



Children's Hospital Colorado

Affiliated with
 University of Colorado
 Anschutz Medical Campus

MANUAL/DEPARTMENT	EMERGENCY MANAGEMENT MANUAL
ORIGINATION DATE	JULY 2013
LAST DATE OF REVIEW OR REVISION	DECEMBER 2013
APPROVED BY	DRAFT

TITLE: Family Reunification & Notification During an Emergency –Release of Patient Information Page 1 of 6

PURPOSE

To identify information Children's Hospital Colorado (CHCO) can share during a crisis to identify, locate, and/or notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, condition, or death.

SCOPE/PERSONNEL

All hospital staff and affiliates providing care and services at Children's Hospital Colorado (CHCO) and at all the Network of Care (NOC) locations.

DEFINITIONS

General Definitions

<i>2-1-1</i>	A telephone number that connects callers to information about critical health and human services available in their community.
<i>Emergency Support Function (ESF) #8</i>	A Public Health and Medical Services mechanism for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency.
<i>Emergency Partner</i>	Police, Fire, EMT's or other hospitals.
<i>Family</i>	Family members, friends, or others involved in the individual's care.
<i>General Condition</i>	The patient's status that the hospital can communicate to person inquiring about the patient. Limited to good, fair, serious, critical, deceased.
<i>Military Commander</i>	A military officer or non-commissioned officer (NCO) having direct authority over other military personnel.
<i>Reunification</i>	The process of sharing information with the family members, other guardians, and emergency management partners to make them aware of the patient's location and condition and communicate care during a crisis.

Disaster Definitions

<i>Crisis</i>	An incident requiring an immediate response by the hospital due to the threat of imminent harm or likelihood of imminent harm to the hospital, patients or both.
<i>Emergency</i>	The impact is concentrated on a localized area or group of people requiring immediate communication to minimize harm to the hospital, patient or both. An emergency includes both MCI events and non-MCI events.
<i>Mass Casualty Incident</i>	A mass casualty incident (often shortened to MCI and sometimes called a multiple-casualty incident or multiple-casualty situation) is any incident in which a large number of patients report to the hospital from an event. (The general public more commonly recognizes events such as building collapses, train and bus collisions, earthquakes and other large-scale emergencies as mass casualty incidents).

<i>Federal Disaster Declaration</i>	A major disaster or emergency declared under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (42 U.S.C. 5121 et seq.).
<i>State Disaster Declaration</i>	State of Colorado - a major disaster or emergency declared under the Colorado Disaster Emergency Act.
<i>Disaster</i>	An incident that includes a Federal or State Disaster Declaration. (A severe disaster also includes emergencies and mass casualty incidents and may represent a crisis situation).

POLICY

CHCO will make a reasonable effort to use, disclose, and request only the **minimally necessary amount** of protected health information needed to accomplish reunification and provide care.

GENERAL INFORMATION

I. Communication

- A. The ESF #8 Lead (Tri-County Health Department) has partnered with 2-1-1 on behalf of the health and medical system within Adams, Arapahoe, and Douglas Counties. Implementation of 2-1-1 is intended to assist with:
 - 1. The reunification of patients with their family members;
 - 2. Answering calls from family members looking for loved ones; and
 - 3. Reducing the volume of calls to the hospital switchboard.
- B. CHCO facilities not within the listed counties, (Adams, Arapahoe, and Douglas), should contact the Administrator on Call (AOC) on the main campus X-XXXX.
 - 1. The local County Office of Emergency Management (OEM) or Public Health may be able to assist.

II. The HIPAA Privacy Rule and a crisis incident

General Provisions:

A. Treatment

- 1. Health care providers can share patient information as necessary to provide treatment.
 - a. Sharing information with other providers (including hospitals and clinics),
 - b. Referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
 - c. Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).
 - d. Providers can also share patient information to the extent necessary to seek payment for these health care services.

