

***General
guidelines
for release of
patient information
to the media
and general public***



Minnesota Hospital Association

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General guidelines for release of patient information to the media and general public

Minnesota's hospitals have a long history of working collaboratively with members of the media in the state, providing timely, accurate information about hospitalized patients. Guidelines on the release of patient information, mandated by federal law under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) went into effect on April 14, 2003, re-emphasizing the legal obligations hospitals have to protect the personal and medical privacy of our patients and their families.

The first obligation of Minnesota health care organizations is to safeguard the life, health, privacy and other legal rights of the patient. It is the policy of the Minnesota Hospital Association and its member hospitals and health systems to cooperate with the news media, in accordance with HIPAA privacy regulations.

HIPAA has set forth minimum standards that hospitals must follow with regard to the release of patient information. Individual hospitals may adopt more restrictive guidelines than those required by HIPAA, according to their own needs as an organization.

Each patient must be asked if they object to the release of patient information. In the case of patients under age 18, a parent or guardian must be asked if they object to the release of information about the patient.

If a patient objects to the release of information, the objection should be noted, and the public relations/media relations person should be immediately informed, whenever possible. No information, including directory information, will be provided to anyone.

HIPAA guidelines

The HIPAA privacy guidelines restrict the information health care providers may include in a patient directory and release to the public, including the news media. Directory information is now limited to four elements and patients have the option of further restricting directory information.

Patients have the right to ask that information be withheld. As long as a patient has not made this request, hospitals can release the following information without obtaining prior patient authorization:

1. **Name** — information can be released to those people (media included) who ask for the patient by name. Information cannot be released to an individual unless that person knows the patient's name.
2. **Condition** — a one-word condition status can be released. These terms are located within this guide.
3. **Location within the hospital** — as long as prohibited information is not revealed, such as the patient being treated for substance abuse, the location can be released.
4. **Religion** — this information can be released only to clergy on request. Hospitals are not obligated to collect this information. If hospitals collect this information, they should inform the patient why they are collecting it and inform the patient that it will be handed over to clergy if asked.

Releasing information

Inquiries must contain the patient's name. Information about the condition and location of an inpatient, outpatient or emergency department patient may be released only if the inquiry specifically contains the patient's name. No information will be given if a request does not include a specific patient's name. This includes inquiries from the press.

1. Minnesota hospitals have the right to withhold information on a patient if the release of that information jeopardizes the safety of the patient or hospital personnel. Hospital staff may withhold information on a patient if that patient is admitted to the hospital due to a physical attack, such as a gunshot wound, stabbing wound or beating injury. Hospital staff will not acknowledge if the patient has been admitted if this information places the patient and staff in danger.
2. Inquiries from the clergy are an exception to the privacy rule. HIPAA privacy regulations permit hospitals to release the patient's name, location in the hospital and general condition and religion to clergy members, so long as the patient has not told the hospital not to release the information. Clergy do not need to ask for the individual by name. If a member of the clergy calls for information over the phone, ask for the name and number of the church and return the call before providing information to ensure this is a legitimate request. Should the member of the clergy present in person, ask for some identification. While this may seem uncomfortable, it prevents people from claiming to be a member of the clergy and receiving information to which they are not entitled.
3. As long as the patient has not requested that information be withheld, hospitals may release the patient's one-word condition and location without obtaining prior patient authorization.

4. Unless the patient has exercised an "opt-out" provision, patient directory information can be disclosed to anyone who asks for the patient by name.

Conditions

One-word conditions should be phrased as follows: The term "stable" should not be used as a condition and it should not be used in combination with other conditions, which by definition, often indicate a patient is unstable.

Undetermined — patient awaiting physician assessment.

Good — Vital signs are stable and within normal limits. Patient is conscious and comfortable. Indicators are excellent.

Fair — Vital signs are stable and within normal limits. Patient is conscious, but may be uncomfortable. Indicators are favorable.

Serious — Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.

Critical — Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.

With written consent from the patient, a more detailed condition statement can be drafted and approved by the patient or legal representative.

The death of a patient, while considered a matter of public record, is considered protected information under HIPAA guidelines. Information on the death of a patient will not be released. The person inquiring should be referred to the medical examiner.

Location

The patient's location may be included in the hospital directory to facilitate visits by friends and family as well as delivery of flowers and gifts. However, to safeguard privacy, patients can direct the hospital to withhold this information from the media.

Information on patients that are transferred to another hospital must be obtained from the hospital where the patient is currently located. HIPAA regulations do not allow hospitals to comment on patients once they have left that facility.

As a matter of courtesy, hospital public relations staff can provide a "head's up" call to their peers at the hospital where the patient is transferred.

Directory information on patients who have been released to their own care will be available up to 24 hours after they have been discharged from the hospital. After 24 hours, the information is removed from the hospital directory. All inquiries beyond this time should be directed to the patient or the patient's family.

Interview requests

At times, reporters may be invited into the hospital by a patient or the patient's family. If staff of a health care organization has learned that a patient or family has notified external news media for coverage, they should contact the public relations/media relations contact at the hospital immediately. Requests for patient interviews are to be directed to the designated hospital spokesperson. Hospitals will deny the media access to the patient if it is determined that the presence of photographers or reporters will aggravate the patient's condition or interfere with patient care.

Patients involved in an accident or in multiple births may contact news media for coverage of their event. This also occurs at times when local celebrities such as television news anchors give birth and want pictures on their local station. Often, reporters think that these requests give them access to the hospital.

Hospital policies require the reporter to contact the hospital public relations representative to make arrangements before entering the hospital. Public relations staff should always accompany the reporters to assure that the privacy of other hospital patients is maintained.

