state and federal laws and regulations, the County will permit use and disclosure of PHI for treatment, payment, or health care operations. Since these uses and disclosures are permitted under federal privacy regulations, no consent or authorization from the individual (patient/resident/client) is needed.

The County will not condition the provision of treatment to an individual on signing an authorization except for research-related treatments.

### Procedure

#### 1. County Use and Disclosure

- The County will use or disclose PHI for its own treatment, payment, or health care operations.
- The County will disclose PHI for treatment activities of a health care provider.
- The County will disclose PHI to another covered entity or a health care provider for the payment activities of the entity that receives the PHI.
- The County will disclose PHI to another covered entity for health care operation activities of the entity that receives the PHI, if each entity either has or had a relationship with the individual who is the subject of the PHI being requested, the PHI

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pertains to such relationship, and the disclosure is:

- For a purpose of:
  - Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives and related functions that do not include treatment; or
  - Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care professionals, accreditation, certification, licensing, or credentialing activities; or
- For the purpose of addressing health care fraud and abuse detection or compliance.

## 2. Accounting of Disclosures

In compliance with federal regulations, uses and disclosures of PHI for treatment, payment, and health care operations will **not** be included in any accounting of disclosures provided to the individual or his/her legal representative.

### References

Federal Privacy Regulations, 45 CFR Subtitle A, Subchapter C, Parts 160 and 164, Vol 67, No 157, August 2002.