B. Notification

- 1. Health care providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.
- 2. The health care provider should get verbal permission from individuals, when possible; but if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
- 3. When necessary, the CHCO may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones.
- 4. All other communication methods to family members or other guardians should be exhausted first and approval obtained from appropriate hospital official, (AOC), before contacting the press or public at large.
- 5. When a health care provider is sharing information with disaster relief organizations that, like the American Red Cross or 2-1-1, are authorized by law or by their charters to assist in disaster relief and reunification efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

C. Imminent Danger

- 1. Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and the provider's standards of ethical conduct.

- D. Facility Directory
 - 1. If a patient is identified by first and last name, designated CHCO staff can share whether the individual is at the facility, their location in the facility, and general condition.
 - 2. All Media inquiries should be routed through Public Relations. Media Page X-XXXX.

Non-Disaster Declaration:

- A. Privacy Patient – Patients may be registered as privacy patient according to applicable state and federal laws, hospital policy or based on the best interests of the patient as determined by the appropriate hospital staff.
 - 1. Privacy, (confidential), patients are not included in the patient directory. Any information released under the normal directory procedures can be overridden by a decision of “imminent danger” to the patient as determined by the AOC.
 - 2. This designation does not restrict sharing of information for purposes of family reunification. The family can elect to remove the Privacy designation.

Disaster Declaration:

- A. If the President of the United States declares an emergency or disaster **and** the Secretary of Health and Human Services (HHS) declares a public health emergency, the Secretary of HHS may waive sanctions and penalties against a covered hospital that does not comply with certain provisions of the HIPAA Privacy Rule:
 - 1. The requirements to obtain a patient's agreement to speak with family members or friends involved in the patient's care (45 CFR 164.510(b))
 - 2. The requirement to honor a request to opt out of the facility directory (45 CFR 164.510(a))
 - 3. The requirement to distribute a notice of privacy practices (45 CFR 164.520)
 - 4. The patient's right to request privacy restrictions (45 CFR 164.522(a))
 - 5. The patient's right to request confidential communications (45 CFR 164.522(b))
- B. If the Secretary of HHS issues such a waiver, it only applies:
 - 1. In the emergency area and for the emergency period identified in the public health emergency declaration.
 - 2. To hospitals that have instituted a disaster protocol. The waiver would apply to all patients at such hospitals. Staff should still only access or share the minimally necessary patient information for job duties.
 - 3. For up to 72 hours from the time the hospital implements its disaster protocol.
- C. When the Presidential or Secretarial declaration terminates, a hospital must then comply with all the requirements of the Privacy Rule for any patient still under its care, even if 72 hours has not elapsed since implementation of its disaster protocol.
- D. Regardless of the activation of an emergency waiver, the HIPAA Privacy Rule permits disclosures for treatment purposes and certain disclosures to disaster relief organizations.

GUIDELINES

- I. Use of photographs of patients for reunification
 - A. To assist with patient identification in a mass casualty incident, photographs of patients may be used discretely to aid in the reunification process.
 - 1. Exhaust other methods of patient identification before the use of patient photographs.
 - 2. Consult with the CHCO Privacy Officer or Chief Legal Officer.
 - 3. Obtain approval from the Administrator on Call (AOC).
 - 4. Do not distribute patient photographs externally, unless authorized by the Incident Commander (IC).
- II. Communication
 - A. Multiple communication methods may be employed to communicate with affected family members. The primary method of communication when in-person communication is not possible is the telephone.
 - B. To utilize the services provided by 2-1-1, the IC or designee will call the Tri-County Health Department - ESF #8 Lead. (Contact information is located in the Emergency Operations Command Center.)
 - C. Network of Care locations outside of Adams, Arapahoe, and Douglas Counties currently do not use 2-1-1. CHCO will partner with the County Office of Emergency Management, local Public

Health Department ESF #8 leads, and host facilities as applicable to assist with the reunification process.