It is important to accompany the reporter because the medical condition of the patient may result in the patient being unaware that he or she is speaking to a reporter. This can happen even if the patient initiated the call. The patient may also be too ill to conduct an interview even after placing the call to the reporter.

Also, the patient's location in the hospital may be an inappropriate place for an interview to take place (intensive care unit, chemical dependency unit). The hospital public relations staff should find a more suitable location for the interview if this is the case. If a suitable location cannot be found, then the interview request should be denied.

Public record

Patients involved in matters of public record are accorded the same privacy rights as all other patients. How a patient is transported to a hospital should not have bearing on whether or not a hospital releases information on that patient. Only the one-word condition should be given, if the person inquiring has the patient's name.

The fact that the police or fire department has transported someone to the hospital from an accident, crime scene or fire is a matter of public record to be reported by those agencies. These public records may prompt media calls to the hospital requesting a patient's condition, but only the one-word condition should be given. The patient may request additional information be released to the media at a later date.

In Minnesota, state statutes call for hospitals to report certain information to public agencies such as county social services or the Minnesota Department of Health in cases such as child abuse or gunshot wounds. The fact that a hospital has an obligation

to report certain confidential information to a governmental agency does not make that information public and available to news reporters. The governmental agencies are responsible for releasing that information.

Information on children

Releasing information on children admitted to a hospital poses its own set of unique circumstances. While the condition of a child can be released, the parent must first grant permission, in all cases. If a reporter or a member of the public calls the hospital with the child's name and wants the one-word condition, that information can only be released if the parents have consented, either verbally, or in a written document.

Unusual cases

Everyday, hospitals are faced with a number of unusual cases that may cause media interest. HIPAA regulations do not specify that information may be released due to special circumstances, except in emergency situations, which will be detailed later in this document.

Sexual assault: Hospitals are required to report the sexual assault of children to the police. Hospitals are not required to report sexual assault of adults if the patient objects to that information being reported. If this information is reported to the police by the patient or another entity, the hospital shall not disclose the name or address of the patient. The hospital should not issue a statement on the matter.

Suicide attempt: No statement should be made of a suicide or suicide attempt.

Chemical abuse: Any statement on the use of drugs, alcohol or narcotics should come from the investigating authorities. Federal law prohibits hospitals from reporting alcohol abuse or even confirming that an alcohol or drug abuser is being treated.

Medical examiner cases: Hospitals may not release any information on the general cause of death.

Hospitals may release information on the deceased only to law enforcement authorities, the Minnesota Department of Health, coroners, medical examiners and funeral directors. Hospitals must report suspicious deaths to the Minnesota Department of Health and the medical examiner. MDH and/or the medical examiner will determine information to release to the public.

Disaster situations: Disaster situations present numerous challenges for hospital public relations officers. In light of terrorist attacks in the United States, the need to be aware of disaster information protocol is highly important.

Whenever possible, hospitals should attempt to notify the next-of-kin of a patient involved in a disaster, before releasing patient information. But in the case of a disaster or terrorist attacks involving multiple casualties, HIPAA regulations allow for the sharing of patient information with other hospitals and/or rescue and relief organizations before the next-of-kin is notified.

Hospitals may release patient information to other hospitals, health care facilities and relief agencies in situations where multiple facilities are receiving patients from one disaster. Hospitals may disclose patient information to public or private organizations assisting in relief efforts for the purpose of notifying family members or others responsible for a patient's location, general condition or death.

It is also permissible to release patient information to help dispel public anxiety in a disaster situation. Hospitals may state the number of patients brought to the facility by gender or age group, without releasing names or conditions.

Additional information

Unconscious patient

Patients that present unconscious to the hospital do not have the option to “opt-out” of providing information that can be released. Thus, hospitals should use discretion in determining what should be released.

1. If the patient is brought to the hospital as a result of an attack, the release of information could be harmful to the patient and the staff. Thus information should not be released until doing so will not result in further harm to the patient.
2. If the patient is brought to the hospital for other reasons, then directory information can be released, along with the one-word condition. In this case, the patient should be informed of the release as soon as possible.
3. If an adult unconscious patient is presented, and his or her family gives its consent, then directory information can be released, along with the one-word condition. The family can release further information on their own at a later date if needed.

Public figures

Highly public individuals from the area, such as television news anchors, elected officials or even actors and celebrities bring with them a certain curiosity from the media and the public. These public figures may bring with them spokespersons who handle media requests for information. Hospital staff should work with these spokespersons whenever possible.

The public status of a patient may prompt media inquiries; public persons should not be subject to different standards than other patients when it comes to a hospital’s policy for releasing information to the media.

Births

Births are a matter of public record. According to HIPAA guidelines, births and deaths may be disclosed to a public health authority without obtaining permission. However, such disclosures may not be made to the media without specific authorization, and the hospital should refer all such inquiries to the Minnesota Department of Health, public information (651) 201-5000. Hospitals should also receive written authorization from the parents before allowing photographing or videotaping of infants in the hospital.

Embarrassment

Hospitals should not release information that could embarrass the patient. Situations where room location information could embarrass patients include admission to a psychiatric or substance abuse unit, admission to an obstetrics unit or admission for treatment of an infectious disease.

In the case of psychiatric patients, hospital spokespersons should err on the side of caution. Even if a patient has given written permission to release basic information, there may be a question concerning that person’s legal competency to give such authorization. Further, federal law prohibits hospitals from releasing any information regarding a patient being treated for alcohol or substance abuse. These laws include the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970; the Drug Abuse Office and Treatment Act of 1972; and 42 CFR Part 2, 188.

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