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SECTION: ADMINISTRATION

AREA: GENERAL ADMINISTRATION

SUBJECT: RELEASE OF PATIENT DIRECTORY INFORMATION

PURPOSE

To inform the UAMS workforce about patient directory procedures for providing information and opting patients out of the directory.

SCOPE

UAMS workforce

DEFINITIONS

UAMS Workforce means for purposes of this Policy, physicians, employees, volunteers, trainees, and other persons whose conduct, in the performance of work for UAMS, is under the direct control of UAMS, whether or not they are paid by UAMS.

To access any other terms or definitions referenced in this policy:
<http://hipaa.uams.edu/DEFINITIONS%20-%20HIPAA.PDF>

POLICY

Unless the patient requests UAMS not to disclose Patient Directory Information, UAMS may provide Patient Directory Information to a person provided that the caller or requesting party specifies the patient name.

1. Patient Directory Information is limited to the following:
 - Patient name
 - Location in the facility
 - One word statement of condition that does not communicate specific medical information about the patient – to be released by UAMS Medical Center Patient Care Team or Office of Communications and Marketing. [*University Hospital and Clinical Programs Professional Nursing Organization Policy Standards, Patient Confidentiality, J.4.*](#)
 - Religious affiliation – only released to members of the Clergy
2. Patients may restrict or prohibit release of their information from the Directory.
3. UAMS may release the patient's religious affiliation, if given to UAMS by the patient, only to members of the Clergy. Members of the Clergy do not have to specify patient name to request Patient Directory Information. Clergy requests for

a list of patients by denomination will be handled by the Office of Pastoral Care at (501) 686-5410.

4. Members of the media who request Patient Directory Information will be referred to the UAMS Office of Communications and Marketing, (501) 686-8149 or (501) 395-5989 in accordance with [Media Relations, Policy 14.1.01](#) as stated in the Administrative Guide.
5. UAMS may elect on its own, without a patient's request, to exclude certain patients from the Directory and not release any information. Examples are when the safety/security of patients or others are at risk, or at the request of the UAMS Special Services Office or other UAMS offices.
6. **Psychiatric Research Institute (PRI) Patients** – UAMS will not provide Patient Directory Information on PRI inpatients unless the patient gives permission for that to be disclosed.

PROCEDURE

1. The UAMS workforce should reference the UAMS [Notice of Privacy Practices Policy, Policy 3.1.21](#), to inform the patients about the information in the Directory and to describe how this information may be disclosed.
2. The *UAMS Notice of Privacy Practices* will inform patients of their rights to omit some or all of their information for directory purposes.
3. The “Request to be Excluded from the Patient Directory” form (form attached) must be maintained for patients who object to any or all of their information being included in the Directory. UAMS will “flag” directory listings and other applicable records to indicate exclusions have been requested.
4. Inpatient PRI patients are automatically excluded from the Patient Directory, and the “Request to be Excluded from the Patient Directory” form is not required for these patients.
5. Requests for a patient condition will be referred to the nursing unit except for requests from members of the media. [Media Relations, Policy 14.1.01](#) as stated in the Administrative Guide.
6. Individuals who identify themselves as members of the media will be referred to the UAMS Office of Communications and Marketing at (501) 686-8990.
7. All other requests for Patient Directory information at UAMS Medical Center must be provided via the HBOC Medipac **INFO (Information Desk Inquiry)** screen, Registration Workstation **INFO (Information Desk Inquiry)** screen , by another officially approved mechanism, or by calling Patient Information at (501) 686-6416.

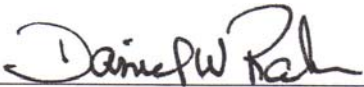
8. If the patient is incapacitated or in an emergency treatment situation, UAMS may use or disclose some or all of the information in the Directory provided the disclosure is:

- Consistent with a known, prior expressed preference of the patient; and
- UAMS determines it is in the patient's best interest.

When it becomes practical to do so, UAMS will inform these patients about the uses and disclosures for Directory purposes and offer them the opportunity to decline inclusion in the Directory.

SANCTIONS

UAMS workforce members who engage in activity in violation of this Policy may be subject to disciplinary action, up to and including termination of employment or relationship with UAMS in accordance with Administrative Guide [HR Policy #4.4.02](#).

Signature:  _____

Date: June 24, 2011

Patient Label if available or _____ Print Patient Name _____ Patient Account Number



Request to be Excluded from the Patient Directory

If I am a patient at this facility, I understand that the following information in the facility's Patient Directory is available to any person who asks for me by name:

- (1) my name;
- (2) my location in the hospital or clinic location; and
- (3) a one word statement of my general medical condition (such as good, fair, serious, critical), without any other specific medical information.

I also understand that members of the clergy may receive this information, along with my religious affiliation, even if they do not ask for me by name.

PLEASE COMPLETE ONE OF THE FOLLOWING IF YOU WISH TO RESTRICT THE RELEASE OF INFORMATION ABOUT YOU FROM THE PATIENT DIRECTORY.

I **do not** wish to be included in the Patient Directory. I understand that my exclusion from the Patient Directory will keep this facility from releasing my room number or clinic location to florists, friends, and family and from transferring phone calls to my room.

OR

I agree that my name can be listed in the Patient Directory, but I **want to restrict** the release of the following information from the Patient Directory: (check all that apply)

- Do not provide my room number or clinic location
- Do not provide a one word statement of condition (such as fair, serious, critical)
- Do not provide my religious affiliation

I understand that the above restrictions will apply only to this visit or admission, and that I **must** request restrictions again at future visits if I want any restrictions to be in effect. I also understand that UAMS may release other information about me in accordance with the Notice of Privacy Practices (NPP).

Date of admission or clinic visit Signature of patient or representative Today's date

STAFF USE ONLY

- Verbal request and the patient or representative was not available to fill out this form.
- If a request to exclude information from the Patient Directory is initiated by UAMS, instead of by the patient or a patient's representative, check this box and sign/date below.

UAMS employee making the request Date

Patient or UAMS request received and documented in HBOC/Medipac.

UAMS Signature Date