III. Authorization & Release of Information

- A. The Information Release Matrix (Appendix A), provides guidelines for the release of information to the general public/media and CHCO emergency partners during a declared or non-declared disaster, crisis or emergency. The matrix is designed to be a “Do Not Exceed” guide and allows the IC or PIO the authority to release less information dependent upon the incident.
 - 1. You must consult the CHCO Privacy Officer, Chief Legal Officer, or AOC for release of information beyond the matrix guidelines.
- B. The Sample Switchboard Answering Protocols (within Appendix A), provides Switchboard operators with a draft script to assist with calls concerning the emergency incident. Final scripts must be reviewed and approved by the IC or PIO.
- C. The IC or Public Information Officer (PIO) will authorize the release of patient identifiable information to the public during a declared or non-declared disaster, crisis or emergency.
 - 1. In a MCI, the PIO can confirm the number of patients admitted, age ranges, breakdown by gender and their range of conditions unless determined otherwise in consultation with the CHCO Privacy Officer X-XXXX, Chief Legal Officer, or AOC.
 - a. Smaller scale MCI 's are more situation dependent, The PIO should review the situation, the relation of the victims among each other, the information already released by other emergency partners and any other pertinent data to determine what, if any, information should be released. Follow the guidelines for emergencies as a start when determining what information to release.
 - 2. In an emergency, no information will be shared on any patient designated as a Privacy Patient or any patient not specifically requested by name unless determined otherwise in consultation with the CHCO Privacy Officer X-XXXX, Chief Legal Officer, or AOC.
 - a. The PIO may confirm information released by other emergency partners to avoid confusion in the reunification process limited to the information necessary to confirm the information already released. The information released should be limited to the general information allowed under the MCI guidelines and should not exceed information normally allowed under a normal directory inquiry
- D. Forward any questions regarding the release of information to the Privacy Officer at X-XXXX.

RELATED DOCUMENTS

HIPAA – Privacy Rights CHCO HIPAA Privacy Rights Policy
Notice of Privacy Practices CHCO Notice of Privacy Practices
Influx of Patients or External Disaster/Mass Casualty Event

REVIEWED BY

VP Operations
Emergency Management Steering Committee
Administrative Policy and Procedure Committee



Appendix A

Information Release Matrix (Restricted to the Following Information)

Type of Incident and Sample Switchboard Answering Protocols	Public, Media or Other Military Personnel		Immediate Family, Guardian or Military Commanders		Emergency Partners	
	Privacy Patient No Consent	Patient With Consent/ No Restrictions	Privacy Patient No Consent	Patient With Consent/ No Restrictions	Police/Fire/EMT	2-1-1/Other Hospitals
<p>Crisis Situation (Routine Admission)</p> <p><u>In the Directory</u> "The person that you are looking for is listed in the CHCO Directory. See guidelines.</p> <p><u>Not in the directory</u> "I'm sorry; the person that you are looking for is not listed in the CHCO Directory." Please call 2-1-1 as they are coordinating the location of patients from the incident."</p>	<p>In a crisis situation, patients may automatically be reclassified as a Privacy Patient. (See <i>VIP Policy</i>)</p> <p>No information will be released but people will be directed to 2-1-1, if activated, otherwise the AOC determines what information to release.</p>	<p>People directed to 2-1-1, if activated, otherwise patient information is asked for by name or AOC decides to release it. Limited to the consent or normal directory releases.</p> <p>May not exceed:</p> <ul style="list-style-type: none"> - Patient's name, - General location within the hospital, - General condition ("good, fair, serious, critical, deceased"), - Religious affiliation (clergy only) - Physical description if no other information available. 	<p>No information will be released unless hospital determines in its professional judgment that it is in the best interests of the patient or the patient is in imminent danger.</p> <p>*If privacy status applied by a third-party independent of the family, information can be shared for reunification.</p>	<p>Information released is limited to consent or normal directory release:</p> <ul style="list-style-type: none"> - Patient's name, - General location within the hospital, - General condition - Religious affiliation <p>Unless hospital determines in its professional judgment that it is in the best interests of the patient or the patient is in imminent danger.</p>	<p>Information released is limited to:</p> <ul style="list-style-type: none"> - Patient's name, - General location within the hospital, - General condition - Age, Sex - Physical description if no other information is available. 	<p>Information released is limited to:</p> <ul style="list-style-type: none"> - Patient's Name - Name of Hospital - General Condition - Physical description if no other information is available.
<p>Federal Disaster Declaration (HIPAA Sanctions Waived)</p> <p><u>Family</u> "The person that you are looking for is listed in the CHCO Directory." See guidelines.</p> <p><u>General/Media</u> "I'm sorry, please call 2-1-1 as they are coordinating the location of patients from the incident."</p>	<p>In a crisis situation, patients may automatically be reclassified as a Privacy Patient. (See <i>VIP Policy</i>)</p> <p>No information will be released but people will be directed to 2-1-1 unless AOC determines otherwise.</p>	<p>People directed to 2-1-1 or AOC decides to release it. Limited to consent or normal directory releases.</p> <p>May not exceed:</p> <ul style="list-style-type: none"> - Patient's name, - General location within the hospital, - General condition - Religious affiliation (clergy only) - Physical description if no other information available. 	<p>Privacy status may be waived in these situations. Check with AOC.</p> <p>Information released is always limited to:</p> <ul style="list-style-type: none"> - Patient's name, - General location within the hospital, - General condition, - Physical description if no other information <p>Unless hospital determines in its professional judgment that it is in the best interests of the patient or the patient is in imminent danger.</p>	<p>Information released is limited to:</p> <ul style="list-style-type: none"> - Patient's name, - General location within the hospital, - Age, Sex - General condition - Physical description if no other information is available. 	<p>Information released is limited to:</p> <ul style="list-style-type: none"> - Patient's Name - Name of Hospital - General Condition? - Physical description if no other information is available. 	

