

## STANDARD ADMINISTRATIVE PROCEDURE

### 16.99.99.M0.06 HIPAA Accounting of Disclosures

*Approved April 27, 2020*

*Next scheduled review: April 27, 2025*

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#### SAP Statement

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This standard administrative procedure applies to the Texas A&M University (TAMU) components that have been designated as a TAMU HIPAA Health Care Component (TAMU HIPAA HCC) in Standard Administrative Procedure 16.99.99.M0.01, *Designation as a Hybrid Entity*.

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#### Definitions

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#### Official Procedure

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##### 1. GENERAL

TAMU patients have a right to an accounting of disclosures<sup>i</sup>, which includes information about many disclosures of the patient's PHI that the practice has made to third parties. It is the procedure to treat all patient requests in a respectful manner. If a patient asks questions about obtaining an accounting of disclosures for services provided by a TAMU HIPAA HCC, the patient should be directed to make his or her request to the TAMU Privacy Officer.

##### 2. PROCEDURE

- 2.1 All requests for accounting of disclosures should be directed to the TAMU Privacy Officer.
- 2.2 The TAMU HIPAA HCC at issue will provide an individual with a written account of the disclosures of PHI that occurred during the six (6) years prior to the date of the request for accounting, including disclosures to or by TAMU's Business Associates.
- 2.3 TAMU HIPAA HCC's accounting will include the following:

- 2.3.1 Date of disclosure;
  - 2.3.2 The name of the entity or person who received the PHI;
  - 2.3.3 A brief description of the PHI disclosed; and
  - 2.3.4 A brief statement of the purpose of the disclosure.
- 2.4 TAMU HIPAA HCC will respond to an individual's request for accounting within sixty (60) days of the request unless TAMU HIPAA HCC requests a thirty (30)-day extension. Such requests for extensions will be done in writing.
- 2.5 TAMU HIPAA HCC will provide the first accounting requested by any individual in a twelve (12) month period without charge. The TAMU HIPAA HCC may charge a reasonable, cost-based fee for any subsequent request(s) within the twelve (12) month period.
- 2.6 TAMU HIPAA HCC must document the following and retain such documentation for six (6) years:
- 2.6.1 The information required to be included in an accounting for disclosures of PHI as referenced in 2.3 above;
  - 2.6.2 The written accounting that is provided to any individual; and
  - 2.6.3 The titles of the persons or offices responsible for receiving and processing requests for an accounting.
- 2.7 The individual's right to an accounting of disclosures does not apply to the following types of disclosures:
- 2.7.1 To carry out treatment, payment, and health care operations;
  - 2.7.2 To individuals for which PHI has been disclosed about them;
  - 2.7.3 Incident to a use or disclosure otherwise permitted or required;
  - 2.7.4 Pursuant to an authorization;
  - 2.7.5 To persons involved in the individual's care or for notification purposes;
  - 2.7.6 For national security or intelligence purposes;
  - 2.7.7 To correctional institutions or law enforcement officials; or
  - 2.7.8 That occurred prior to 6 years from the date of the request for accounting.
- 2.8 TAMU HIPAA HCC may develop its own additional process and forms with the proposed contents provided they are reviewed and approved by the TAMU Privacy Officer.

### 3. VIOLATIONS

The TAMU Privacy Officer has general responsibility for implementation of this procedure. Employees who violate this procedure will be subject to disciplinary action up to and including termination of employment. Anyone who knows or has reason to believe that another person has violated this procedure should report the matter promptly to his or her supervisor or the TAMU Privacy Officer. All reported matters will be investigated and, where appropriate, steps will be taken to remedy the situation. Where possible, every effort will be made to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this

procedure will itself be considered a violation of this procedure that may result in disciplinary action up to and including termination of employment.

<sup>i</sup> HIPAA Code: §164.522(b)(1), §164.502(b)

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**Contact Office**

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**Office of University Risk, Ethics, and Compliance**