Tulane University Responsibilities for Requests

SCOPE OF POLICY

This policy applies to Tulane University Medical Group, its participating physicians and clinicians, and all University employees and business units who provide management, administrative, financial, legal, and operational support to or on behalf of Tulane University Medical Group and have been designated as part of the Tulane University HIPAA Health Care Component.

STATEMENT OF POLICY

To allow for outlining the responsibilities for PHI related requests that come to the Tulane University Health Care Component, as named on the list of HIPAA clinics maintained in the Office of Privacy Official including, but not limited to, the Covington Orthopaedic Clinic, the Covington Dermatology Clinic, Dr. James McKinnie’s Cardiology Clinics, the Tulane Psychology Testing Center, Tulane Community Health Center at Covenant House, Tulane Community Health On the Road, the New Orleans Children’s Health Project (Mobile Medical Unit), the Tulane Pediatric Mobile Mental Health Unit, The Drop-In Clinic at Covenant House, The Drop-In Center, the Tulane Community Health Center New Orleans East, the Warren Easton Senior High School – School-based Health Center, the Walter L. Cohen High School – School-based Health Center, or the TUMG Billing Office. Any request that does not fall within the operational jurisdiction of the above-named clinics, or the TUMG Billing Office should be referred to the Privacy Official.

IMPLEMENTATION OF POLICY

1) The manager of each site is accountable for the following requests:
   a) Authorization for Release of PHI
   b) Access to PHI – to inspect/copy/review
   c) Requests for Other Alternative Means of Communicating (e.g. – different address, e-mail, etc.)
   d) Authorization to Revoke the Release of PHI

2) The Director, TUMG Front End Clinic, or the Director of the applicable HIPAA clinic, is accountable for the following requests:
   a) Accounting of Disclosures
   b) Request to Amend Protected Health Information
   c) Denial of a Request to Amend PHI

3) The Privacy Official is accountable for the following:
   a) Request to Restrict Uses of PHI
   b) Request for Review of a Denied Request for Access to PHI
   c) Patient’s Request for Additional Privacy Protection
   d) Complaints