NOTE: The AOC can decide not to release information if it is in the patient's best interest.

REFERENCES

- 2-1-1. (n.d.). *What is 2-1-1?* Retrieved November 20, 2012, from <http://www.211us.org/faq.htm#whatis>
- Coppersmith Schermer & Brockelman, PLC, *Sharing Protected Health Information during Disaster-Relief Efforts*, January 21, 2011, Kriten Roasati and Noami Jorgensen.
- C.R.S. 24-33.5-701 . (2012). Retrieved March 19, 2013, from Colorado Legal Resources: <http://www.lexisnexis.com/hottopics/Colorado/>
- Department of Commerce. (n.d.). Title 13 -- Business Credit and Assistance; Chapter III -- Economic Development Administration. *Part 300 - General Information* .
- FEMA National Response Framework. (2008, January). *Emergency Support Function #8 – Public Health and Medical Services Annex*. Retrieved November 26, 2012, from <http://www.fema.gov/pdf/emergency/nrf/nrf-esf-08.pdf>
- Public Health Emergency Operations Plan, *Annex L: Alternate Care Facility Functional Annex*, Version 2.5, February 2011, Tri-County Health Department.
- U.S. Department of Health & Human Services. (n.d.). *Health Information Privacy*. Retrieved November 20, 2012, from Summary of the HIPAA Privacy Rule: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>
- U.S. Department of Health & Human Services. (2008, October 3). *HIPAA Frequent Questions*. Retrieved November 20, 2012, from <http://www.hhs.gov/hipaafaq/providers/hipaa-1068.html>
- U.S. Department of Health & Human Services, *Can Health Care Information be Shared in a a Severe Disaster?*, Retrieved April 23, 2013, http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures_in_emergency_situations/960.html.
- U.S. Department of Health & Human Services, *HIPAA Updated Guidelines for Releasing Information on the Condition of Patients*, Retrieved April 18, 2013, <http://www.aha.org/advocacy-issues/tools-resources/advisory/96-06/030201-media-adv.shtml>.
- U.S. Department of Health & Human Services, *Is the HIPAA Privacy Rule Suspended During a National or Public Health Emergency?*, Retrieved April 23, 2013. http://www.hhs.gov/ocr/privacy/hipaa/faq/disclosures_in_emergency_situations/1068.html.
- U.S. Department of Health & Human Services, *Hurricane Katrina Bulletin: HIPAA Privacy and Disclosures in Emergency Situations*, September 2, 2005.